

Improving Handover Communication on Paediatric Assessment

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Objectives

To improve the communication between doctors and nurses/healthcare staff working on the paediatric assessment unit (PAU) to improve patient care and safety.

Methods

Preliminary data was collected prospectively over a period of 1 week to evaluate the essential information communicated from the doctor taking referrals to the nursing staff prior to arrival on the paediatrics assessment unit (PAU).

Data collection parameters: Source of referral, name, date of birth, NHS number, contact number, presenting complaint, observations, and method of arrival.

Further qualitative data was collected by means of questionnaires completed by all staff on PAU regarding their opinions on current communication procedures and referrals within the department.

A referral proforma was implemented for 6 weeks after which the data was re-audited for all admissions for a further 1-week duration (Figure 1).

Follow-up questionnaires were provided to all PAU staff to evaluate the effectiveness of the intervention.

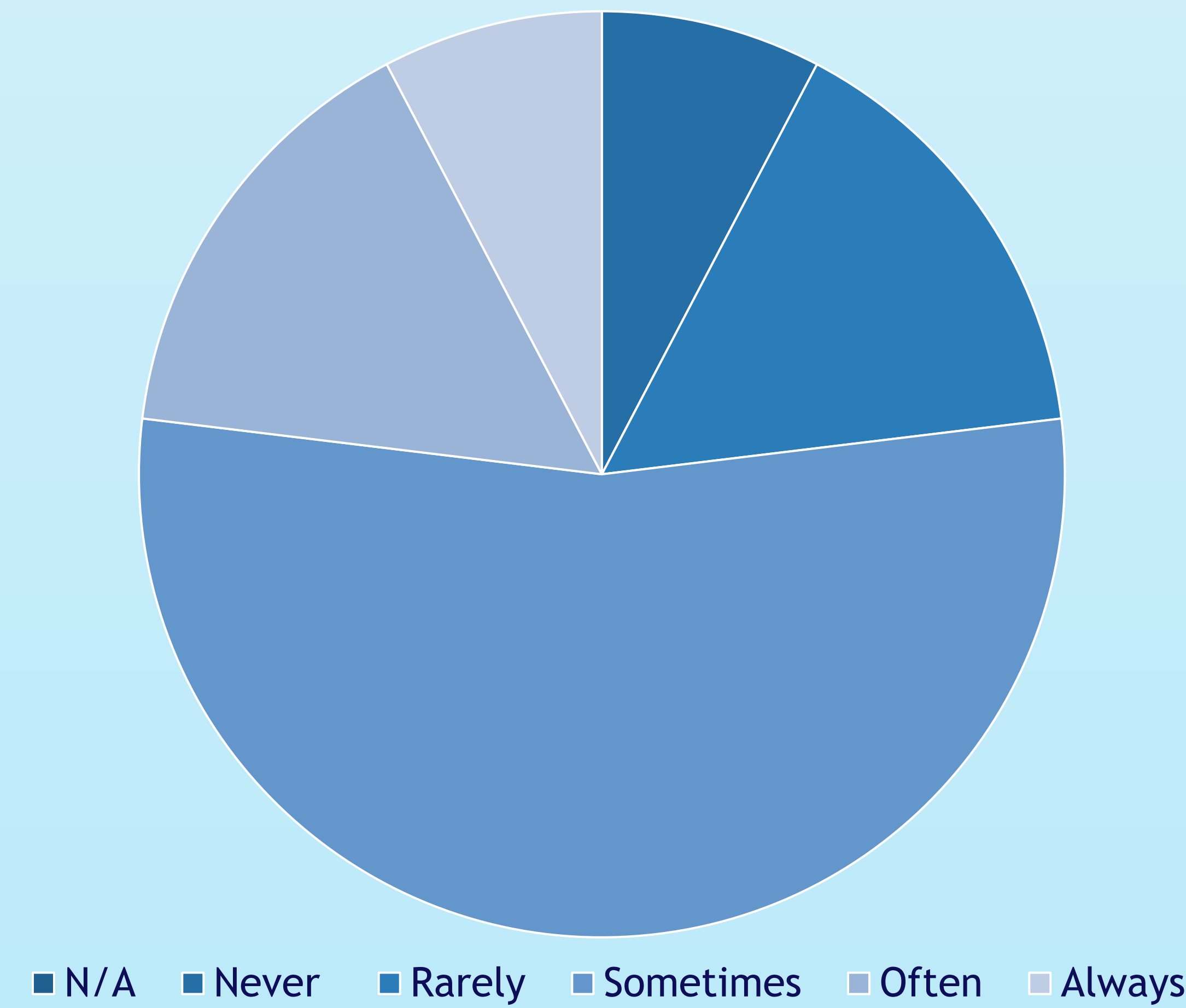
Paediatric Referral Form

Date		Time of call	
Name		DOB	
NHS No:		Contact No:	
GP	Midwife	A&E	UCC
Presenting complaint:			
History of presenting complaint:			
Observations		BM	
HR	CRT	BP	RR
Temp		Sats	
Outcome of call			
Assessment on PAU		Advice Given	
Time discussed with Nursing Team			
Method of arrival			
Own transport		Ambulance	
Via A&E			

