Junior-led Improvement Project: Improving morning handovers' quality and length in a District General Hospital with the introduction of a handover checklist

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BACKGROUND

RCPCH worked nationally on a Situation Awareness for Everyone (S.A.F.E) toolkit[1] that promoted safer handovers for patient safety. Due to the number of clinical areas covered and personal preferences, departmental handovers always varied in duration, structure and consistency. Previously key questions regarding staffing levels or unwell children would only be mentioned when issues arose.

AIM

This project aimed to improve situation awareness for staff and to improve patient safety through structuring handovers to be more efficient.

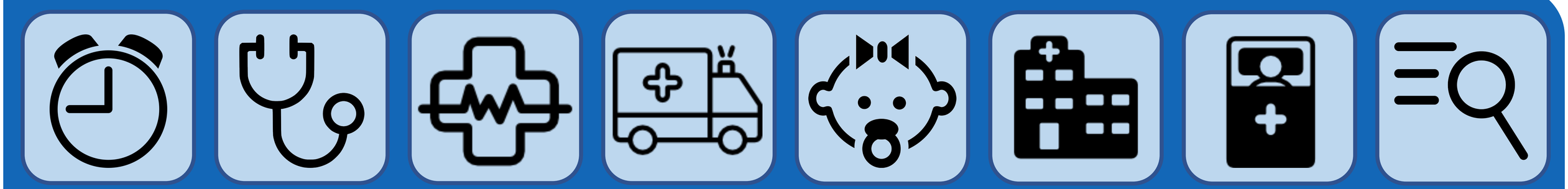
METHOD

The major intervention was introducing a pre-handover checklist covering many important aspects: staffing issues, potential risks to clinical resources – i.e. high-risk deliveries, HDU-level patients, busy emergency department and bed numbers. Start and end times were also documented.

Many iterations utilising improvement science occurred, including varying what was covered on the checklist, who fills it out and seeking departmental approval to separate midweek handovers for the neonatal and paediatric teams.

The latest checklist consists of: start/end times, staffing levels, 'Sickies' / HDU patients, any outgoing/pending transfers, high-risk deliveries, paediatric emergency department (ED) status, bed status, any new safeguarding concerns and whether split handovers should occur.

KEY CHECKLIST COMPONENTS



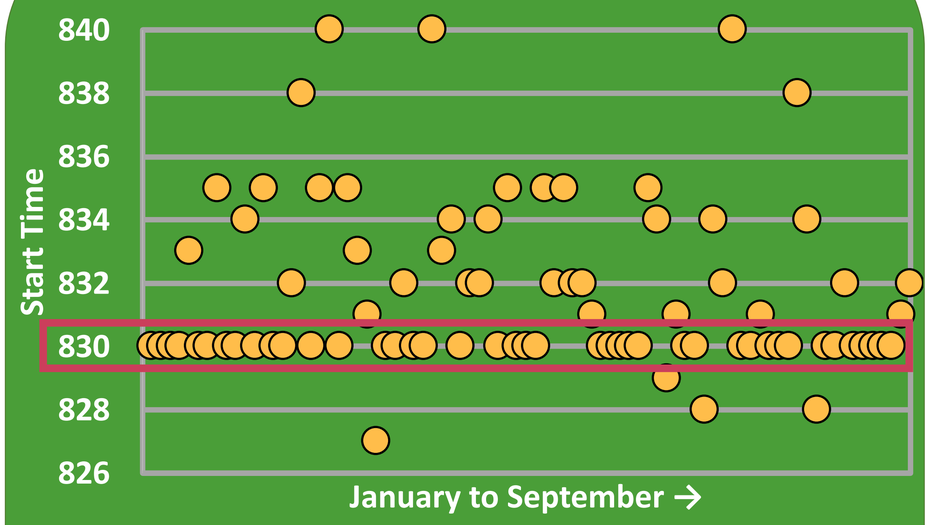
RESULTS

- Over the first 39-week period, the checklist was filled in 88% of the time.
- Only 50% (81/161 documented start times) of handovers started precisely at 8.30am.
- Monday handovers took on average 65 minutes compared to 30-45 minutes on other days. Splitting neonatal and paediatric handover may be a contributing factor.
- Antidotally quicker handovers enabled scheduled teaching to occur on a more regular basis; previously teaching would have been cancelled if handover overran.
- Staffing issues were highlighted in 56% of handovers – including rota gaps, sickness and cancelled locums.
- The non-clinical rota coordinator now feels empowered to raise key staffing issues and the staff have commented that it has provided a good snapshot of all the clinical areas. Data is still being collected and a further qualitative survey on how it has improved staff's situation awareness is being compiled.

