

# PASSING THE BUCK: Clinical Handover, The Redcliffe Experience

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# Our Clinical Handover Project...

- Medical Officer handover between shifts including day → evening everyday  
+ weekday treating teams to weekend medical team
- System must also work for surgical units.

# Redcliffe Hospital and Handover

- Redcliffe Hospital – 250 bed hospital
- No medical registrar cover overnight (finish at 10.30 pm)
- Weekend medical cover = 1 resident (8.00-4.30 pm), 1 registrar (8.00-10.30pm)
- Weekend medical team covers all general medical patients inc. Oncology, Palliative Care and Rehabilitation wards
- Evening ward call covers entire hospital (4.30 -10.30pm)
- 1 surgical team for all surgical patients
- No rostered overlap between shifts

# Why do a Clinical Handover Project now?

- Changes in staffing and workload
- Clinical incidents with “missed patients”
- Issues with prioritising handover

# Clinical Handover Working Group

- Formed primarily from members of the Junior Doctor's Education Committee
- Including Patient Safety Officer, Consultants, Registrars, Residents and DMS, Medical Education Officer
- Focus on improving current practices
- Trialled verbal handover – unsuccessful
- Focus on formalising written handover

# Development of the project

- QLD Health Patient Safety Centre
  - Funded projects focusing on handover
  - 1 of 7 projects funded
  - Only project on medical officer handover
- Emphasis on junior doctor leadership and ideas to guide project and ensure higher rate of success
- Supportive consultants & medical administration

# Handover – the issues

- A number of specific issues identified
  - Time allocation – protected
  - Workload
  - Staffing, rosters, shift overlap
  - Fatigue
  - Location
  - Format
- The status quo – varied, non-structured written handover attached to different wards

# Day to evening shift handover

- Trialled written handover similar to weekend + running sheets for patient reviews
- Limited success
  - Location, shift overlap, folder misplaced, varied approach to shift
- Formalised verbal handover (via phone)
- Any jobs or unstable patients
- Working well
- Would like to address night → day handover, limited by staffing and ED co-operation

# Implementation – weekend handover

- 3 phased project – education, written handover, electronic handover
- Education
  - Why handover important
  - The process
  - RMO education sessions, one-on-one, email, phone calls
- Development of a written template
- Set location and instructions – full patient handover
- Set time
- Additional supports – residents, PSO, full patient lists

# HANDOVER

MEDICAL OFFICER NAME:			DATE:		
NAME					
UR#: <small>(or place patient sticker here)</small>			COMPLETED DATE / TIME ____/____/____		
DEPARTMENT / TEAM	WARD	BED	FOR WEEKEND REVIEW <input type="checkbox"/> RMO <input type="checkbox"/> REGISTRAR	NNTS / SAT / SUN	Signature
NAME					
UR#: <small>(or place patient sticker here)</small>			COMPLETED DATE / TIME ____/____/____		
DEPARTMENT / TEAM	WARD	BED	FOR WEEKEND REVIEW <input type="checkbox"/> RMO <input type="checkbox"/> REGISTRAR	NNTS / SAT / SUN	Signature
NAME					
UR#: <small>(or place patient sticker here)</small>			COMPLETED DATE / TIME ____/____/____		
DEPARTMENT / TEAM	WARD	BED	FOR WEEKEND REVIEW <input type="checkbox"/> RMO <input type="checkbox"/> REGISTRAR	NNTS / SAT / SUN	Signature
NAME					
UR#: <small>(or place patient sticker here)</small>			COMPLETED DATE / TIME ____/____/____		
DEPARTMENT / TEAM	WARD	BED	FOR WEEKEND REVIEW <input type="checkbox"/> RMO <input type="checkbox"/> REGISTRAR	NNTS / SAT / SUN	Signature
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NAME					
UR#: <small>(or place patient sticker here)</small>			COMPLETED DATE / TIME ____/____/____		
DEPARTMENT / TEAM	WARD	BED	FOR WEEKEND REVIEW <input type="checkbox"/> RMO <input type="checkbox"/> REGISTRAR	NNTS / SAT / SUN	Signature

RMO

# HANDOVER TEAM DR Peter Stride

MEDICAL OFFICER NAME: [Redacted]

DATE: 25/5/07

Redcliffe Hospital

[Redacted]

NNTS

COMPLETED DATE / TIME  
25/5/07

Signature [Signature]

NFR

DEPARTMENT / TEAM

WARD

BED

FOR WEEKEND REVIEW

NNTS (SAT) (SUN)

Redcliffe Hospital

5E

44

RMO  REGISTRAR

N

[Redacted]

89 yrs. pt has got a perforated bowel - not fit for Sx  
plan - to mgt conservatively.  
rest on IV antibiotics

COMPLETED DATE / TIME

25/5/07

Signature [Signature]

NFR

DEPARTMENT / TEAM

WARD

BED

FOR WEEKEND REVIEW

NNTS (SAT) (SUN)

ID-----SEX--UR NO-----

[Redacted]

efo headache, pt depressed  
CT - Normal not consented for LP  
Pt for r/o Sat + Sunday please re: headache  
if Bloods r/o Sat only.  
Cont Ampicillin + other Abx.

COMPLETED DATE / TIME

25/5/07

Signature [Signature]

NFR

DEPARTMENT / TEAM

WARD

BED

FOR WEEKEND REVIEW

NNTS (SAT) (SUN)

Redcliffe Hospital

4E

43

RMO  REGISTRAR

[Redacted]

↓ Staph Septicemia.  
↓ Pyelonephritis  
- please r/o Sat - general status, urine output -  
- cont Abx over wkd.  
- Bloods for Sat (pls r/o)

COMPLETED DATE / TIME

Signature [Signature]

NFR

DEPARTMENT / TEAM

WARD

BED

FOR WEEKEND REVIEW

NNTS (SAT) (SUN)

Redcliffe Hospital

4E

56

RMO  REGISTRAR

# The Written Handover

- Mixed success
- Improved handover by providing structure and easy to use template
- Learn to provide concise handover
- Limitations: handwriting, paper ++ - potential for loss, no back-up
- Doctors thinking more about handover – better chart documentation as well

# Electronic handover – a new age for Redcliffe.

- A safer form of handover – back-up, up-to-date
- Minimisation of “missed patients”
- ? Develop new or utilise pre-existing programs
- Access issues and computer literacy

# Clinical Handover using TrendCare

- Well developed nursing program
- Section for patient notes
- Frequently updated
- Patients listed by bed
- Includes length of stay – can easily identify new patients

# Issues regarding implementation

- Good communication with and acceptance by nursing staff
- Word restrictions – concise yet adequate handover
- Template: \*\*DR --/-- RMO vs Reg Sat+/- Sun or NNTS, what needed\*\*
- Access
- Education – doctors and nursing staff

Process

Categorise Patients

Lists

**Version 3.2 (sp1)**

Database **LIVE**  
Workstation **QH10240478**  
Signon **TAYLOR,  
Elissa**

Copyright © 1993,2007 Trend Care  
Systems P/L

Sub Menu

**General**

Signoff

Exit



Ward **Red 4 West**

Current Shift: **Evening Shift, Thursday 11/10/2007**

Shift to Show: **DAY - Thu 11/10/2007** | **EVENING - Thu 11/10/2007** | NIGHT - Thu 11/10/2007 | DAY - Fri 12/10/2007

List Sort Order: **Bed Display Sequence, Bed, Patient Reference (internal), Patient**



List Filter: **All** | Remain | Exited

Bed	Patient	Wrk	Type	hh:mm	Rev.	Status	Spc.Hrs	Ur No.	EOC No.	Care Path
1		w01								
2		w01								
3										
4		w01								
5		w01	MED	0:45	P24				328058	
6		w01								
7		w01								
8		w01	MED	2:05	P24				327544	
9		w01	MED						328056	
10		w01	MED						328059	
11		w01	MED						328332	
12		w01								
13		w01	MED						327904	
14		w01	MED						328285	
15		w01	MED						328175	
16		w01	MED						328105	
17		w01	MED						328303	
18		w01	MED						328209	
19		w02	MED	1:25	P24				328311	
20		w02	MED	1:25	P24				327401	
21		w02	MED	1:25	P24				327607	
22		w02	MED	1:25	P24				327987	
23		w02	MED	3:35	P24				328208	
24		w02	MED	2:05	P24				327259	
25		w02	MED	1:25	P24				328204	
26		w02								
27		w02	MED	2:05	P24				324827	
28		w02	MED	2:05	P24				327855	
29		w02	MED	0:45	P24				328299	
30		w02	MED	2:05	P24				326281	

**Bed-Patient List**

- Get Bookings
- Transfer Patient(s)
- Add Parking Beds
- Discharge Analysis
- Print List

**Workloads**

**Selected Bed/Patients**

Update Acuity?

