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Clinical Handover: Quality Assessment of the Multidisciplinary Handover Process On an Acute Psychiatric Mixed Gender General Adult Inpatient Ward

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Background: Handover allows the transfer of responsibility for patient care between healthcare professionals. In 2011, The Royal College of Physicians (RCOP) outlined a set of standards for a 'good handover'. Poor quality handover leads to error and is a preventable cause of patient harm.

Aims: The aim of this audit was to analyse the handover process on a 26-bedded general adult inpatient ward, and make recommendations from the findings to improve patient-safety based upon these standards.

Methods: During 14 handovers, quantitative information was collected on duration, attendees and content of information, graded against the RCOPs standards.

Results: In 100% of handovers, 1 nurse and 2 doctors were present. Members from other professional bodies attended less often (14-79%). Information duplicated on consecutive days ranged between 27% and 42%. The handover process met 50% of the RCOP's standards.

Conclusions: Handover process is embedded in the hospital culture and is recognised as a multidisciplinary activity. However, inconsistent attendance did not provide equal opportunity for the transfer of information or result in clear arrangements for ongoing care, which was felt to be a risk to patient safety. A system of fluid and transferable data on documentation should be in place.

Recommendations: It was agreed that a computerised handover-sheet available to all professionals to review and access during the course of the day would be in place. A suitable time to maximise attendance was agreed. Re-audit following these recommendations would form a robust framework to implement these changes across the Unit.