HOW OFTEN WAS THE CHECKLIST FILLED OUT?

The checklist was filled out 88% of the time (171 out of a possible 195)

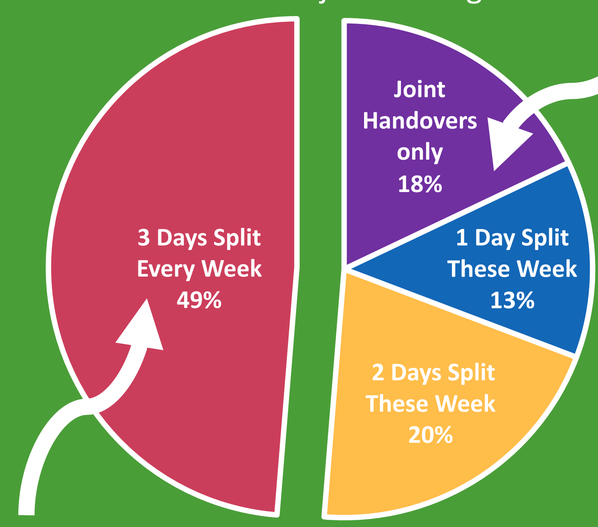
HANDOVER START TIMES



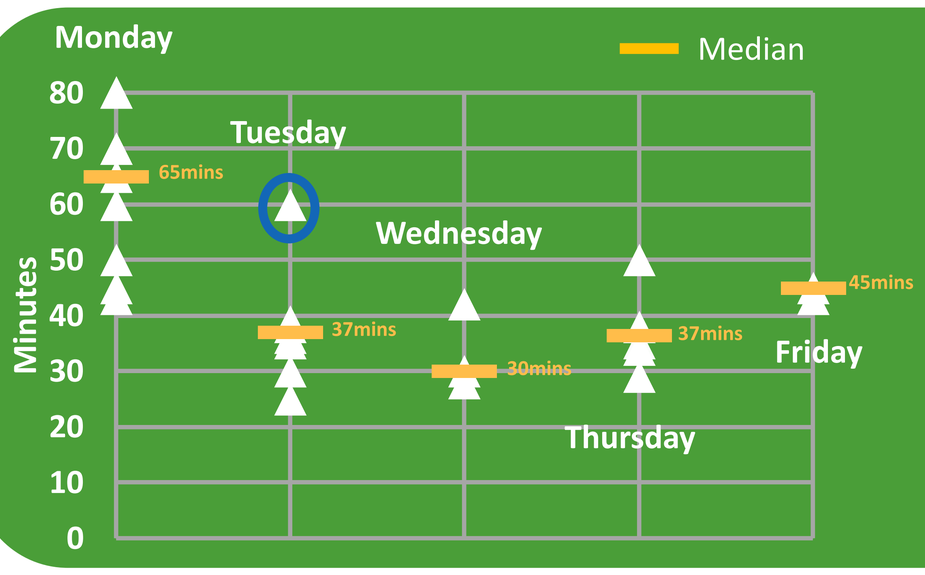
50% of handovers were documented to start precisely at 8.30am. The maximum delay in starting was 10 minutes.

SPLIT HANDOVERS – DID THEY HAPPEN?

All handovers were joint during these weeks



Split handovers occurred every Tues-Thurs



DURATION OF HANDOVER

Monday handovers took a median of 65 mins. Whilst subsequent weekday handovers were shorter at 30 - 45 minutes in length.

There are two blue circled points that represent Bank Holiday weeks that started with prolonged Tuesday morning handover.

CONCLUSION

- The introduction of a pre-handover checklist has ensured that clinical handover can start on time and is a reminder that handover can be split midweek.
- It has also provided a consistent start to handover and has allowed staff to have a daily overview of the department's clinical risk, thus this has indirectly improved patient safety.
- Whilst it is easy to obtain numerical data on the start times and duration, further work is required to delineate secondary outcomes – staff's situational awareness/bandwidth and the impact on departmental teaching.

1 Royal College of Paediatrics and Child Health. 2018. Situation Awareness for Everyone (SAFE) toolkit- introduction. [Online]. [4 July 2020]. Available from: https://www.rcpch.ac.uk/resources/situation-awareness-everyone-safe-toolkit-introduction