**Categorise Patients - Select Bed/Patients (TrendCare)**



Ward: Red 4 West

Current Shift: Evening Shift, Thursday 11/10/2007

Shift to Show: DAY - Thu 11/10/2007 | EVENING - Thu 11/10/2007 | NIGHT - Thu 11/10/2007 | DAY - Fri 12/10/2007

List Sort Order: Bed Display Sequence, Bed, Patient Reference (internal), Patient

List Filter: All | Remain | Exited



Bed	Patient	Wrk	Type	hh:mm	Rev.	Status	Spc.Hrs	Ur No.	EOC No.	Care Path
1		w01								
2		w01								
3										
4		w01								
5		w01	MED	0:45	P24				328058	
6		w01								
7		w01								
8		w01	MED	2:05	P24				327544	
9		w01	MED						328056	
10		w01	MED						328059	
11		w01	MED						328332	
12		w01								
13		w01	MED						327904	
14		w01	MED						328285	
15		w01	MED						328175	
16		w01	MED						328105	
17		w01	MED						328303	
18		w01	MED						328209	
19		w02	MED	1:25	P24				328311	
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24		w02	MED	2:05	P24				327259	
25		w02	MED	1:25	P24				328204	
26		w02								
27		w02	MED	2:05	P24				324827	
28		w02	MED	2:05	P24				327855	
29		w02	MED	0:45	P24				328299	
30		w02	MED	2:05	P24				326281	

Bed-Patient List

Workloads

Selected Bed/Patients

- Add Patient
- Bed/Patient Notes
- Patient Details
- Change Patient Type
- Move Patient(s)
- CarePath Options
- FLAG AS -
- Discharged
- Deceased
- Start Pass/Leave

Update Acuity?



Patient

Bed

Patient:

Diagnosis: {Spontaneous pneumothorax}

## ON-GOING Notes

(maximum 255 characters)

ICD,? referral for pleuradesis \*\*DR 5/10 - pneumothorax ICC in situ - reg r/v Sat + Sun\*\*

## This Shift ONLY Notes

(maximum 255 characters)

\*HINT: Use CTRL-ENTER to start a new line

Save

Cancel

## Ward Handover Sheet 07

Printed: 11/10/2007  
2:51:45 PM

Ward: **Red 5 East**

Shift: **Evening Shift, Friday, 5 October 2007**

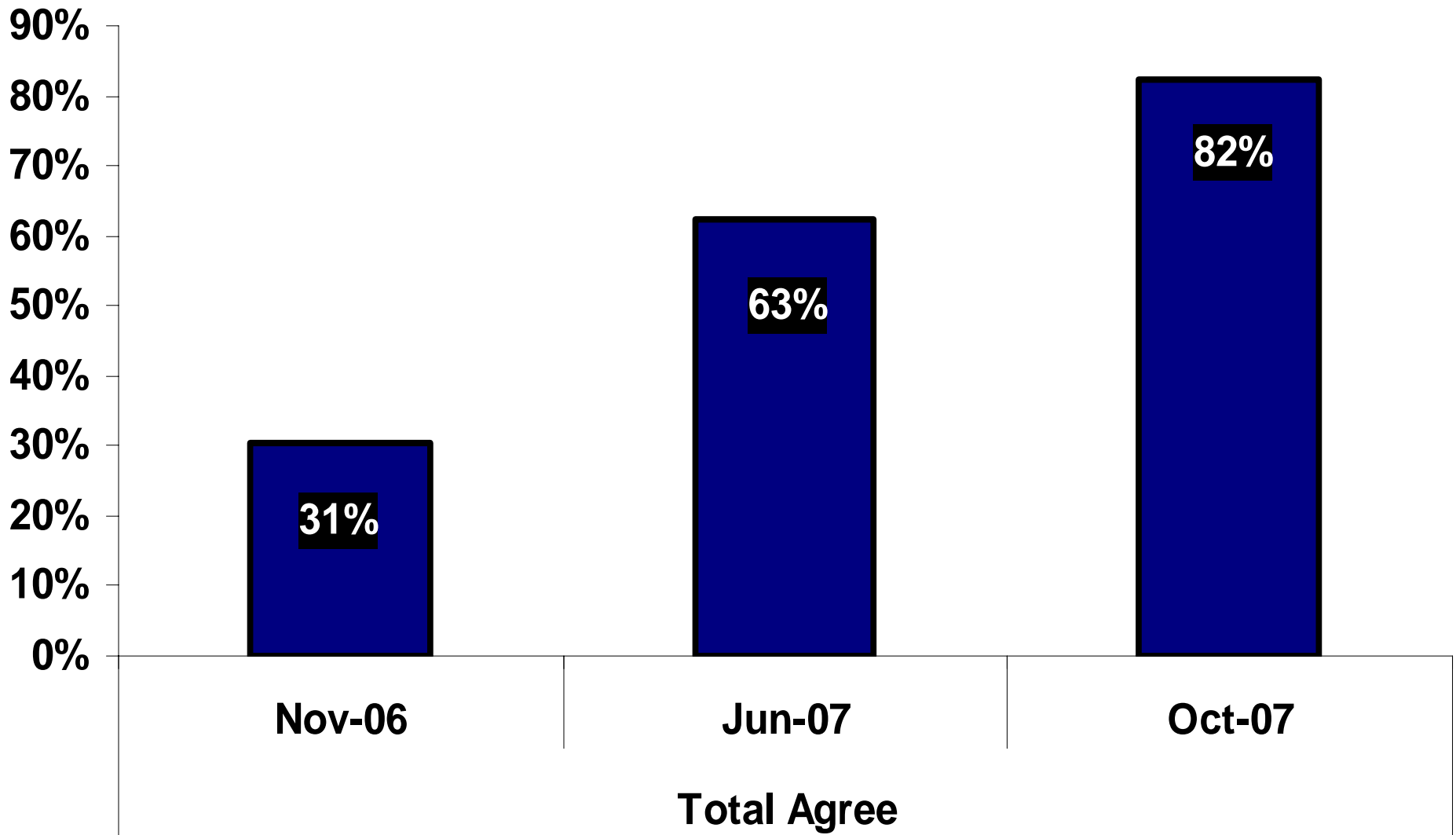
Bed	WL	FR	Ur No.	Patient	Pat Type	Req Hrs (hh:mm)	Doctor	Age	Diagnosis	LOS Notes
31	w01				MED	0:45			{[NHP]}	
32	w01				MED	2:30			{CELLULITIS L. LEG.}	15 MR15/10; LIVES N.H, INTELLECTUALLY DISABLED.**DR5/10 NNT 9**
33	w01				MED	1:25			{L. KNEE ASPIRATE, gouty knee}	9 HX. FALLS. ACOPIA. INCONT. RENAL IMPAIRMENT. ALCOHOL ABUSE. LIVES WITH WIFE.***CLINICAL HANDOVER 05/10/07 NTT 9**
34	w01				MED	1:25			{SPONTANEOUS PNEUMOTHORAX}	1 HX ADHD**DR5/10 - pneumothorax ICC in situ - reg r/v Sat + Sun**
35	w01				MED	2:05			{Diabetic neuropathic pain, Acopia}	T2DM, HTN, CHRONIC MYELOID LEUKEMIA, IHD, OBES, STAGE 4 RENAL DISEASE, UTI'S. HAS CARER AT HOME **DR 5/10 - Check Blds + RMO r/v Sat**
36	w01				MED	1:25			{LOBAR PNEUMONIA}	1 HX PLEURAL EFFUSIONS, ? PERTUSSIS, COPD, EMPHYSEMA, IHD, AMI, CALCIFIED CORONARY ARTERIES, HTN, LIVES WITH PARTNER**DR5/10 RMO sat & sun r/v for SE & endone dose - possibly to reduce**
37	w01				MED	1:25			{Collapse, LOC at home}	1 NFR, HX CVA, HEMIPLEGIA, COPD, OA, R ANKLE ULCER, GORD, RH FEVER, DPRN, EPILEPSY (NO LONGER ON MEDS)**collapse ?secondary to hypotension, DEHYDRATION ?UTI RMO REVIEW 05/10/07 FOR FLUID AND BP CHECK***
38	w01				MED	0:45			{Hypoglycaemia}	Hx T1DM**DR5/10 sat/sun RMO r/v check BSL & adjust insulin dose, check on blood culture and urine**
39	w02				MED	1:25			{PNEUMONIA, AF}	8 T2DM**DR5/10 - pneumonia - NNTS**

