Implementing a digital handover; improving processes for on call and handover at Pendle View Unit.

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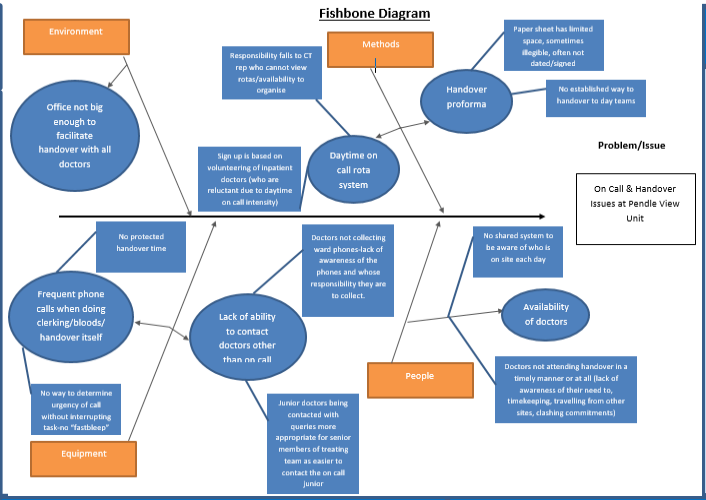
Introduction & Aim

This project took place at Pendle View Unit, an acute inpatient mental health unit in East Lancashire. Junior doctors were expected to attend face to face in order to exchange handover, with jobs/actions recorded on paper. However through feedback gleaned through junior doctor communication meetings and a general survey a number of issues with the handover process and on call were identified.

- **This project focussed on issues relating to the handover process. The paramount aim was to improve patient safety by improving communication between staff members.**
- **The aim was for 100% of formal shift handovers to be recorded digitally.**



Method

- The first test of change was to implement a digital handover system, where a handover proforma would completed and stored on a central and accessible system.
- All junior doctors have their own trust laptop in order to be able to access the system.
- The system selected for this was MS Teams. A channel was created to contain the handover, and this had the ability to be accessed remotely by all grades of doctor working at the unit within East Lancashire.
- This had the additional benefit of allowing senior doctors to support handover remotely by creating a meeting through the channel.
- As the handover sheet is electronic the legibility would not be a concern.
- The digital handover was launched with all junior doctors being inducted onto the system and a SOP being created.

Results

100% of shift handovers are now recorded digitally.
Junior doctors reported that recording the handover could be more time-consuming and unwieldy as they would have to switch back and forth between tabs on their laptop screens. To address this an additional monitor was sourced for the junior doctors office to enable two views and make this more efficient. It was also noted that some jobs were being copied over from handover file to handover file over several days and it wasn't clear if they had been actioned- the digital proforma was amended to include a 'date added' column and to make clear whether jobs were pending. The SOP was updated to reflect this change.

Learning

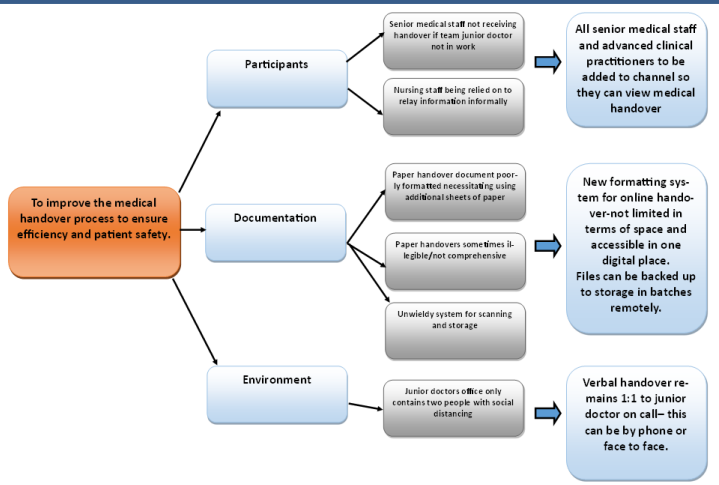
Project drift- our initial information gathering identified a wide number of issues relating to the on-call and handover process. It was tempting to attempt to design multiple solutions to try to solve everything; we focussed on improving the handover process and other identified problems-for example with the on-call rota- were delegated to others to address.

Hazard Log- initially this requirement was overlooked causing a delay; when creating and implementing a new digital system there was the need to carry out a risk assessment and record this in a Hazard log. Risks were identified as follows:

- Doctors unable to access MS Teams
- Doctors unable to access working laptop
- Correct doctors don't have access to Teams channel
- Doctors not aware of the digital handover process
- Short notice locum doctors appointed out of hours unaware of/unable to access Teams

Controls were introduced in order to mitigate these risks.

Driver diagram



What next?

Repeat survey amongst the junior doctor cohort in order to repeat PDSA cycle; which problems have been solved and which remain?
Audit of hazard logs; are there any recurring problems which require additional controls?
Aim to roll out trust-wide.