

Improving the quality of medical handover on a paediatric ward

ABSTRACT

Improving communication between health-care professionals is essential for patient safety. This article outlines a quality improvement project carried out to improve the quality of medical handover on a paediatric ward. The project incorporated the use of the SBAR (situation, background, assessment, recommendation) tool and use of a job book to highlight outstanding jobs in the daily handover. The project showed an improvement in the quality of handover and highlighted that a standardized approach to medical handover helped to ensure continuity of care of paediatric patients.

Improving communication between health-care professionals is essential for patient safety (Eggs and Slade, 2015). Poor communication during handover leads to the responsible medical team having to manage patients with inadequate or inaccurate information. There have been multiple attempts at improving handover and creating a standardized handover protocol in different health systems. One of the tools SBAR (situation, background, assessment, recommendation) has been noted to improve communication and has also been successfully used in medical handovers (Thompson et al, 2011).

Standards of handovers were discussed at the local junior doctors forum monthly meeting; it was highlighted that without a standardized approach, there was a risk of

significant information regarding patients being missed at handover, particularly at the end of busy shifts.

Aims

A quality improvement project was set up to improve the quality of medical handover in a paediatric ward by incorporating use of the SBAR tool into the medical handover and use of a job book for outstanding jobs. The job book included details of the job handed over to the medical team, an indication of its urgency and the responsible consultant (if required); the jobs that were completed were crossed off to avoid confusion.

Making a case for change

Following discussions in the junior doctors forum, a case for change was identified. The proposed changes were discussed with the paediatric consultants and were met with positive feedback.

An initial audit was conducted in December 2017–January 2018 where the medical handovers of 222 patients (89 new and 133 follow up) over 12 medical handovers were reviewed. These handovers included four weekday mornings, two weekday afternoons, two weekday evenings, two weekend mornings and two weekend evenings (Table 1). The job book was used in four of the 12 handovers (33%).

Results of the initial audit

The analysed data were presented at the departmental audit meeting, and the results were disseminated to all the consultant and

junior doctors. Awareness of the SBAR tool and the importance of using the job books at handover were discussed at all junior doctors forum meetings. Posters were designed and placed in the doctor's office, where the handover happened, to remind the junior doctors and consultants about the need to use the SBAR approach and job book at handover. The job book was kept in an easily accessible and visible location in the doctor's office and junior doctors were reminded by the team to add pending jobs to the job book at each handover. The reminder could have come from any of the junior doctors or consultants – having the consultants involved will hopefully ensure that the change is sustainable.

A re-audit of medical handover was conducted in June–July 2018. This involved audit of 411 patients (248 new and 163 follow up) in 18 medical handovers. These handovers included five weekday mornings, two weekday afternoons, five weekday evenings, three weekend mornings and three weekend evenings. The improvement from the initial audit is detailed in Table 1.

Improvements were noted in the handover of history of allergies and medications, latest observations, relevant investigations and handover of priority reviews. On reaudit there was also improved use of the job book (16 of 18 handovers) to handover outstanding jobs.

A limitation of this project was that this is a single centre experience and only medical handover was assessed. Having the consultants involved and inclusion of handover in junior doctors' induction, emphasizing the use of the SBAR tool and the job book at handover, should help to ensure that the change is sustainable.

Learning and next steps

This project showed that a standardized approach to medical handover helped to ensure continuity of care of paediatric patients. The next steps are to improve awareness of the SBAR tool among junior doctors, involve junior doctors in risk

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Table 1. Improvement in handover data from initial audit to reaudit

		Initial audit (December 2017–January 2018) number (percentage)	Reraudit (June–July 2018) number (percentage)
Number of handovers		12	18
Number of patients	New	89	248
	Follow up	133	163
	Total	222	411
Patient background		222 (100)	411 (100)
Past medical history	New	84 (94)	248 (100)
	Follow up	48 (36)	130 (80)
Allergic history	New	45 (50)	203 (82)
	Follow up	9 (7)	65 (40)
Medication history	New	41 (46)	186 (75)
	Follow up	44 (33)	82 (50)
Current management plan		222 (100)	411 (100)
Latest observations	New	46 (52)	201 (81)
	Follow up	56 (42)	122 (75)
Handover of relevant investigations	Follow up	45 (34)	103 (63)
Outstanding jobs		222 (100)	411 (100)
Priority reviews	New	46 (52)	186 (75)
	Follow up	73 (55)	142 (87)

KEY POINTS

- Improving communication between health-care professionals is essential for patient safety.
- Use of the SBAR (situation, background, assessment, recommendation) tool helps handover pertinent patient information effectively.
- Use of a job book that highlights outstanding jobs in the daily handover helps ensure that jobs are not missed.
- A standardized approach to medical handover helps to ensure continuity of care of paediatric patients.

areas of improvement in patient care, having good stakeholder engagement, ensuring that the proposed changes can be sustained and incorporated into daily working, and that team members are empowered to achieve and sustain quality improvement goals. **BJHM**

Conflict of interest: none.

Eggs S, Slade D. Communication in clinical handover: improving the safety and quality of the patient experience. *J Public Health Res.* 2015 Dec 17;4(3):666. <https://doi.org/10.4081/jphr.2015.666>

Thompson JE, Collett LW, Langbart MJ et al. Using the ISBAR handover tool in junior medical officer handover: a study in an Australian tertiary hospital. *Postgrad Med J.* 2011 May 01;87(1027):340–344. <https://doi.org/10.1136/pgmj.2010.105569>

management and reaudit the quality of handover in a year's time. This quality improvement project emphasizes the importance of highlighting

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HOSPITAL MEDICINE Quality improvement projects

Quality Improvement

Quality improvement in perioperative medicine: driving the revolution

ABSTRACT

Perioperative medicine is a rapidly growing specialty that encompasses the care of patients before, during and after surgery. It is a multidisciplinary specialty that involves the collaboration of surgeons, anaesthetists, intensivists, nurses, and other healthcare professionals. This article discusses the challenges and opportunities in perioperative medicine and provides a framework for quality improvement in this specialty.

BJHM is encouraging the publication and dissemination of findings from quality improvement projects undertaken in a hospital setting.

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Quality Improvement

Communication between primary and secondary care

ABSTRACT

Communication between primary and secondary care is essential for the continuity of care for patients. This article discusses the challenges and opportunities in this area and provides a framework for quality improvement in this specialty.

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