# Analysis of the Project

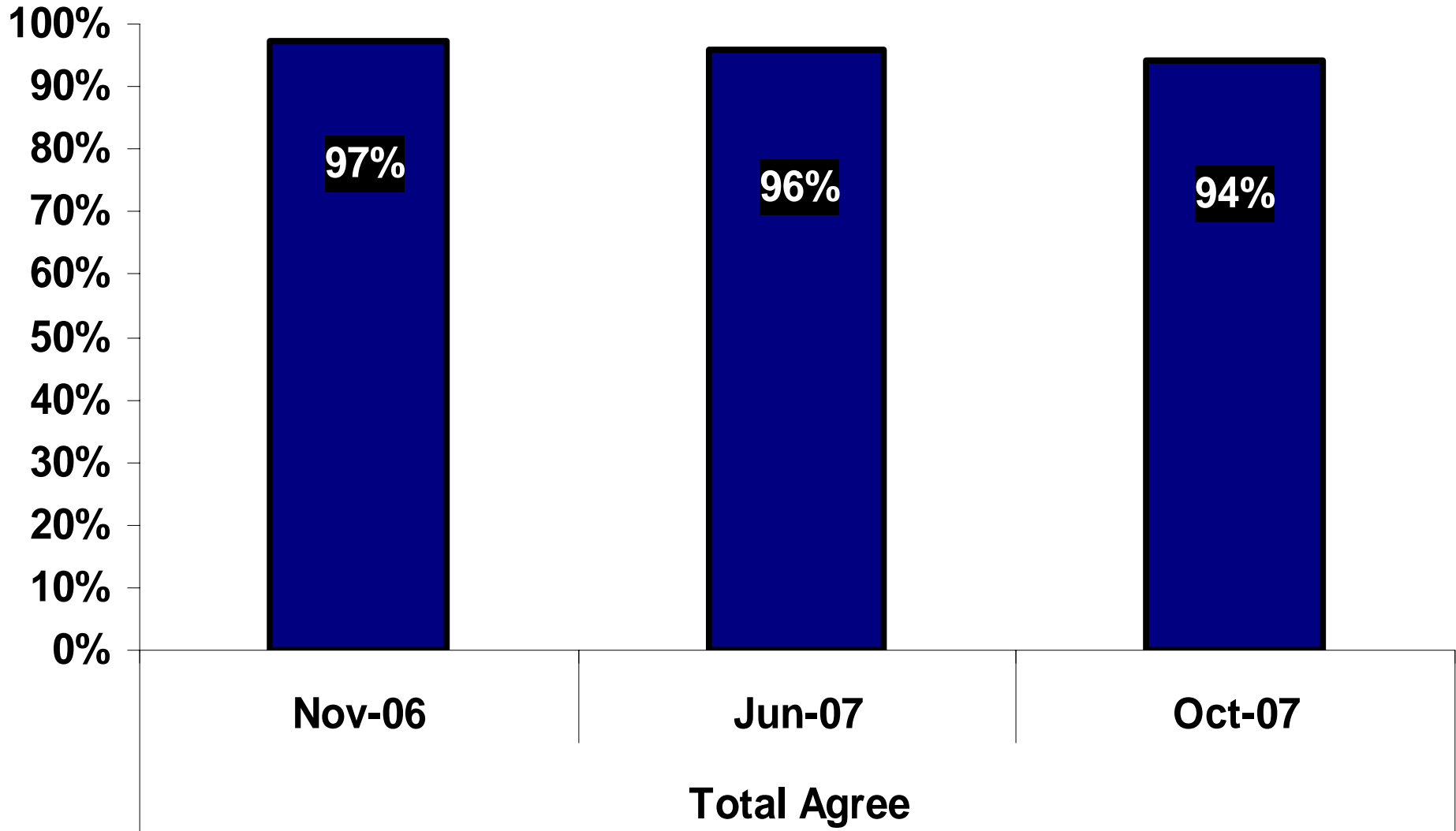
## ■ Subjective

- Cultural survey given to all ward based Residents and Registrars prior to commencing project, mid way through project, towards end of project (two weeks after commencing electronic handover)
- Surveys showed improvement in a number of areas as outlined:
- Note greatest limiting factor remains time allocation and workload – staffing issue
- NB n = 36 - Nov 2006, 24 - June 2007, 17 - Oct 2007

