

Enhancing the paediatric handover list: transitioning to an electronic paediatric handover using ‘Epic’

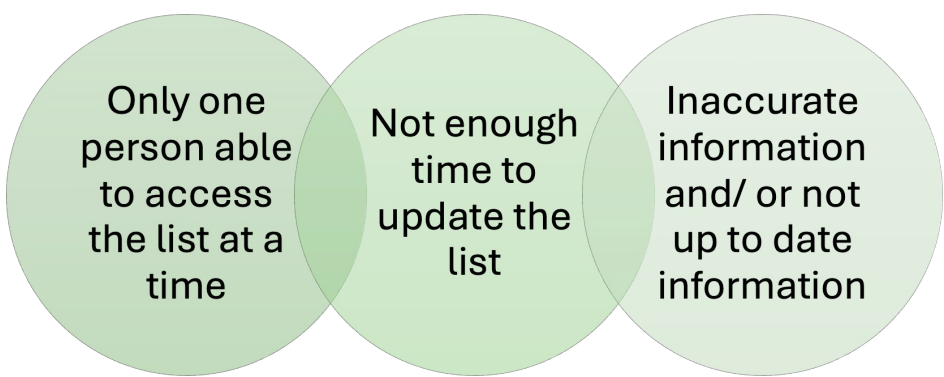
A quality improvement project utilising the electronic medical records software to improve the safety and experience of the paediatric handover list

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Background

- A safe and efficient handover is vital for patient safety and continuity of care
- Paediatric handover lists were traditionally kept in using a word document
- Concerns had been noted regarding accuracy of information on our current list
- Risk to patient safety
- The medical records software had a list function, automatically populating patient demographics and clinical information



Objectives

- Improve overall patient safety through improving the handover list experience
- Assess current experience of the handover list amongst users
- Trial an electronic format of the list using the electronic medical records software, Epic
- Reassess to see if there was an improvement with the electronic list

Methods

We designed an anonymous survey to evaluate user experience of the original list, covering patient safety, accuracy of information, accessibility and time spent.

The survey was sent to paediatric resident doctors, consultants and nurses, responses collected from 16 participants.

A training session and discussion of results was held prior to a trial period of implementing the electronic list.

