Investigating optimal handover practice: an evaluation of a new initiative from an acute medical setting

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Aims

To independently evaluate and assess the potential benefits and drawbacks of an innovative approach to the delivery of morning medical handover, in an acute medical emergency assessment unit (EAU).

Methods

A survey was conducted with junior and middle-grade doctors attending the handover (N = 14).

Three focus groups, with middle-grade doctors (n = 5), junior doctors (n = 11) and senior nurses (n = 3), were conducted to gain further insights into the views and experiences of attendees.

Interviews with two medical consultants and two directors of postgraduate medical education were conducted to gain insight into the strategic training and management perspective.

Focus groups and interviews were recorded, transcribed, and analysed using thematic analysis. The timeframe was May–August 2014.

Results

Quantitative survey data were analysed using SPSS, generating descriptive frequencies. 79% of respondents preferred to discuss safety incidents verbally, 79% found it helpful to learn about clinical guidelines and 50% regarded the process as too long on most days.

Qualitative findings revealed that the handover was regarded as a crucial process for prioritising and managing patients and communicating critical information across a multidisciplinary team. Including a nursing perspective was consistently viewed as particularly beneficial, owing to nurses' detailed overview of patients within the unit. Discussing audit results, care bundles and clinical reminders was viewed as well placed, owing to their concise nature. However, the danger of detracting from the clinical handover by incorporating education and a lack of a consistent clear focus was highlighted. Detailed patient presentations and theoretical discussions were considered to be more suitable in an alternative setting, potentially during rounds and bedside teaching. Suggestions of utilising an electronic system, separating the night team handover from an EAU morning meeting, and changing shift times were also discussed.

Conclusions

The foremost principle of a handover is to ensure that there is a robust clinical handover of continuous patient care from the outgoing to the incoming team. While there is the potential to

augment this process with unique educational elements, it is essential that the delivery and content are carefully managed and structured in a manner that does not detract from the primary focus of a clinical handover and compromise clinical decision making. The handover model may benefit from having a more consistent time-bound structure, allowing the team to have a clear focus on managing and directing optimal patient care, whilst providing relevant educational aspects that improve patient safety and quality of care.

Conflict of interest statement

We certify that there are no conflicts of interest regarding the material discussed in this abstract.