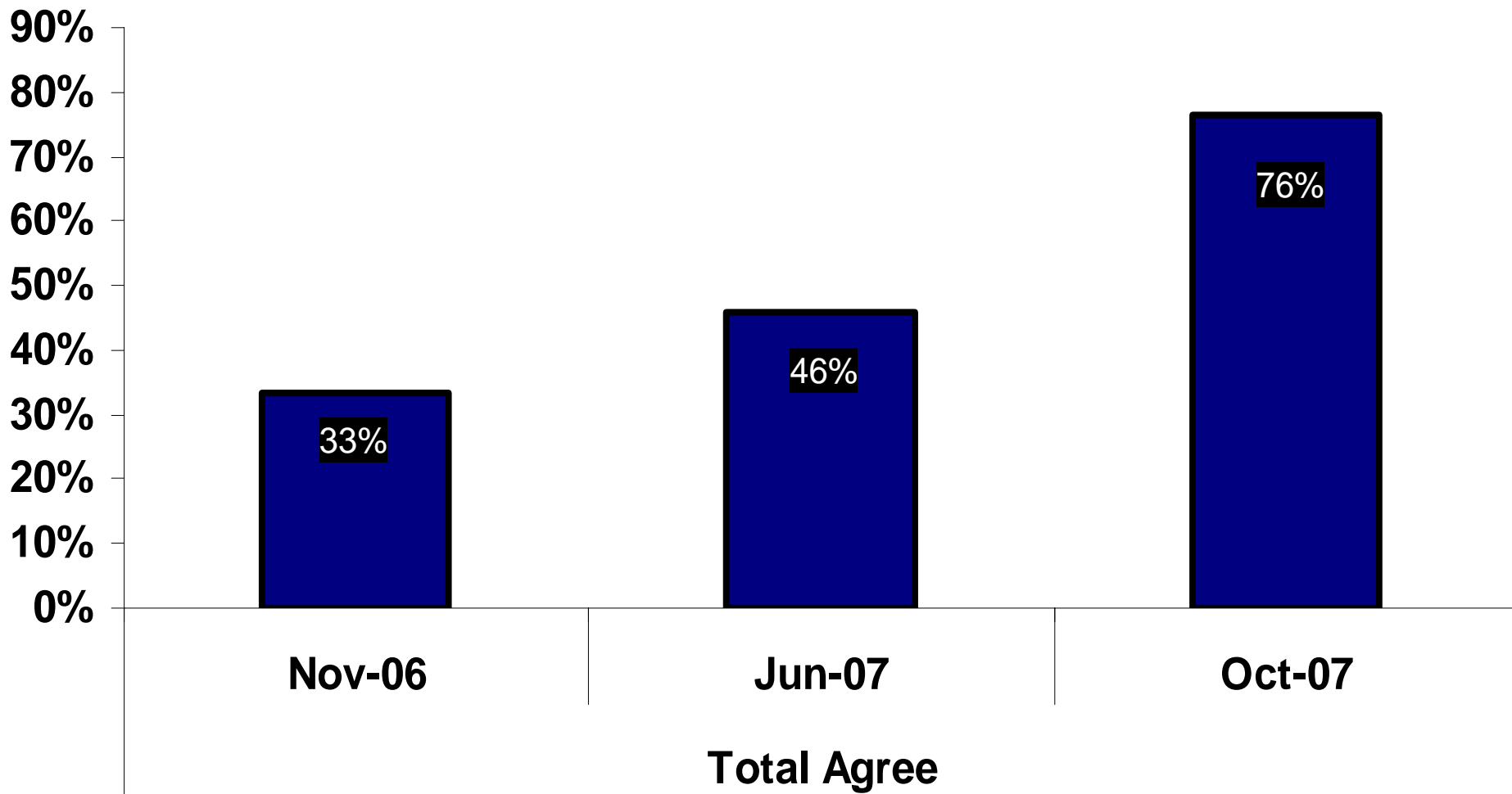
# The current level of continuity of care in the hospital is well performed



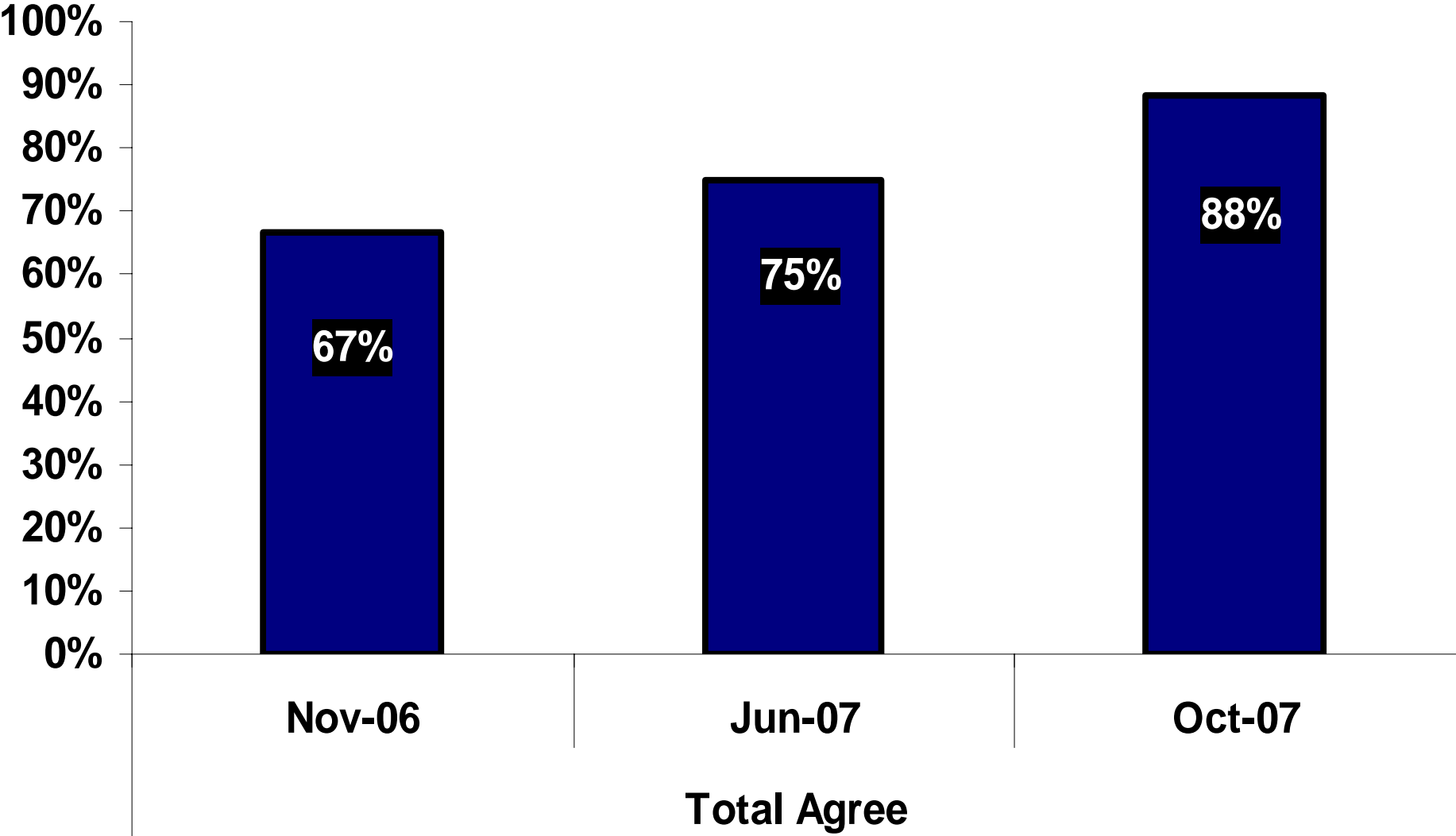
# The handover process between junior house doctors is important



