

Making a virtual handover an effective handover

Dr Rebecca Garvey¹, Dr Joshana Guliani¹, Dr Andrew Camden¹

¹ South London and Maudsley NHS Foundation Trust, London, UK



Introduction

- This quality improvement project took place in the adult Psychiatric Liaison team at University Hospital Lewisham in Southeast London.
- At the start of the Covid-19 pandemic, similarly to most other services, the team had to make alterations to its usual practice in order to minimise the risk to staff.
- Prior to the pandemic, the team met every weekday morning for a whole team handover. The team met in the main office to talk through the new referrals and caseload, which were handwritten on a whiteboard.
- At the start of the pandemic the handover became virtual in line with the trust guidelines. Staff would sit in separate offices and join via Microsoft Teams. The caseload was displayed on a shared excel spreadsheet with one team member sharing it via their screen.
- There were many issues with the handover becoming virtual including technical difficulties, running of the handover itself and the way in which new referrals were triaged.

Aims

- To improve the virtual handover for an Adult Liaison Psychiatry Team.
- To ensure effective use of staff time, reduce the time taken for the handover, improve referral triage time and improve staff satisfaction.

Methodology

- Initial change ideas were generated in a brainstorming session with 3 team members.
- An email was then sent to the team asking for further ideas.
- All the suggestions from the brainstorming and email responses were then discussed at a team meeting.
- The team's views on the current handover were then gathered by an online survey.
- Three changes were implemented during the project.
- The outcomes of these changes were measured by monitoring the length of the handover and via surveys completed by the team members.

Changes ideas implemented

1. The introduction of a new online referrals and caseload spreadsheet incorporating the suggestions of the team.
 2. Addition of a quick doctors' handover at the end of the day to run through the caseload and share updates from the day's reviews.
 3. The timing of this afternoon handover was also changed following feedback from the team. It was moved slightly earlier to ensure staff finished on time.
- Additional changes made from the initial ideas included clearer allocation of referrals and handover of reviews required over the weekend.

Change ideas suggested by the team

Add an afternoon handover to briefly run through the caseload, update the team and handover anything outstanding for the evening

Improve the online caseload spreadsheet to ensure all the necessary information is included and to aid the running of the handover

Introduction of a handover on Fridays to the weekend team specifically for the ward inpatient caseload

Clearer discussion around which team member has responsibility for triaging and allocating referrals that come in during the day

Start with staffing for the day. Ensure team members have ePJS and icare (the online notes systems) open.

Results

There were 6 responses from the initial survey:

- None of the respondents agreed with the statement 'I feel the Liaison 09:15am weekday handover is well run'. 67% neither agreed nor disagreed and the remainder disagreed.
- 83% of respondents disagreed with the statement 'I am happy with the current handover spreadsheet'. The remainder neither agreed nor disagreed.
- None of the respondents agreed with the statement 'I feel confident I know who will triage ward referrals 9-5 Monday to Friday'. 83% either disagreed or strongly disagreed.
- None of the respondents agreed with the statement 'I feel there is a robust system for handing over the inpatient caseload to the weekend team'. 83% either disagreed or strongly disagreed.

Length of Handover:

- There was an initial increase in the length of time the handover took from 29 minutes to 39 minutes following implementation of the new spreadsheet (34% increase). This was likely contributed to by a change in the medical team (due to changeover of trainee doctors).
- Following the addition of the afternoon doctors' handover there was a decrease in the length of the morning handover to 17 minutes (45% decrease).
- Following the implementation of the afternoon handover a survey found 100% of respondents found the meeting helpful; 75% stated the new meeting made the morning handover run better.

- During the pandemic but before this QI project started, the team had implemented a daily afternoon huddle' which was a whole team meeting for staff to check-in with each other. A survey was sent out regarding this meeting.
- Responses showed that 75% found the afternoon huddle useful, the majority felt no changes should be made to the meeting. Free text comments about what was useful in this meeting included: "touching base", "opportunity to reflect", "good to see people and hear how they're doing".

Discussion

As with many teams the Lewisham Psychiatric Liaison Team was in the position of having to make rapid changes to the handover system at the start of the pandemic. As the team were unable to meet in one room the handover had to become virtual, meaning that the way in which the handover was run had to change almost entirely. The team had already implemented a video call handover with a shared excel spreadsheet displaying the caseload. Unfortunately the team were experiencing several difficulties with the new system as shown from the initial survey. The team made several suggestions through an initial brainstorming, email feedback and at a team meeting discussion. By implementing these changes we were able to reduce the time taken for handover and improve staff satisfaction with regards to the handover.

Conclusion

The pandemic has led to many difficulties with the running of services, including handovers. By gathering suggestions from the whole team we were able to adapt our virtual meetings to make them quicker (ie more efficient) and to ensure staff satisfaction with regards to virtual handover.