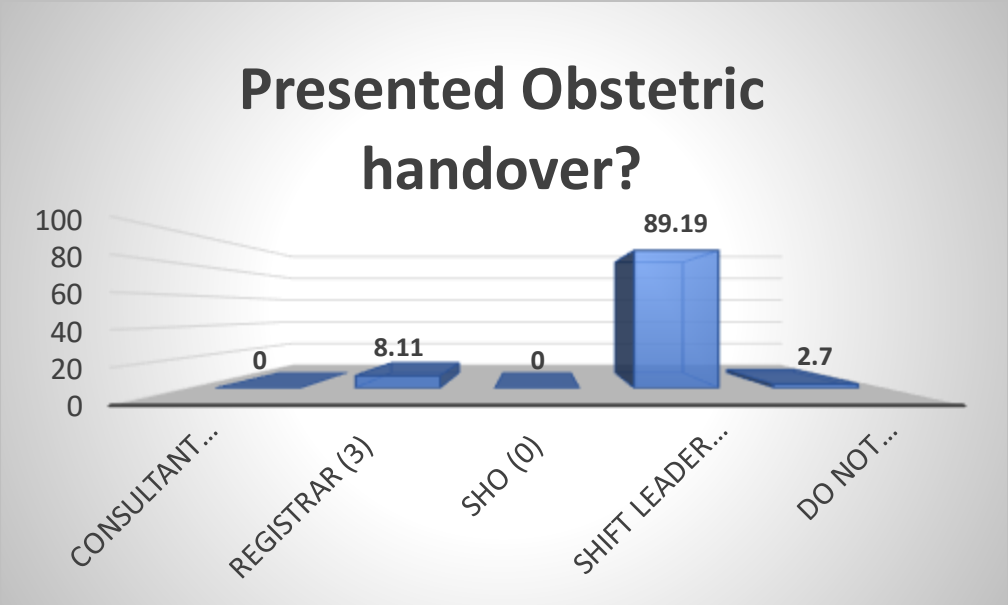
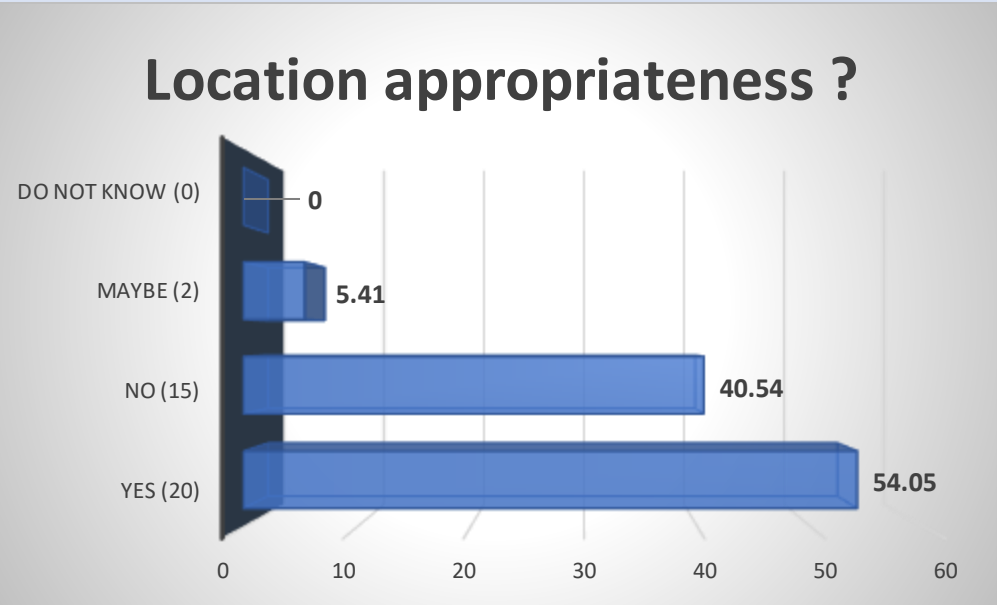
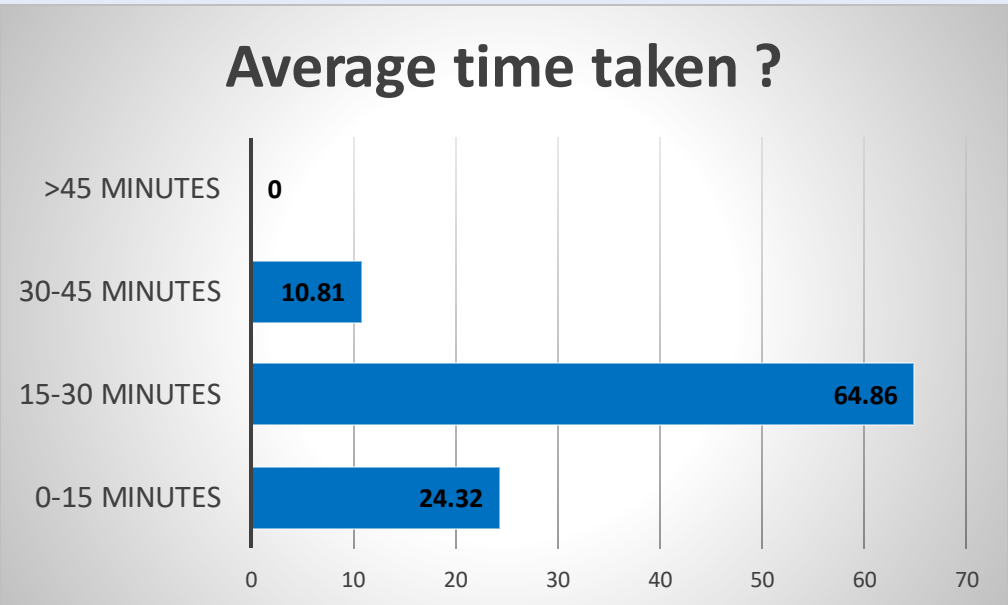
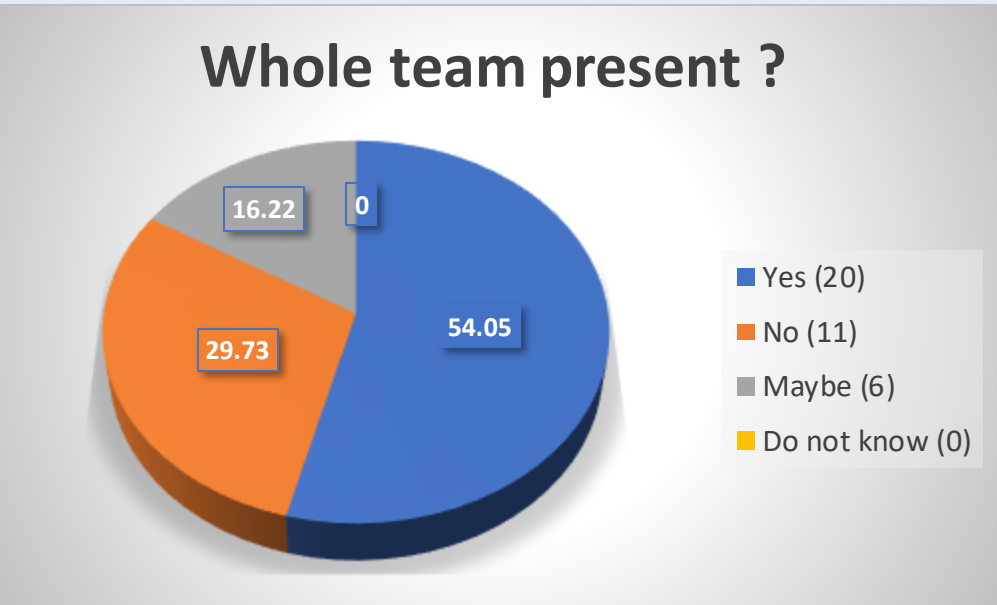
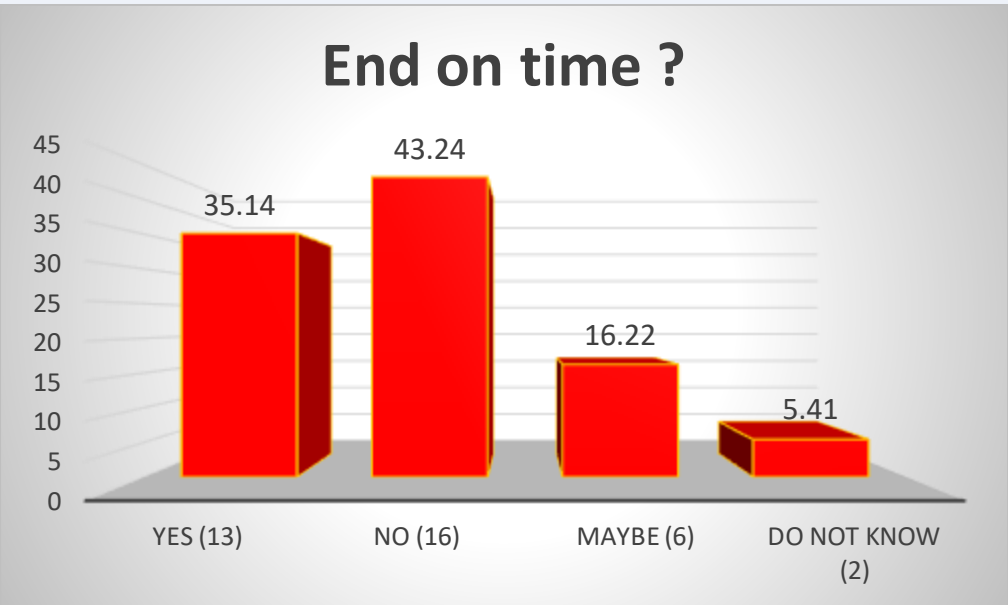