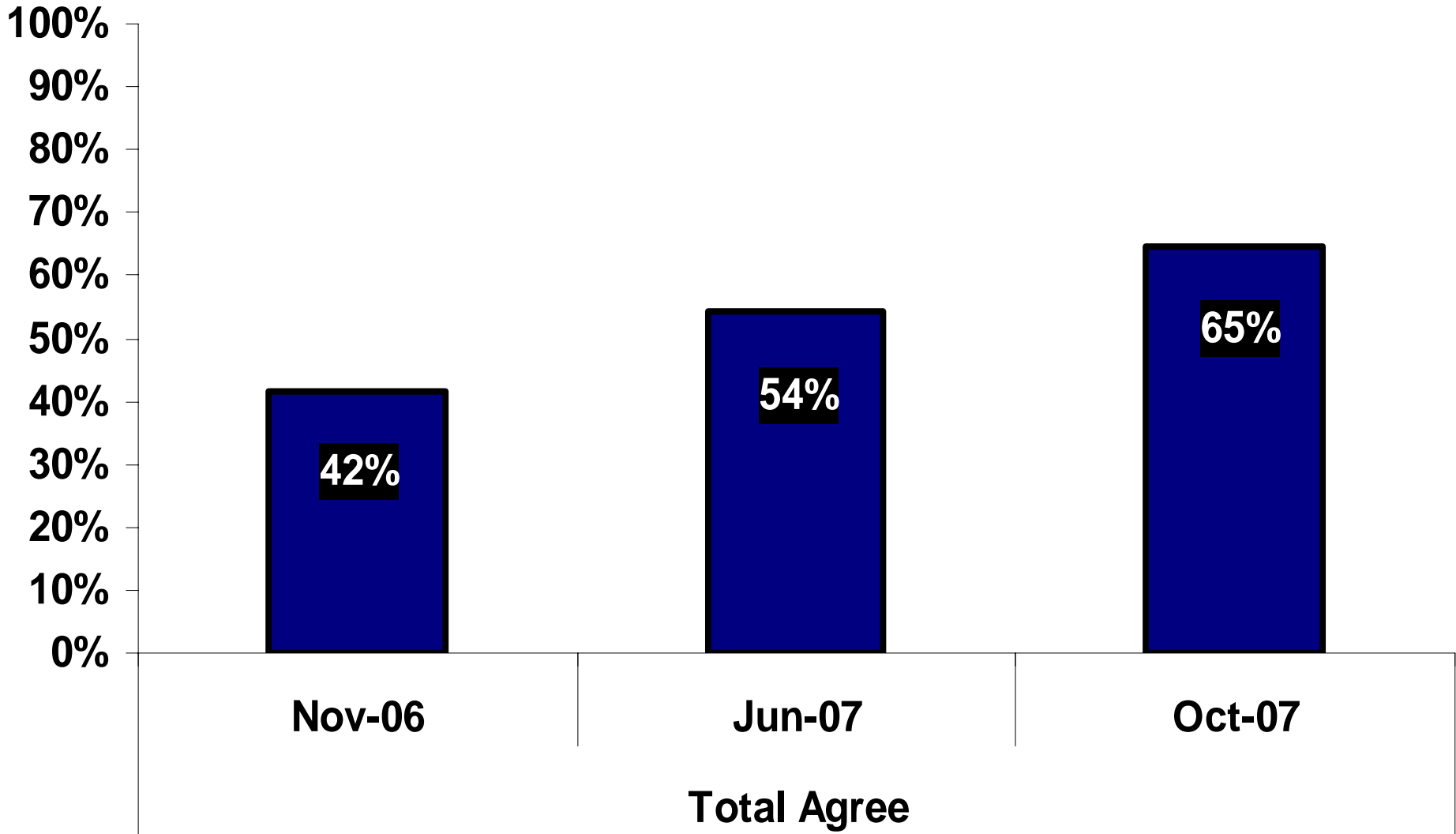
# I would be confident in the level of care I would be provided if I was to stay in this hospital over the Weekend



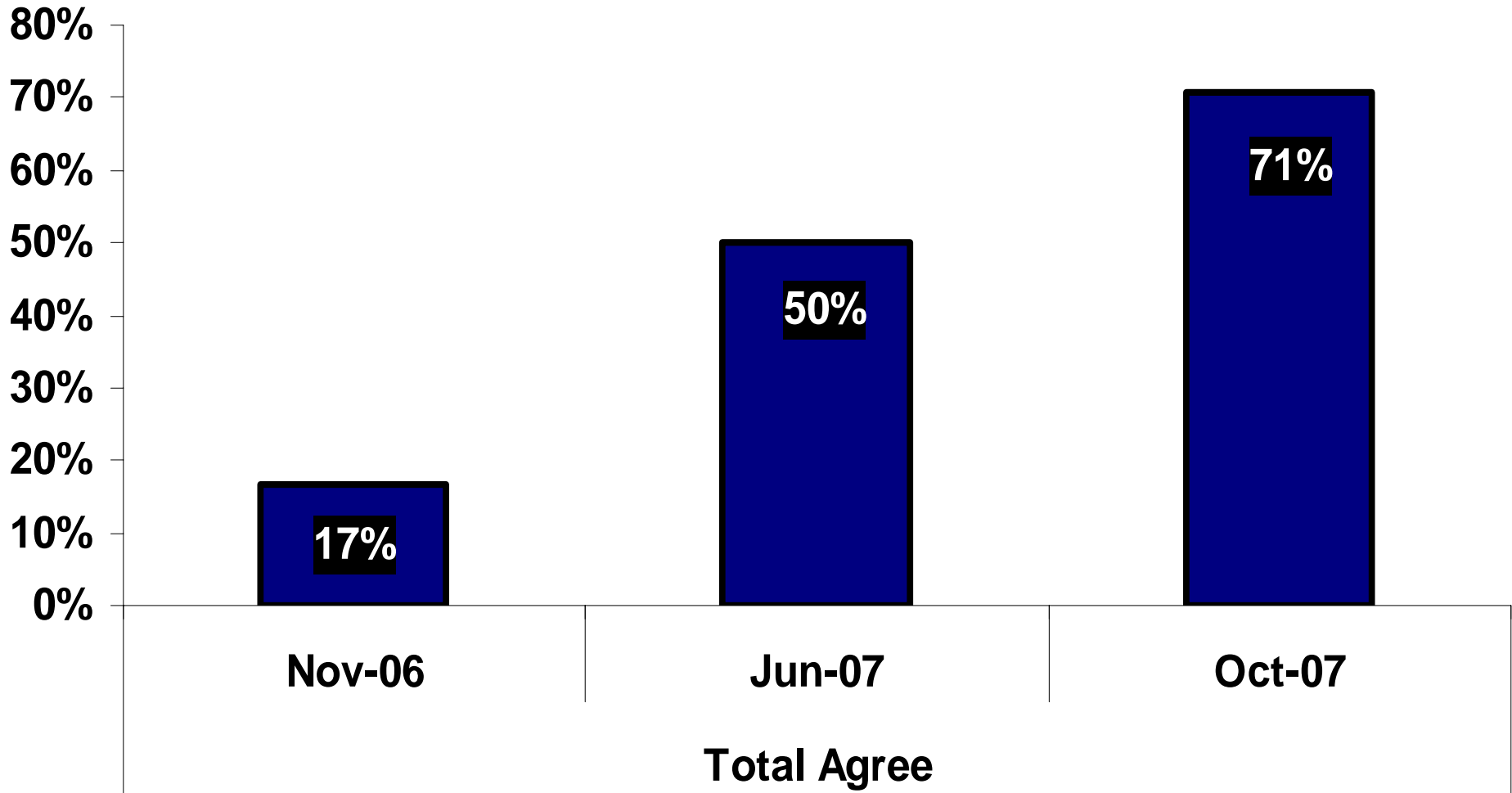
# I know what has happened to the patients under my care outside of the normal working hours



