

Quality improvement project related to the process of handover on transferring inpatients between psychiatric wards



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Background

Since COVID 19 Pandemic, psychiatric inpatients admissions started to be directed to a specific ward (Amber/ red zone) for both Adult and MHSOP, before transfer to the main ward (green zone) due to COVID precautions.

Medic to medic handover is a vital part in the process of transferring patients between the admission wards to the main ward. It is essential that the clinical care of patients is handed over between wards effectively and efficiently to ensure continuity of care.

There were no pre-set standards or clear structure for the handover. In practice this was inconsistent at times and mainly done over the phone mentioning some information related to the patient and any outstanding tasks.

How was the QIP carried out?

We created a brief document to be used as a standardized method of handover between medics when transferring patients

The document was created with the help of junior trainees, senior consultants and nursing staff.

Brief details of the document:

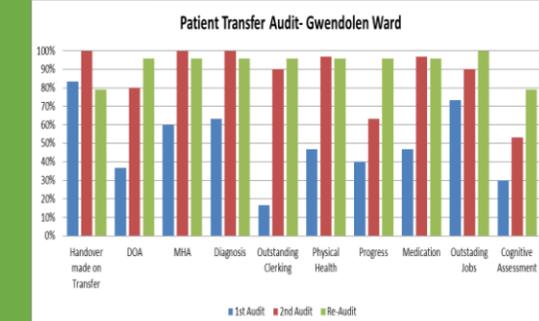
Date of admission, Diagnostic impression, outstanding admission tasks, MHA status/appeal, physical health concerns or outstanding tasks, progress since admission, planned medication changes, cognitive assessment if applicable and any outstanding medical jobs.

Method of implementing the change and data collection:

- This document checklist was retrospectively compared with the current practice of handover
- Then we aimed to generalize the checklist on the admission wards with support of ward consultants and junior doctors.
- Then we collected the data of the handover process after implementing the checklist.
- Re-AUDIT to check the compliance with the handover process.

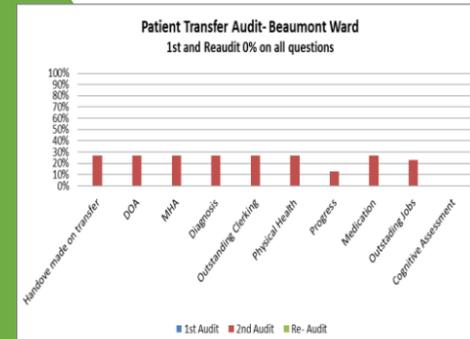
Dates of data collection:

- Data was collected retrospectively 3 times:
 - 1- From Dec 2020 to February 2021 (30 patients on each Adult and MHSOP inpatient admission wards) before implementing the change.
 - 2- Then after implementing the handover checklist document, between March and April 2021 (30 patients on each ward)
 - 3- then reAUDIT (24 patients on each ward) between May and June 2021.



Conclusion and results

- **Areas of Good Practice.**
- The MHSOP ward showed evident adherence to the handover standards created in the checklist, almost the double in certain areas even after the 3rd cycle of data collection. This was mainly due to the support of the ward consultant and junior doctors and the already established practice of handover prior to the AUDIT. The checklist provided more comprehensive and standardized method of handover and in a structured and time efficient way.



Areas for Improvement:

- Adult inpatient ward showed an initial slight improvement for a short period evidenced in the collected data after implementing the change.
- There are many factors affecting this, including the high numbers of admissions, changing of ward consultants and the continuous rotation of junior doctors as well as the busy nature of the ward resulting from the high flow of patients.
- **This can be mitigated by:**
Incorporating a brief introduction in the trust induction program, reminders to the ward junior doctors and communication with the new ward consultants.