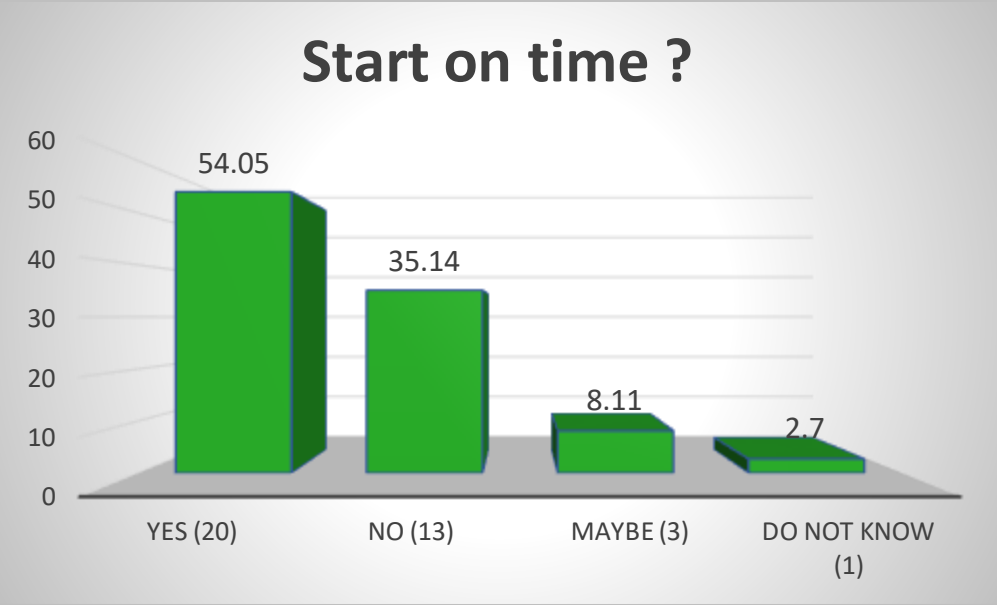


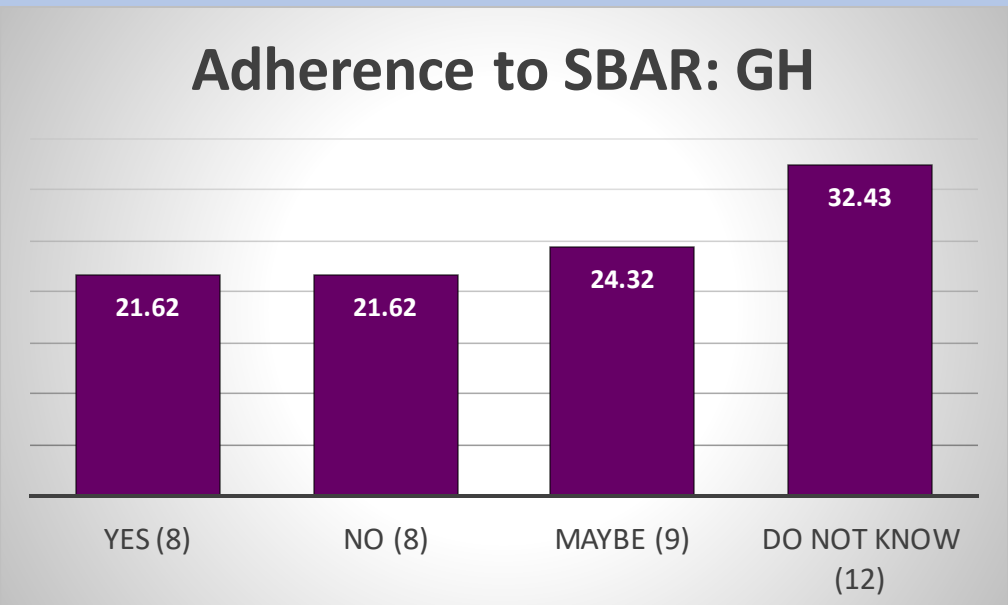
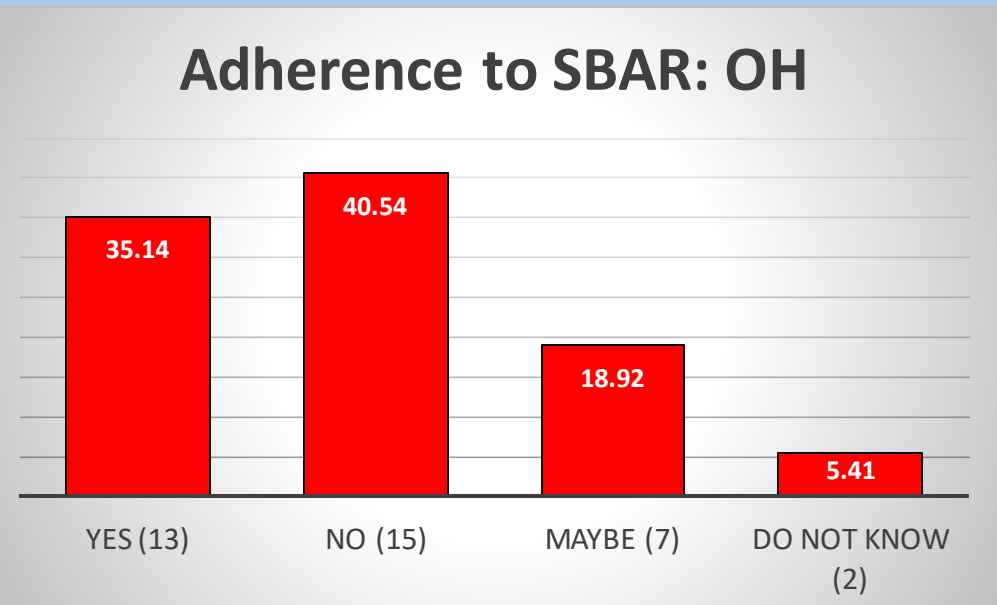
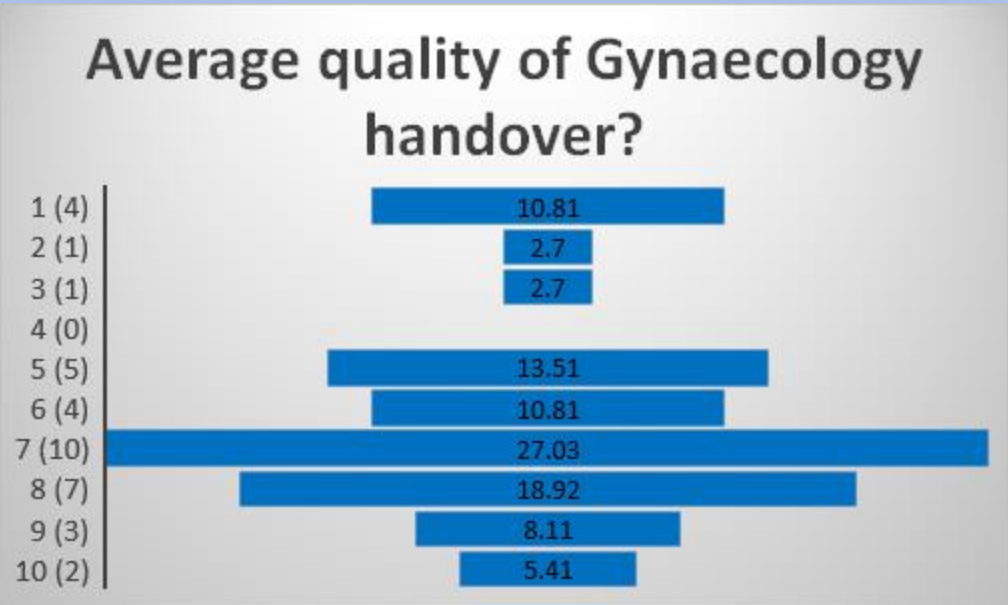
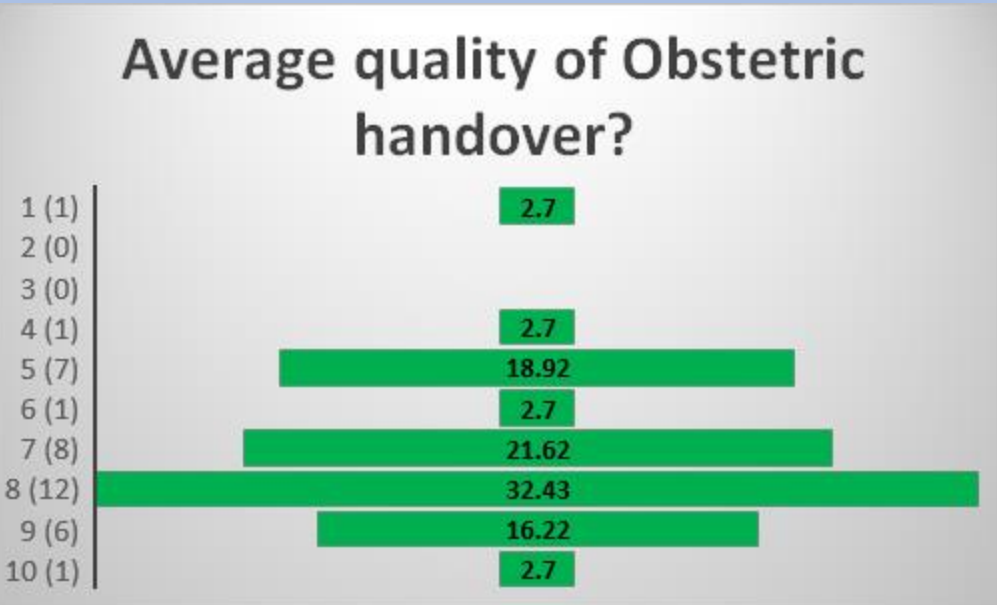
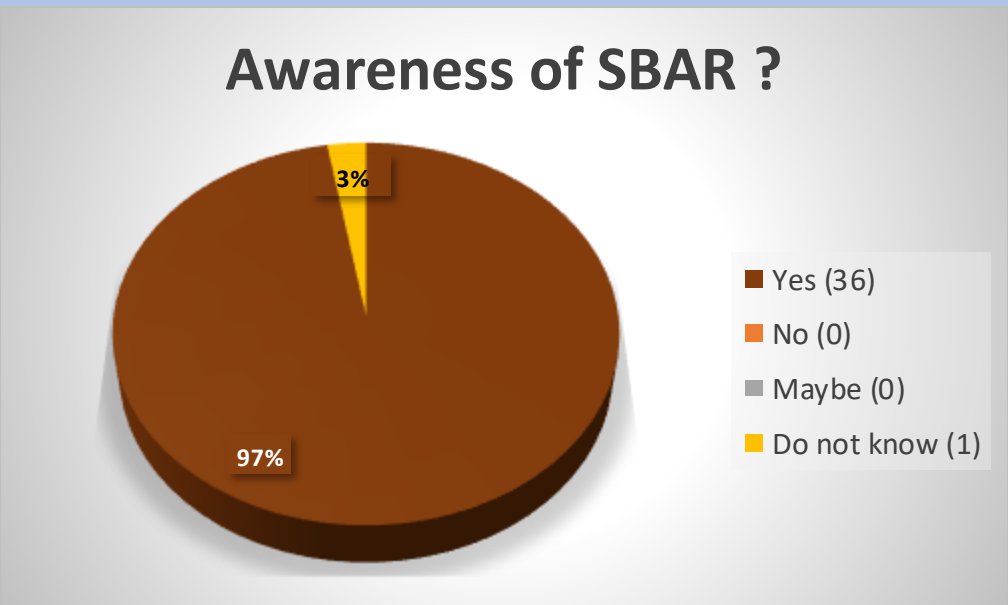