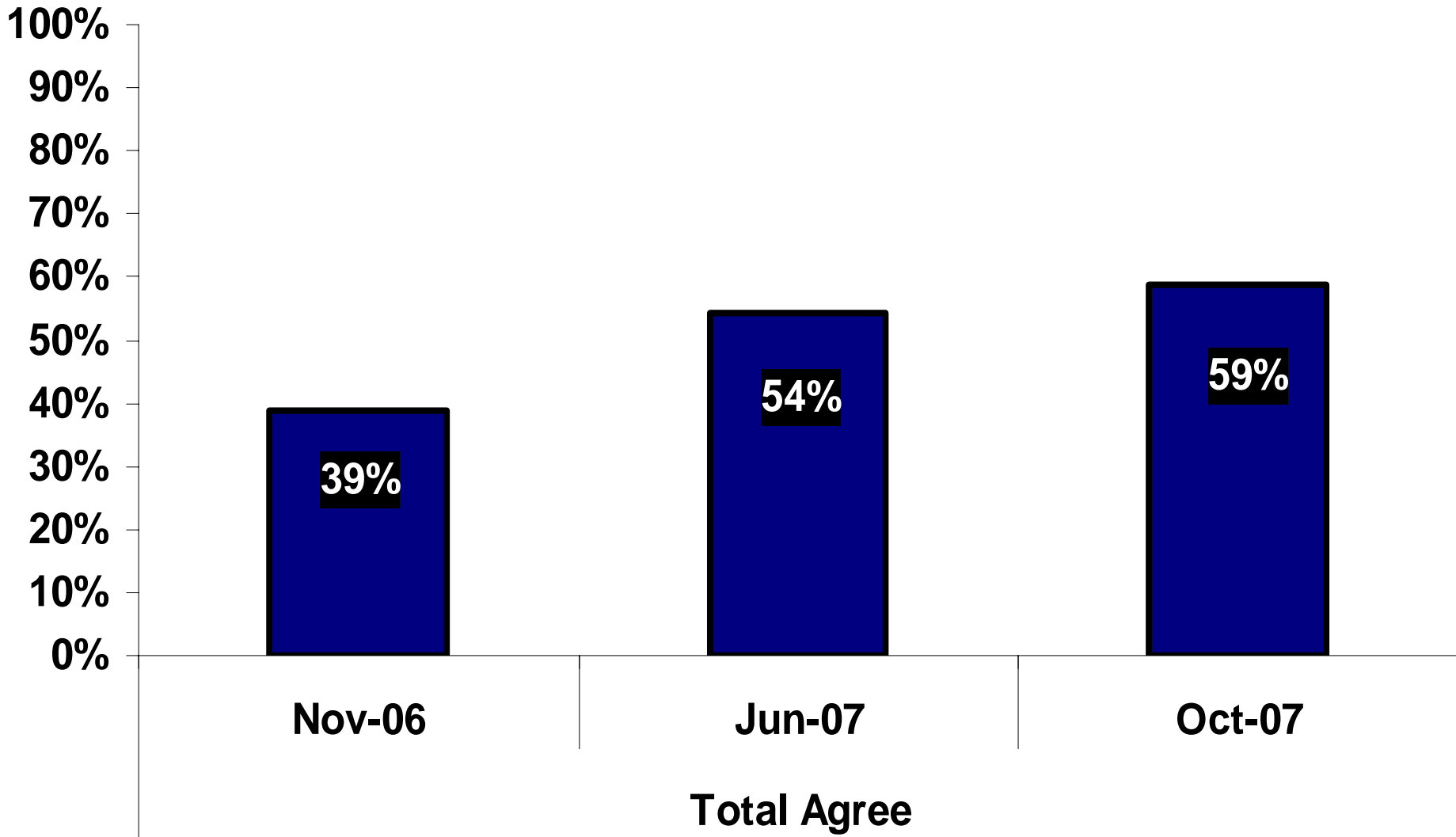
# I feel well informed about the patients under my care when I come onto a new weekday day shift



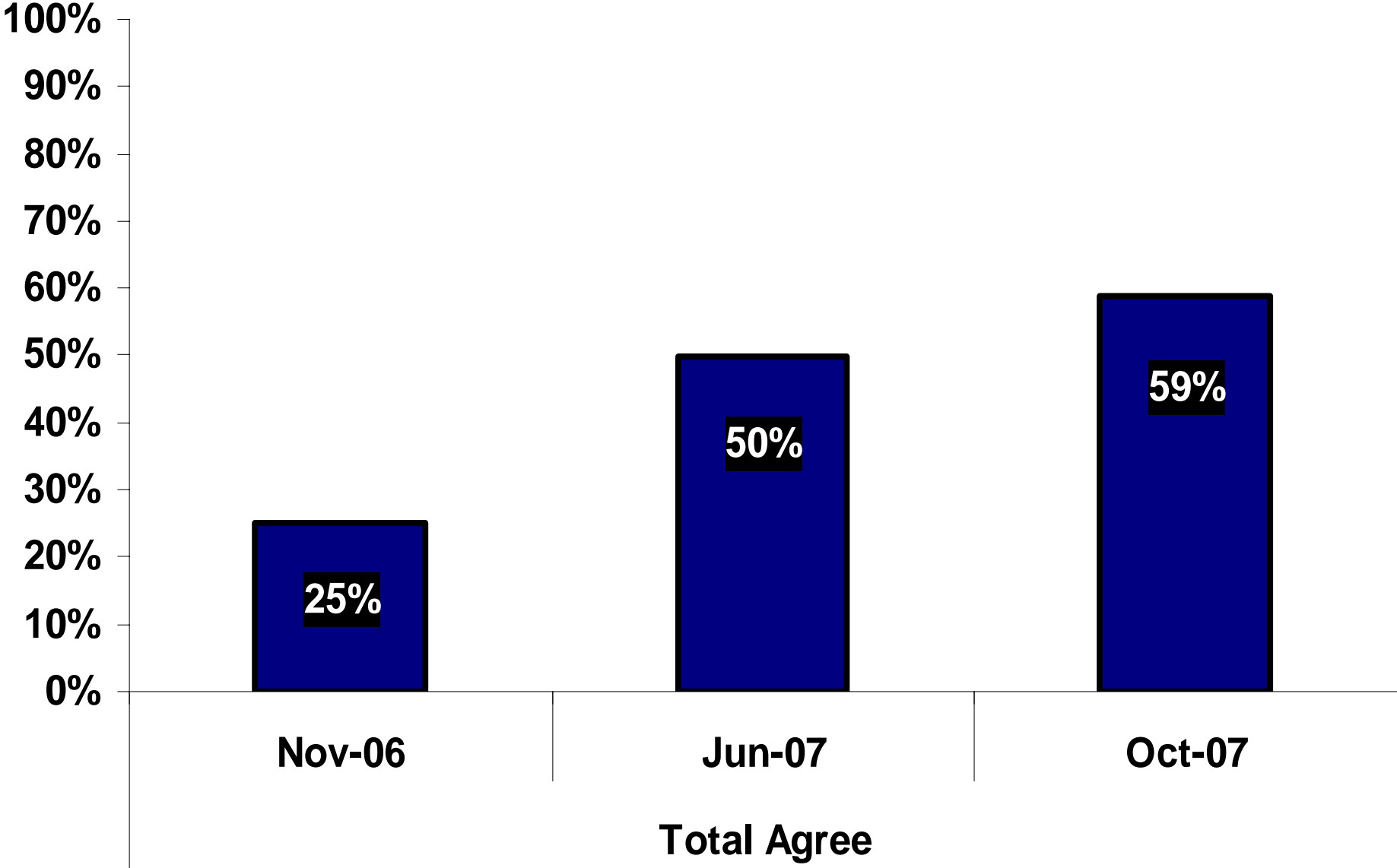
# I feel well informed about the patients under my care when I come onto a normal weekday ward call shift