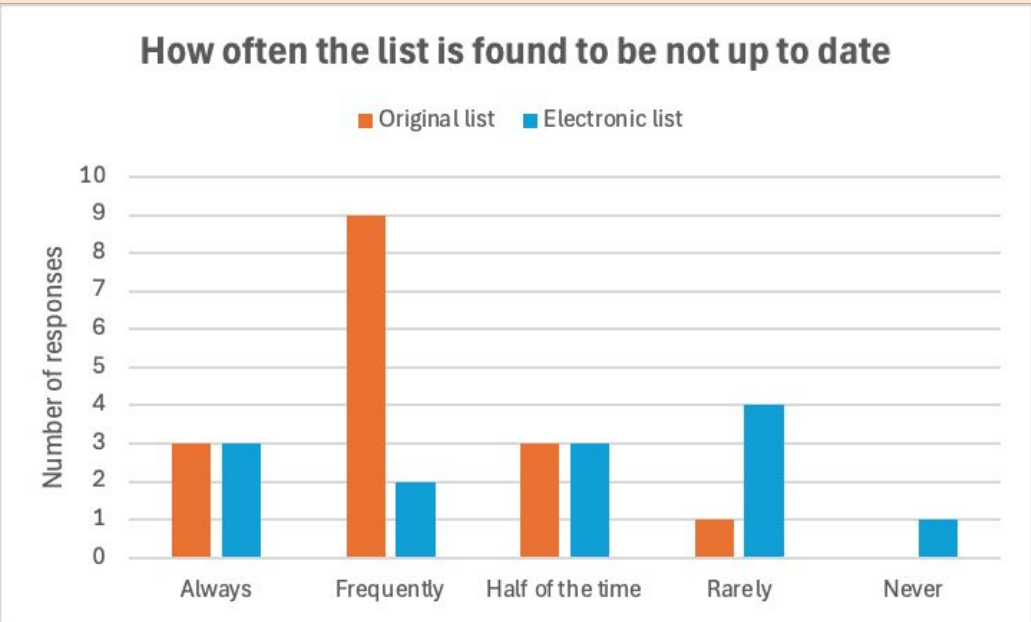
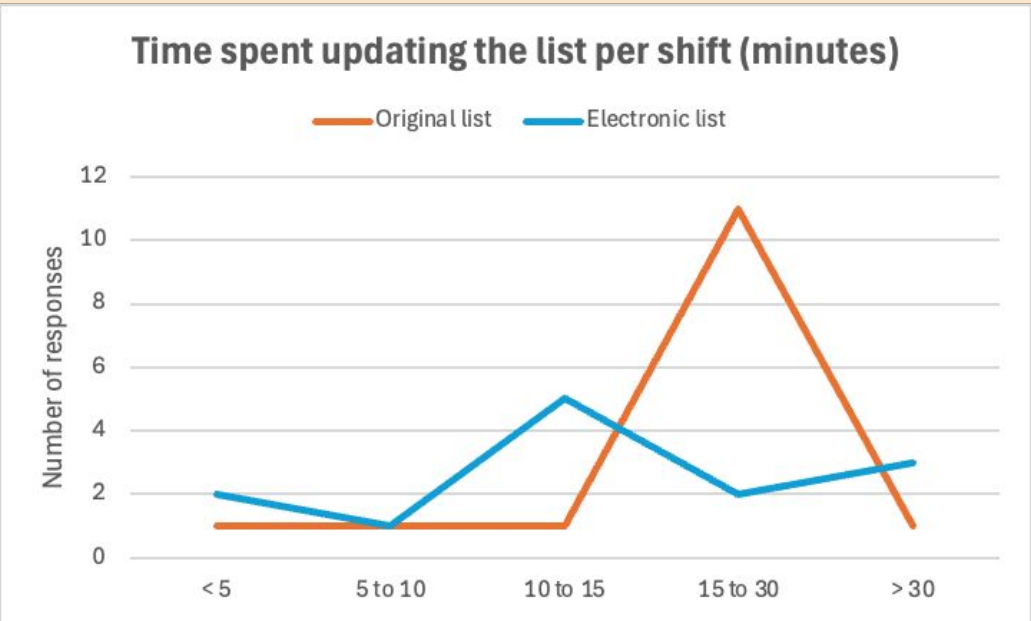
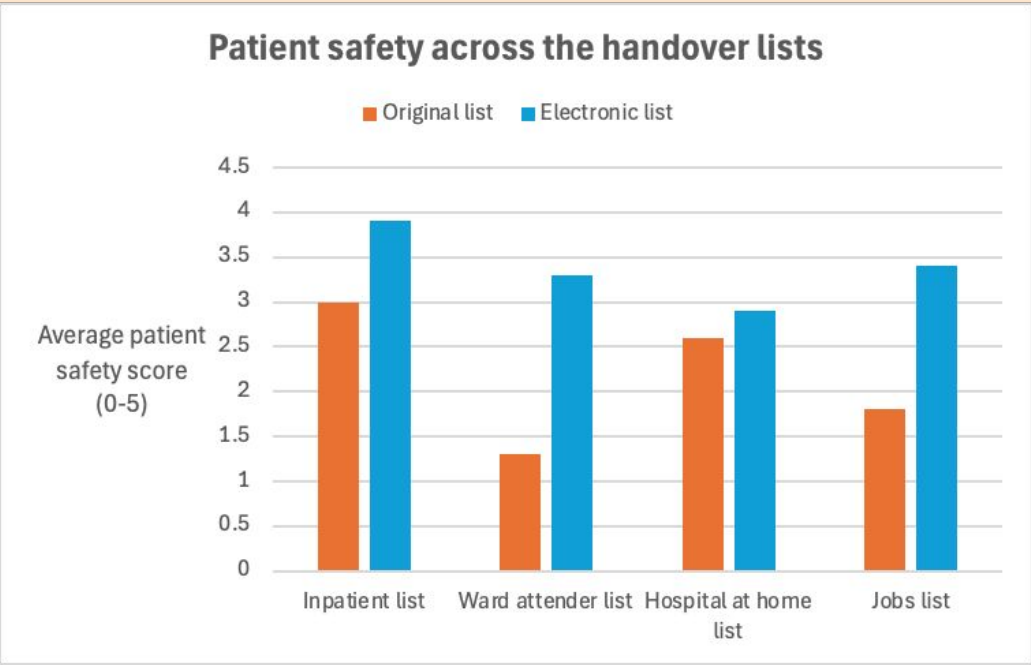
New equipment (a large monitor) was obtained for the children’s department to aid the trial of the new list.

A repeat survey was sent anonymously, responses collected from 14 participants.

Results

Initial results demonstrated a low perception of patient safety, limited accessibility, a list that was often not up to date and time consuming to update.

- *‘Updating the list is quite an arduous task’*
- *‘Details often missed...have to manually enter data so room for errors’*



After electronic list was implemented:

- Over 70% of people preferred the electronic list
- Overall satisfaction increased from 2.4 to 3.6 out of 5
- There was an improvement in patient safety
- Time spent updating lists was reduced
- Decrease in how often the list was ‘frequently’ or ‘always’ not up to date (38% from 75%)
- The list was felt to be more accessible, improved to 3.9/5 from 2.6/5

Discussion and Conclusions

The transition to an electronic list was well received and proved successful in improving patient safety and user experience of the list.

This project has highlighted the benefits of utilising the electronic medical record software to improve efficiency in handover and increase patient safety.

Further benefits of the electronic list:

- Governance: only approved users have access
- Fewer paper printouts: less likely to be misplaced & better for the environment
- Remote access
- Ease of reviewing a patient’s full medical record directly from the list