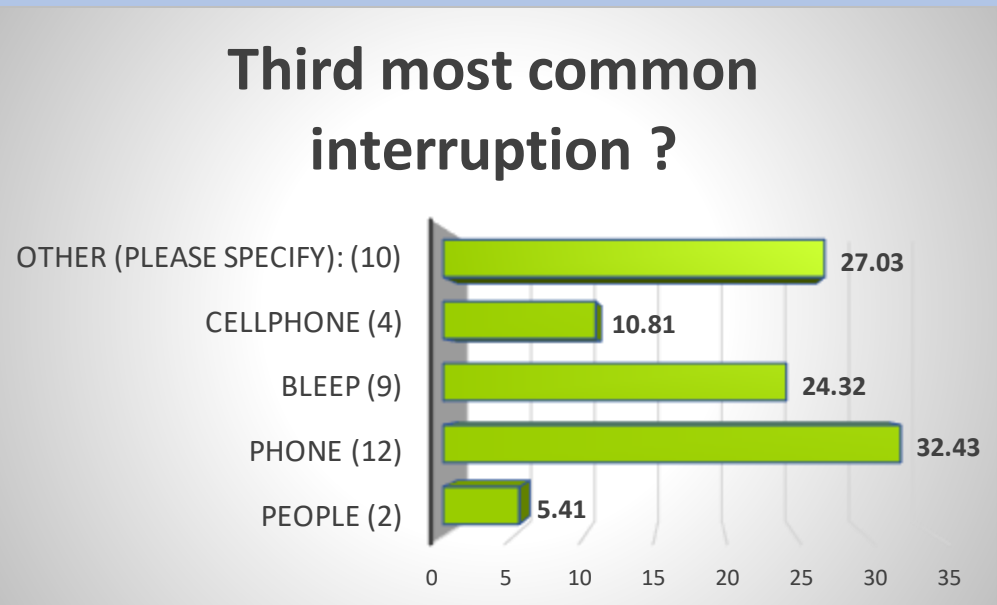
HANDOVER QUALITY IMPROVEMENT PROJECT

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Results

- 37 completed responses and 25 partial responses were obtained. Wide variety of survey respondents
- 97.3% awareness of the SBAR format, yet suboptimal adherence of handovers. Suboptimal signing in of the handover diary
- The mean score for the average quality of the Obstetrics Handover was 7.08 versus 6.24 for the Gynaecology Handover
- 62.16% of the respondents identified the frequency of interruption in handovers to be about 1-3 times per week and 16.22% thought interruptions were 3 or more times per week.