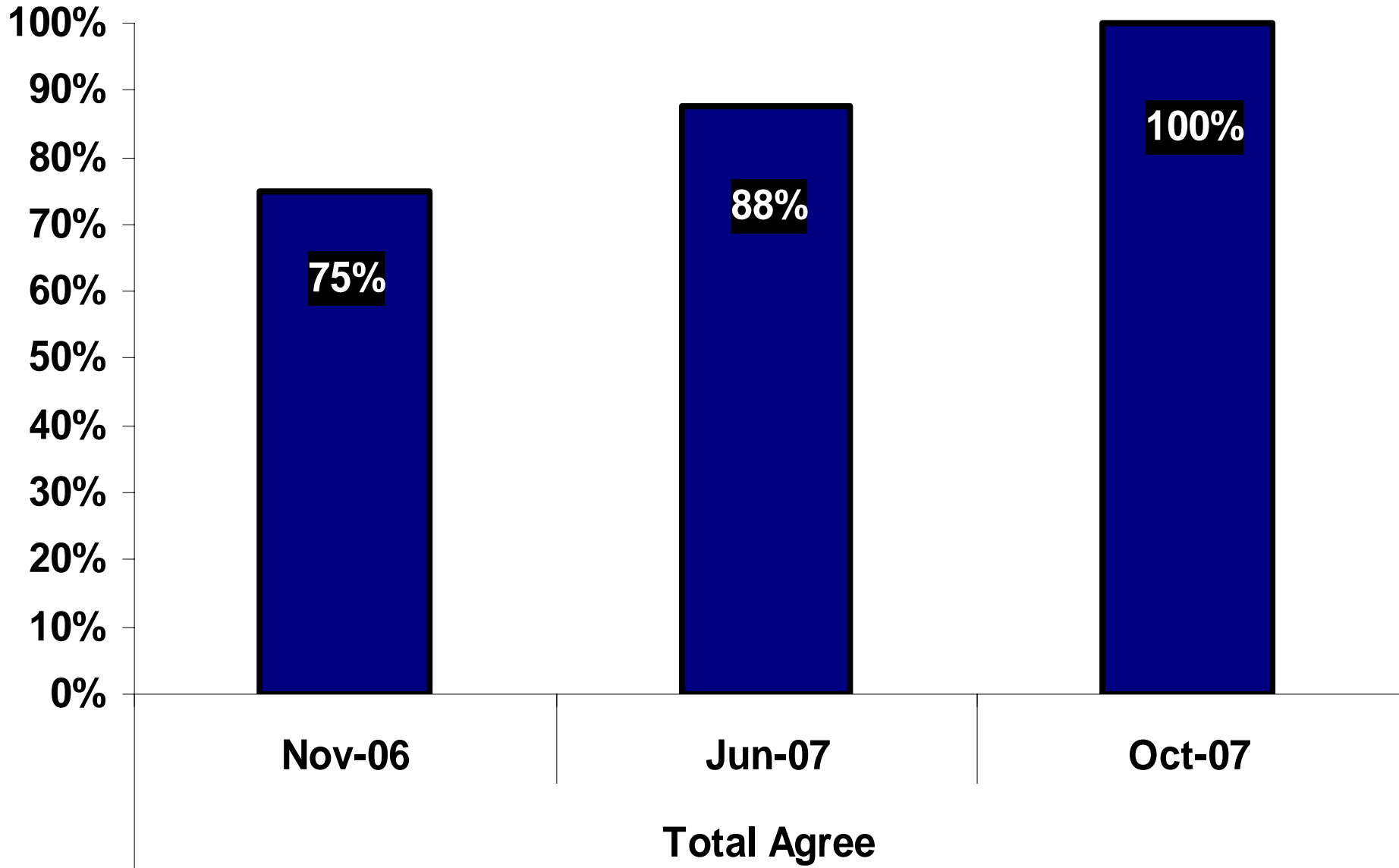
# I feel well informed about the patients under my care when I come onto a weekend day shift



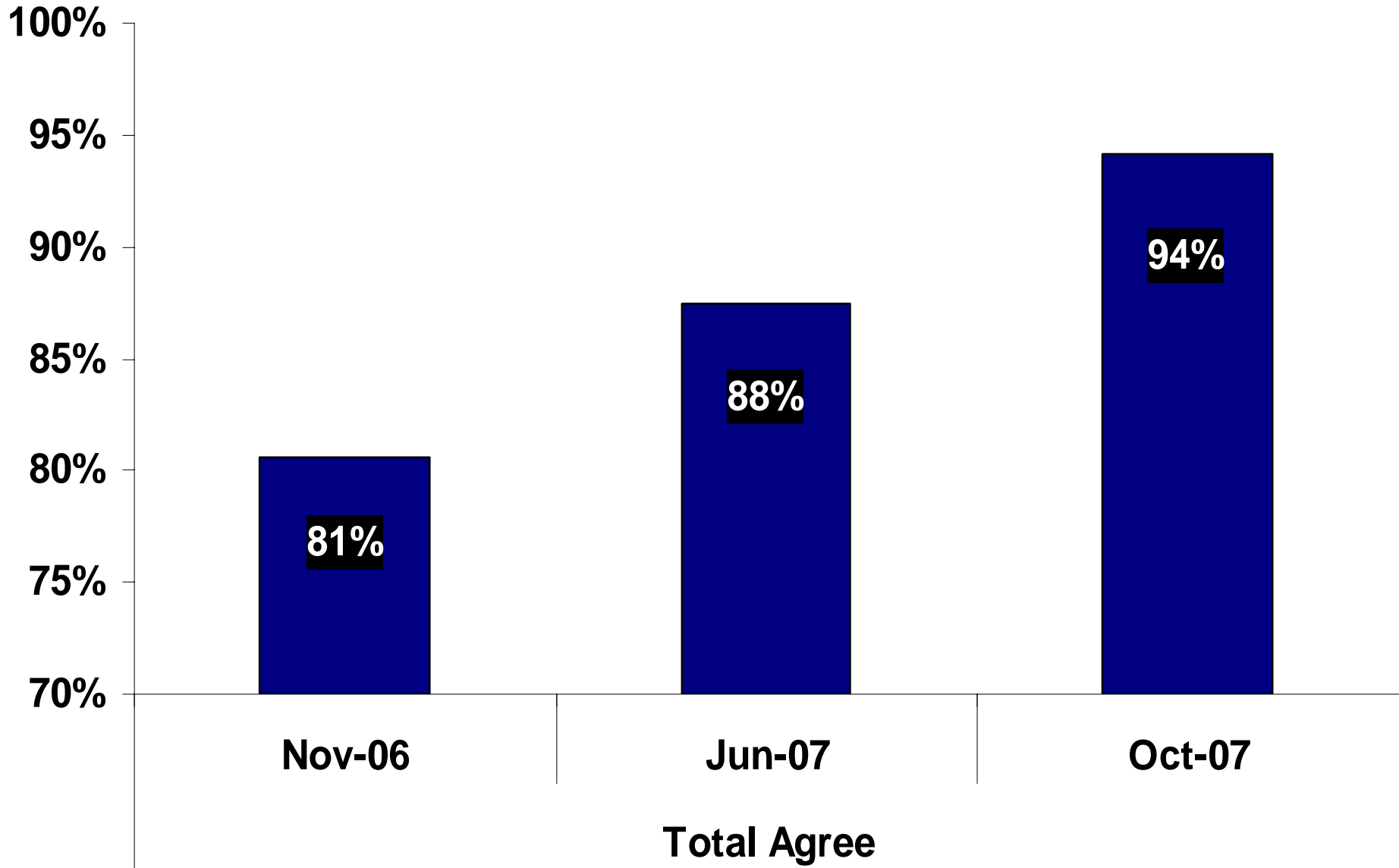
# Handover of patient care is well documented