Figure 1: Paediatrics referral proforma

Results

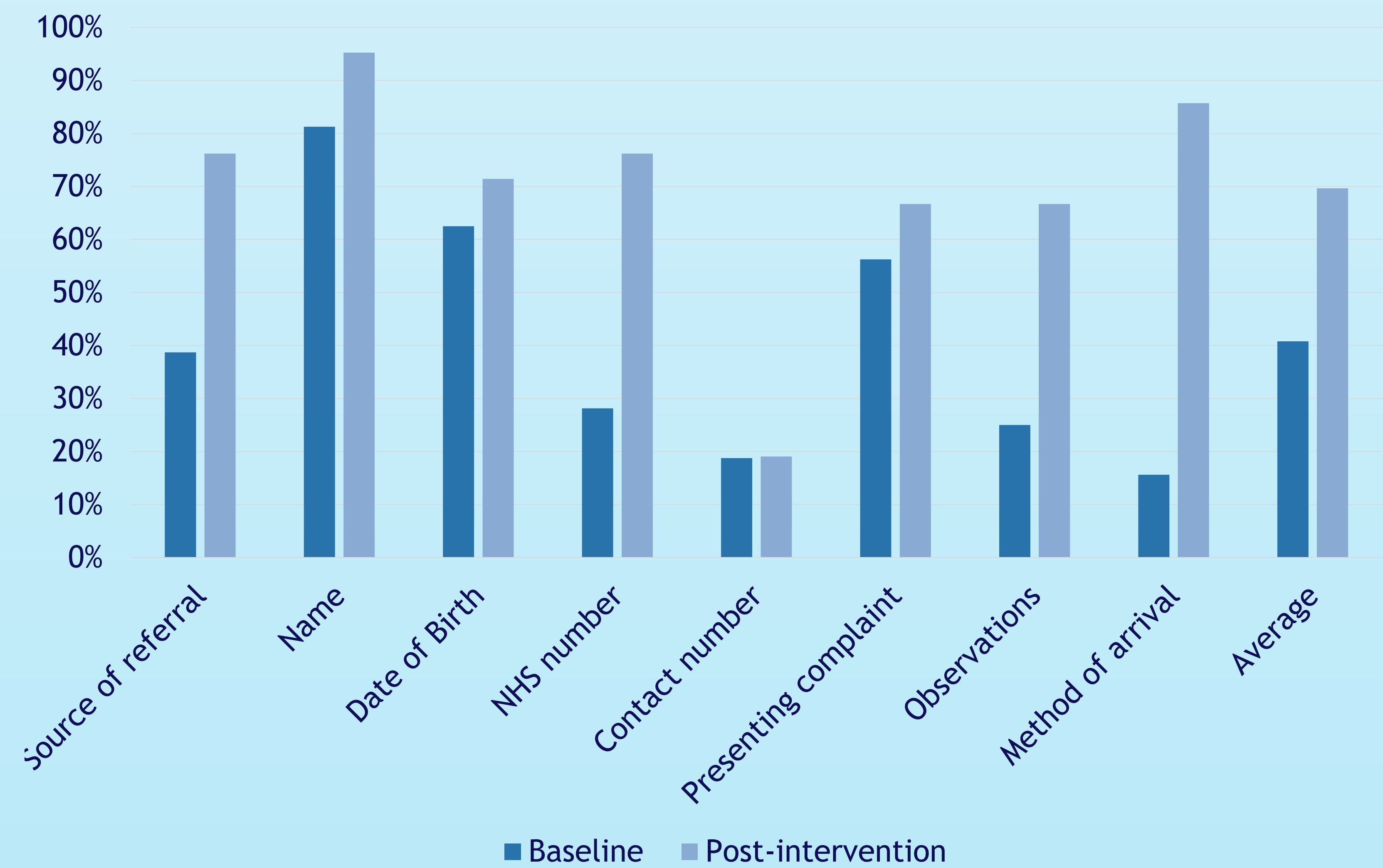
Figure 2: How often do unsafe referrals get accepted to the ward



Initial results showed that nursing staff felt that that 15% of referrals were often unsafe and 54% were sometimes unsafe (Figure 2). The quality improvement resulted in a 20% reduction in unsafe referrals.

The intervention also showed an improvement in essential information recorded by an average of 28.86% across the 8 essential domains (Figure 3).

Figure 3: Recording of essential handover information



The qualitative survey demonstrated most members of staff found the referral form useful, however, the form was not always used by everyone.

One recognised limitation of the study was that not all members of the same team took part in both surveys and that the outcomes recorded depended heavily on the team working in PAU on a given week.

Conclusions

The proforma that was introduced in this project demonstrated a significant improvement in the essential domains that were measured, which will be more conducive to effective communication and safer handover of information within PAU.

Further outcomes of the study have led us to alter the referral form further, implement the proforma across different trust sites, integrate the process with the department's move to electronic notes, and create teaching sessions aimed at taking appropriate referrals.

References

(1) Good medical practice, GMC, November 2020
(2) International journal for quality in health care, Melissa Desmedt et al, 16th December 2020