- People, cellphones and telephones were identified to be the most common causes for interruptions in the handovers for the last 3 months
- ‘Others’ included people crossing by, disruptions by emergency calls, unrelated chatter, delays in arrival of the team and so on.
- 29.73 % thought restriction of bleeps / phones /people in the handover area would improve the handover process.
- 16.22 % thought a new handover methodology was needed. 5.41 percent suggested a new location was needed.



Background

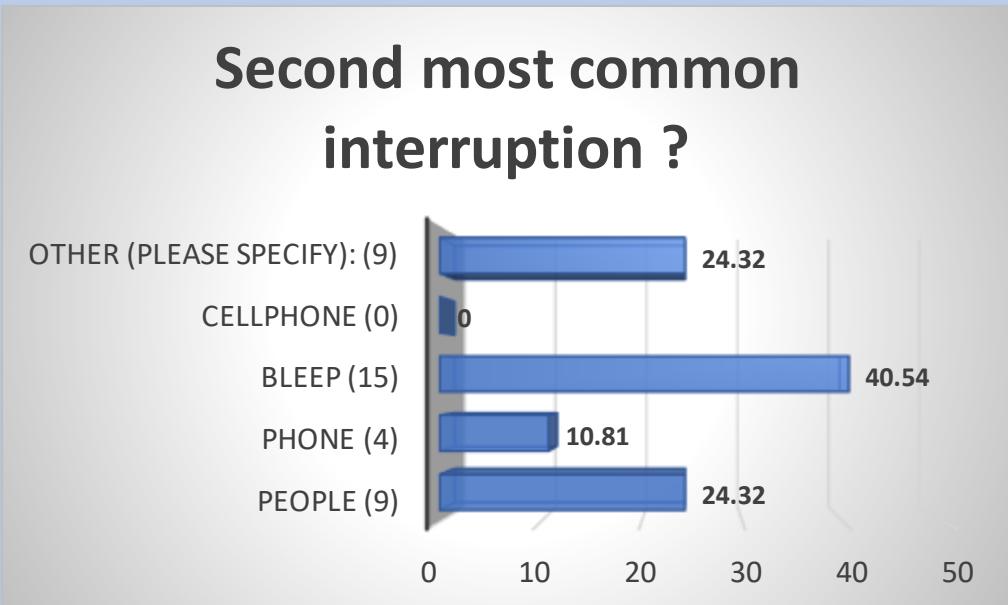
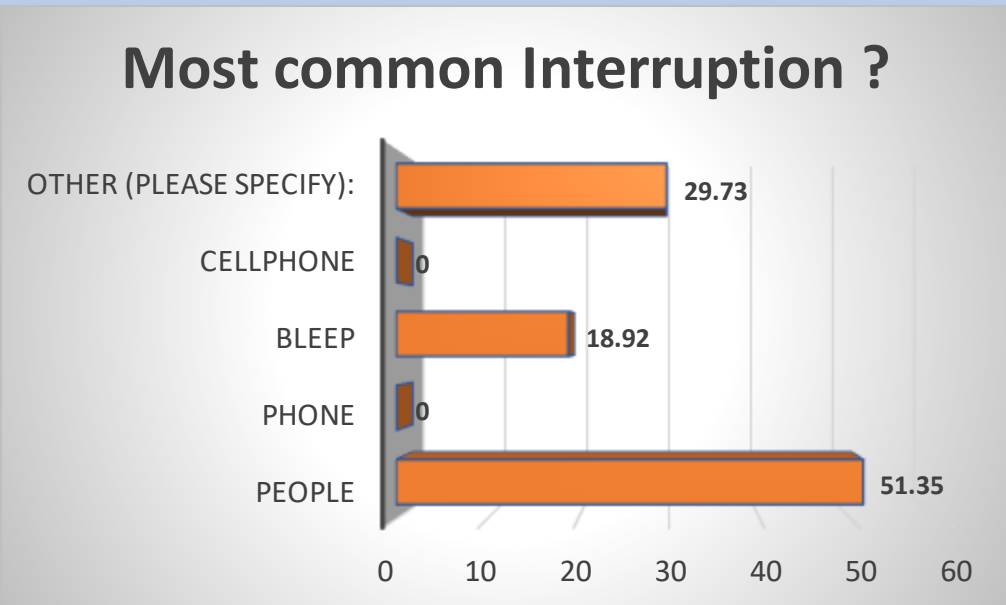
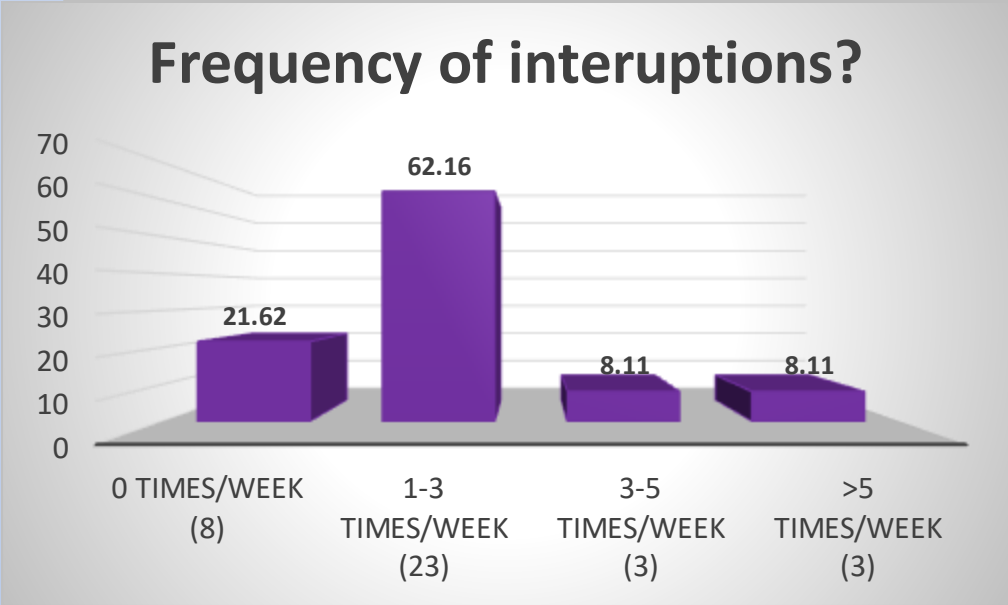
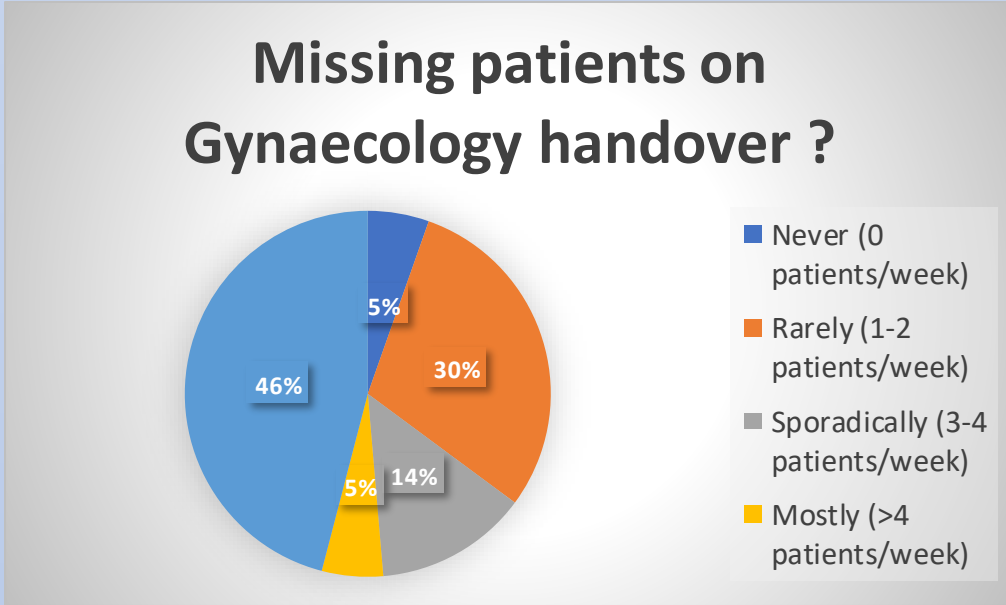
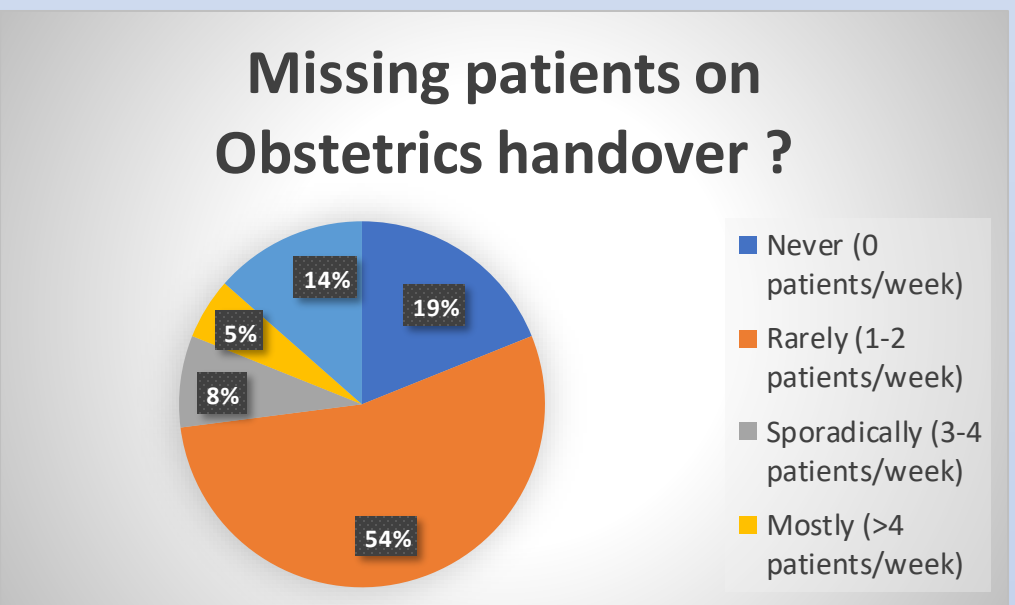
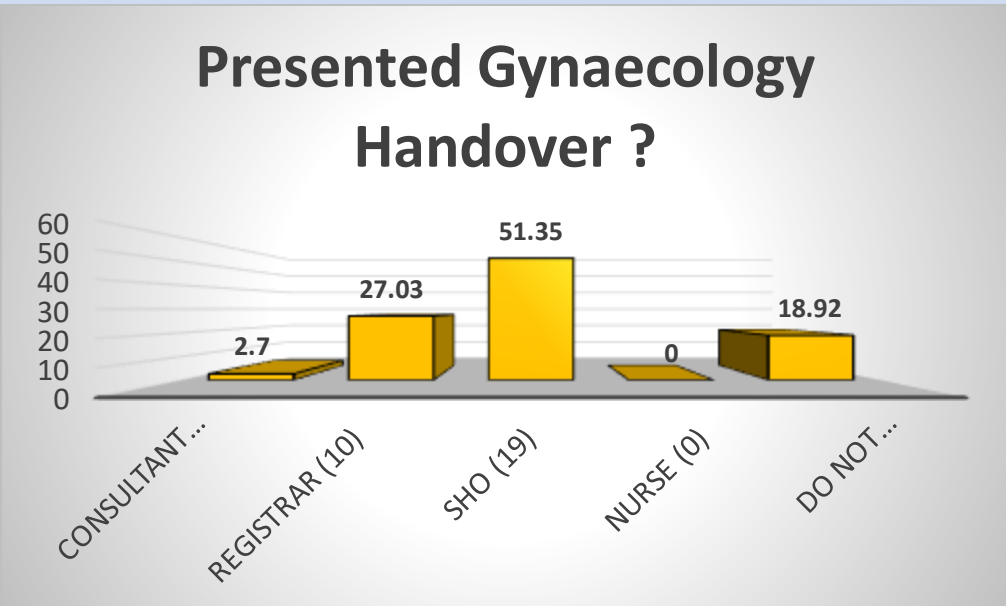