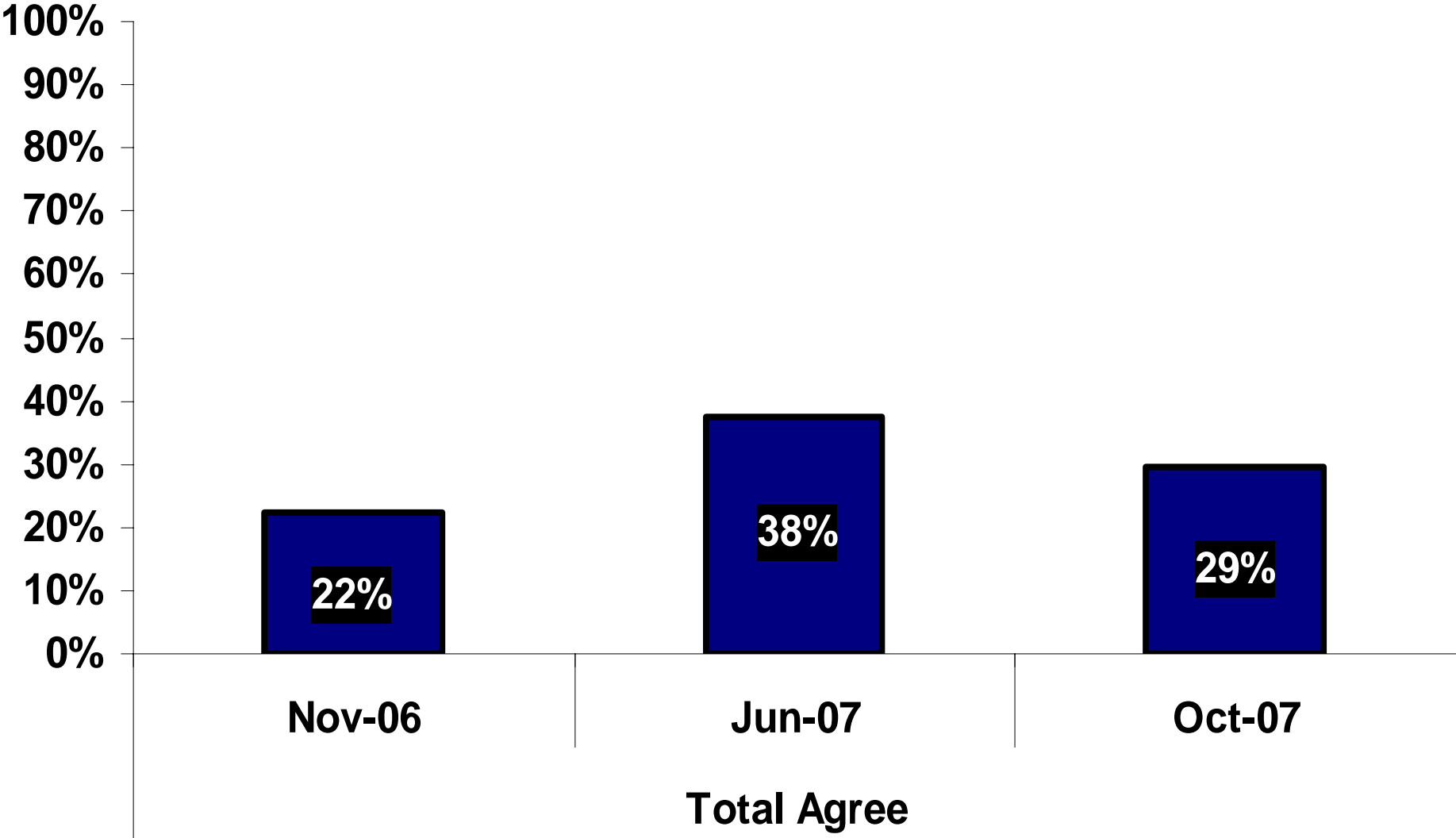
# I know how to provide clinical handover



# I know who to provide clinical handover to



# I have enough undisturbed time allocated to effectively handover patients under my care



# Analysis – objective assessment

- Three chart audits – 2 x 4-day weekends (high risk) and 1 regular weekend:
  - Christmas 2005 and 2006 (3 weeks post implementation of written handover)
    - A number of additional supports also in place
  - Easter 2006 and 2007
  - Spring 2006 and 2007 (2 weeks after implementation of electronic handover)

# Chart audits

- Medical admissions over the weekend
- Excluded patients admitted (ie seen by Medical Registrar/team) prior to Friday or on last day of weekend
- ED presentation time and complaint, ED review time, time ready for transfer to ward, admission to ward, 1<sup>st</sup> medical review, 2<sup>nd</sup> medical review, handover (required, recorded), handover form completed and appropriately reviewed

# Pre and Post Clinical Handover Audit Results Christmas 2005 & 2006

Average Length of Time Between 1st and 2nd Medical Review

(Hours:Minutes)

24:00  
18:00  
0:00

24:34



2005

17:05



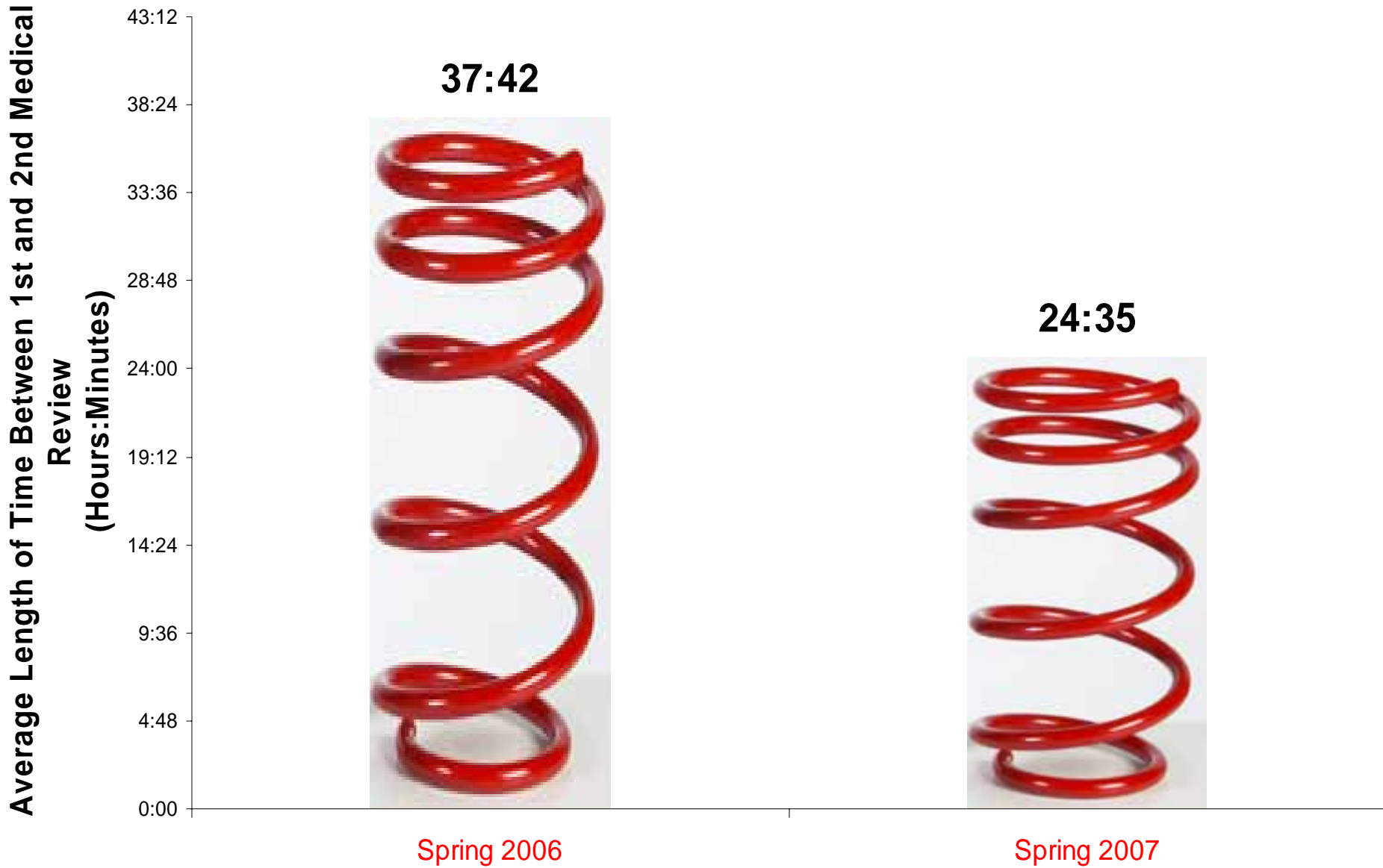
2006

0

# Pre and Post Clinical Handover Project Audit Results Easter 2006 & 2007



# Pre and Post Clinical Handover Project Audit Results Spring 2006 & 2007



# Has it made a difference?

- As the results show – improvement in review times
- Doctors more confident with handover and level of patient care
- Informal feedback very positive regarding electronic handover
- Ongoing limitation due to workload and staffing

# The future?

- Part of everyday duties – “core business”
- Evolving process – change with staffing, rosters
- Access improvement – computers
- Face-face handover in protected time – perhaps one day?!