

Problem

No allocated time for morning handover at Lagan Valley Hospital contributes to anxiety among F1 doctors. It results in the night-F1 staying beyond their shift to handover to each ward individually; leads to unfamiliarity of sick patients and outstanding tasks; and has the potential to compromise patient safety.

Strategy for change

We propose a 10minute time slot each morning at 9am for handover between F1 doctors. We aim to reduce anxiety among F1 doctors; familiarise the day-F1 with patients on their ward and improve patient safety by minimising errors associated with poor handover. Handover follows a standardised approach including:

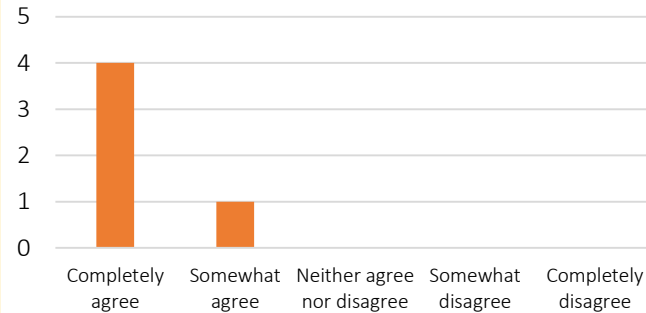
1. Sick patients / patients to be aware of
2. Outstanding investigations
3. Deaths overnight
4. Any other issues / concerns

Measure of improvement

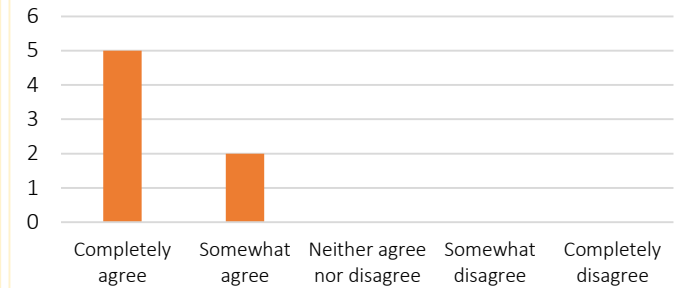
Qualitative pre- and post-intervention questionnaires were completed by F1 doctors. Questionnaires focused on confidence around effective handover of information between shifts, perceived impact on patient safety and perceived need for a formal handover process.

Feedback from F1 doctors

I feel that an F1 handover could improve patient safety



After the introduction of F1 handover, I felt all the important information from overnight was effectively communicated to me



"There have been a couple of instances where the night team and day team have been unable to have a full discussion about all post take patients... This has led to scans not being ordered, bloods not being done or not being chased and a subsequent delay in results or treatment for patients. Handover could help improve this".

"I found that the F1 handover was a great opportunity to discuss difficult or interesting cases with my colleagues, which was a good opportunity to learn. It also made me feel less stressed leaving my shift knowing all important information had been relayed to the day-team."



Discussion

All participants felt that F1 handover was necessary and should be continued indefinitely. Shift patterns and lack of a formal handover between doctors can disrupt continuity of patient care compromising patient safety. Effective communication and handover are a vital component of safe and effective patient care ⁽¹⁾. Our results are based on qualitative feedback, so it is difficult to establish if patient outcomes / safety were improved by the introduction of a handover and further study would be required to establish causation.

Conclusion

The introduction of an F1 handover in Lagan Valley improved morale between junior doctors and reduced anxiety in relation to effective communication between shifts.