The need to provide continuing care to all patients necessitates that the process of handover of care amongst the health care medical and paramedical health care professionals is concise, precise yet complete to effect safe patient care. It is a vulnerable event that may be associated with adverse patient events. It is an important subject of scrutiny and audit to ensure safe and continuing patient care.

Aim

- To assess the quality of the handover process in obstetrics and gynaecology
- Measure quantitatively the satisfaction levels
- Identify any recurring themes, and
- To devise locally applicable evidence-based practices and tools to improve the handover process

Methodology

- An online survey tool, confirming to GDPR rules, authorized BCUHB was used to create a survey consisting of 22 questions.
- Consultants and Registrars in Obstetrics / Gynaecology, Anaesthetists, Senior House Officers in Obstetrics, /Gynaecology, Nursing Staff and Midwives.



- 48% had interesting suggestions under “others” as follows:
- ✓ ‘People being respectful, concise and not interrupting and rambling on’ / ‘No talking over another’
 - ✓ More structure to the process with up-to-date information on board before handover
 - ✓ ‘Teaching oriented handover’ & ‘Discipline’
 - ✓ ‘Streamlined – with fewer interruptions and unnecessary information’
 - ✓ ‘Punctuality’
 - ✓ ‘Clear leader / presenter’

ROADMAP AHEAD

- Interventions**
- SBAR training
 - No bleeps / phone
 - Team building activities
 - New handover location
 - New handover method
 - Communication workshop

Post intervention survey

A post intervention survey to assess the impact of the interventions, ensure patient safety by improving the quality of handover process and ultimately continuing to improve the service.