

Background

Effective clinical handover is integral to protecting patient safety, preventing harm, and maintaining a high standard of care. Our aim was to assess current handover practice within the Trauma and Orthopaedic (T&O) Department and identify ways to improve quality and reduce variability in handover to enhance patient care.

Methods

Patients who underwent surgery on Friday and Saturday Trauma lists were identified and reviewed retrospectively over 3 months. Patient records were reviewed to check whether there was a documented day 1 post operative doctors review, and whether tasks such as bloods and radiographs were requested. A survey was distributed to doctors, trauma co-ordinators and surgical care practitioners in the T&O department to understand current handover practice.

Results

There were 21 survey respondents, all of whom agreed a weekend handover would be helpful in ensuring continuity of care. 45% did not routinely receive any form of handover (written or verbal) and believed that handovers received were of poor quality. 81% of respondents were aware of the hospital trust's handover application, Careflow, however only 57% claimed to use the app and 65% were unsure how to use it. Over 3 months, 76 patients were identified who should have had a documented day 1 post operative review, of which only 27% (23) did. The average time to first post operative review by a doctor was 2.18 days. 5 patients did not have a documented post operative review prior to discharge. Day cases were excluded. Average time to check radiograph request was 2.71 (range: 0-10 days).

Conclusions

Existing handover practices were inadequate and highly variable with the potential for a negative impact on patient care. New handover guidelines have been implemented, using the Careflow application and the quality of handover will be re-assessed.

Disclosure

Nothing to declare.