

Title:

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

Abstract: (Your abstract must use Normal style and must fit into the box. Do not enter author details)

Aims: To independently evaluate and assess the potential benefits and drawbacks of an innovate 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 was 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, due to their detailed overview of patients within the unit. Discussing audit results, care bundles, and clinical reminders were viewed as well placed due 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 utilizing 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 is carefully managed and structured in a manner which 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 which improve patient safety and quality of care.

Conflict of interests statement: We certify that there are no conflicts of interests regarding the material discussed in this abstract.