



Short read: Patient safety and simple solution to electronic clinical handover



Clinical handover is the transfer of professional responsibility and accountability for some or all aspects of a patient's care to another person or team, either on a temporary or permanent basis. With the decrease in hours worked in modern medical practice, the number of handovers performed has increased proportionally. This has raised concerns about continuity of care and the potential for patient safety to be compromised.

Ineffective clinical handover has been shown to increase the risk of preventable adverse events, length of stay and rate of complications. Of note, communication has been found to be a key cause of adverse events (66 percent of cases) attributable to handovers.

Digital technology has the potential to improve clinical handover.

"In our centre, an electronic clinical handover pilot proved both effective and acceptable to physicians," according to Dr. John Joseph (JJ) Coughlan, Department of Cardiology, University Hospital Limerick, Ireland. "Improved clinical handover could potentially decrease the rate of adverse events and improve patient care."

The pilot concept and protocol was discussed and agreed upon by the Medical Department, General Manager and Clinical Director. An electronic clinical handover template was designed based on the ISBAR3 clinical handover tool using Microsoft Word. A Clinical handover protocol was produced in order to provide a guide for staff to hand over patients. This was distributed to all staff via email and was also available in the doctors' residence.

Staff were instructed to hand over all patients in the intensive care unit (ICU) and coronary care unit (CCU) mandatorily. Staff were also encouraged to handover any patients they felt were critically unwell or for whom the on-call staff should be aware.

Descriptive statistics of handover activity and compliance with mandatory handover were also distributed to all medical staff on a weekly basis. This audit email also served as a reminder of the handover pilot as well as providing feedback on performance.

Over the six weeks of the clinical handover pilot, there were 191 separate handover events at an average of 31.8 handovers per week. Compliance with mandatory handover of ICU/CCU patients averaged 58.9 percent. Doctors reported that the number of handovers missed decreased (35 percent vs. 13 percent, $p=0.002159$).

Overall, 81 percent of staff surveyed agreed that the clinical handover protocol had improved the way in which

we hand over the patients under the care of the medical department, Dr. Coughlan notes.

"Our study demonstrates that performing an electronic handover of patients is achievable and feasible within a medical department," says Dr. Coughlan. "Using only a simple Word document and a standardised protocol for its use, we created a cost-neutral solution which would result in >1,600 patient handover events per year. It was found to be attractive and effective to physicians without increasing their workload."

Clinical handover is undoubtedly a complex, multifaceted process. However, as our pilot has shown, the solutions for many complex problems can be surprisingly simple, Dr. Coughlan adds.

Source: HealthManagement.org

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