Tips on giving a good handover

Introduction

The introduction of the European Working Time Directive has sought to protect health-care workers from the potentially damaging effects of working excessive hours and ensure that there are adequate rest periods between shifts (Department of Health, 2007). For doctors, this has led to a move away from the traditional on-call pattern of work, where individuals were previously working for longer continuous hours, to a more coordinated shift pattern with continuity of care being transferred to a different team. This often means different individuals will be looking after the same patients in any given day and therefore an effective handover is essential between these teams.

The process of handing over information about patients has always been an essential part of doctors' work, but it has assumed greater importance as a result of these employment changes. If not done correctly, an inadequate handover could lead to serious errors and potential harm to the patient. These errors may take a number of forms such as failing to review sick patients, not checking the results of important investigations, or not completing important outstanding tasks. Performed well, a good handover ensures appropriate continuity of care and can protect patients from unnecessary errors. Furthermore, having all the information delivered in the right way conveys a feeling of being properly informed and allows individuals to feel less stressed and more in control.

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The Junior Doctors Committee of the British Medical Association states that 'the fundamental aim of any handover is to achieve the efficient transfer of high quality clinical information at times of transition of responsibility for patients' (British Medical Association, 2004). Based on the authors' own practices, this article offers a concise and simple guide to giving a safe and effective handover.

Handover policy

First check to see whether your hospital has an established handover policy in place. If so, it may be already in use by other teams. Such a policy offers the opportunity to deliver your own handover in a manner that is both recognized by everyone and tailored to local needs.

Handover room

Find a quiet area with minimal distractions to discuss patients. This should not be a public place like the hospital restaurant or the corridor. It should also be large enough for everyone to attend. Most hospitals have their handover rooms near busy areas of activity such as the emergency department. The area you choose should also have facilities to allow you to easily access blood results or X-rays if you need them.

Timing

The handover meeting should be at a fixed time and of sufficient length to allow all the relevant information to be discussed. It should be designated a bleep-free period except for emergencies. Let other relevant staff such as nurses know that your hand-over takes place during this period so that they can withhold their non-urgent bleep requests until after you have finished.

Patient details	Presentation	Investigations	Provisional diagnosis	Treatment/plan
Joe Bloggs Hosp no: 123456 DOB: 10/12/74 Ward 1	2 day hx of RIF pain, pyrexia and nausea	Hb 14.5, WCC 12, CRP 75. Urine dip NAD	Appendicitis	Iv fluids, analgesia, NBM. For theatre
Jim Bloggs Hosp no: 234567 DOB: 30/09/54 Ward 2	RUQ colicky pain, nausea and vomiting	Hb 12.2, WCC 14, CRP 98	Acute cholecystitis	IV fluids, analgesia, IV ABX. USS abdo booked
Sally Bloggs Hosp no: 345678 DOB: 19/09/59 Ward 3	Hx of diverticular disease. 5 day hx of severe LIF pain, diarrhoea and PR bleeding. PMH: Hysterectomy, femoral hernia repair 3 years ago	Temp=37.6. Hb 14.2, WCC 11.4, LFTS NAD, CRP 145. AXR: faecal loading, non-specific gas pattern. Urine dip NAD	Diverticulitis	NBM, IV fluids, IV ABX. CT abdo with contrast booked. PLEASE REVIEW LATER
Kelly Bloggs Hosp no: 456789 DOB: 20/11/40 Ward 4	4 day hx of vomiting, generalised abdo pain and distension, not opening bowels. Tachycardic and hypotensive. Previous laparotomy for perforated diverticular disease	T=37.9. Hb 10.1, WCC 19, CRP 221, LFTS NAD. AXR: Widespread small bowel dilatation. CXR: No free air under diaphragm	Small bowel obstruction secondary to adhesions	NBM, IV fluids, IV ABX, Urinary catheter, strict fluid balance, monitor urine output. CT abdomen booked. AWAITING SENIOR REVIEW
Ward patients of note: – James Bloggs, ward 2: appendicectomy 3 days ago – perforated gangrenous appendix, now spiking temp to 38.1. Wound inflamed. On IV ABX – Mary Bloggs, ward 1: post anterior resection. Now nausea and vomiting, abdo distension. Temp= 38.2, WCC 17				

Figure 1. Example of an on-call handover list.

Attendees

All members of the receiving team should be present. This ensures that everyone is aware of which patients have been admitted and which patients need attention over the forthcoming shift. There should be a clear leader responsible for supervising the meeting.

Handouts

Provide handouts with the details of the patients who have been admitted. An example is shown in *Figure 1*. The information provided should be clear, concise and relevant, and include the following:

- The personal details of each patient (name, date of birth, hospital number and ward)
- A short description of their presenting signs and symptoms
- Their provisional diagnosis
- Any results of investigations already performed
- Their initial treatment
- A plan of action
- Any outstanding tasks.

Details of ward patients of note should also be recorded on this handout as well as any anticipated problems during the next shift.

If a particular patient has been specifically handed over to the next team for review, this should be documented in the patient's notes.

Handover sheets provide a record of communication between teams and may be useful for future reference. The authors suggest that previous handover sheets are kept together in a file in a secure place. Handover sheets should not also be left lying around for others to see, particularly in non-clinical areas. This can lead to an unacceptable breach in patient confidentiality for which doctors are entirely responsible.

Educational opportunities

Handovers provide an educational setting to learn about the management of patients. Take the opportunity that they provide to ask questions and clarify any issues you may have.

Take turns in presenting in handovers – it is an excellent way to practice and develop your communication skills in front of others.

Conclusions

With an increase in shift-pattern work, there is now a greater emphasis on delivering an efficient and comprehensive handover between team members. This is vital to ensure appropriate continuity of patient care and, ultimately, for patient safety. Furthermore, a good handover can have a number of personal benefits for those involved in delivering this care. BJHM

Conflict of interest: none.

British Medical Association (2004) *Safe Handover: Safe Patients.* BMA Junior Doctors Committee, London (www.npsa.nhs.uk/patientsafety/alerts-and-directives/directives-guidance/han/ accessed 19 March 2008)

Department of Health (2007) *What is the European Working Time Directive?* Department of Health, London (www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/Modernisingworkforceplanninghome/Europeanworkingtimedirective/index.htm accessed 19 March 2008)

KEY POINTS

- Handover has become a greater part of hospital work mostly as a result of the reduction of long working hours and the greater use of shift work.
- A well-organized handover between different teams is essential to maintain appropriate continuity of care and prevent errors.
- Many institutions already have a handover policy in place.
- Handovers should be delivered in a structured manner with all members of the team present.
- Handovers can play a valuable educational role and provide a platform for improving communication skills.