Paediatric Handover- Every minute counts!

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BACKGROUND

PROBLEM

Handovers that start and finish late lead to long patient waiting time, delay to discharge, incomplete clinical jobs and often doctors working over time. Ultimately this causes patients, teams and families to suffer!

It is increasingly noted that daily handovers start and finish late. Handovers should be quick and concise ensuring only relevant information is shared. By starting late, taking a long time to finish and then ending late, it has an impacts patient care.

AIM & MEASUREMENT DEFINITION

By September 2023 :
All Paediatric and SCBU teams attending morning handover should have all the information they require to start clinical duties at 9am on Monday to Friday.

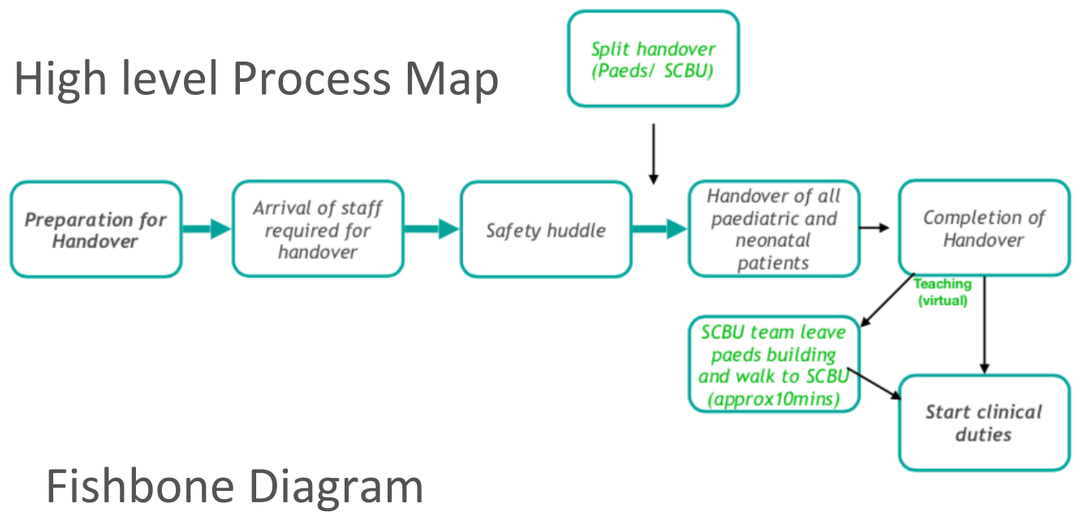
- **Measure:** Start time of morning handover and finish time of morning handover.
- **Inclusions:** Monday-Friday morning handover
- **Exclusions:** Saturday and Sunday, afternoon and evening handovers, clinical emergencies taking priority over handover.
- **Sampling method and frequency:** daily sampling, run chart.

PDSA Cycles

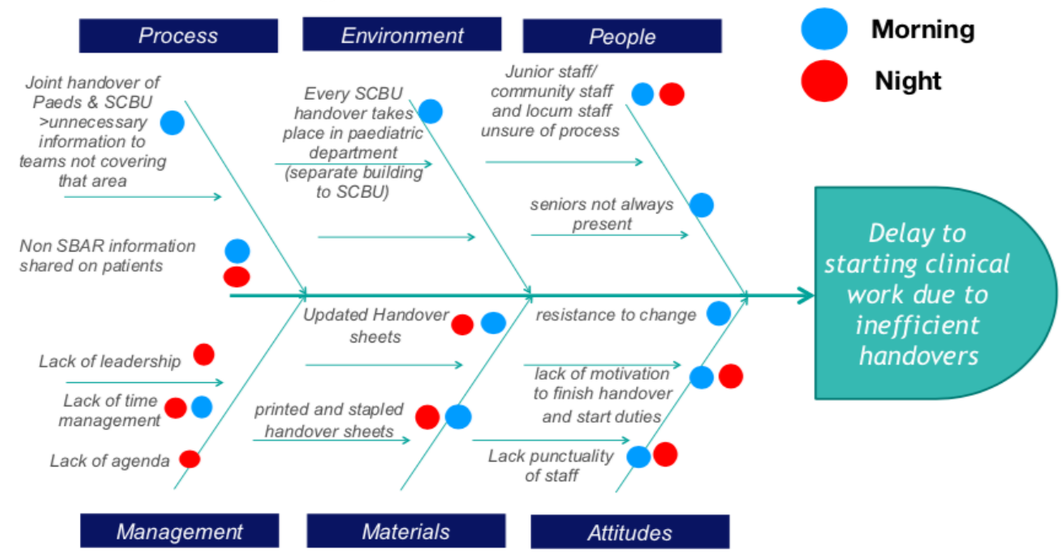
PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Weekly reminders to night team to ensure punctual handover start time.	Send a friendly positive whats app reminder to the junior night team for the week commencing on monday to ensure that at 8am the focus of the job is to prioritise handover readiness over non urgent jobs. Focusing on updating list and printing these to be ready for an 8.30am punctual start time.	collect data of handover start time and handover finish time monday to friday.	Adapt this into a monthly whats app reminder and introduce this into bi-yearly induction programme
2.1	Senior Clinician leading handover	Trial of Paediatric Registrar to lead the morning handover	collect data of handover start time and handover finish time monday to friday.	Adapt this into teaching session and coaching from senior to junior colleagues on handover techniques
2.2	Senior clinician teaching/ coaching junior on handover techniques	Trial of paediatric registrar coaching SHO on handover techniques including SBAR	collect data of handover start time and handover finish time monday to friday.	Adapt this into bi-yearly induction
3.0	Separate SCBU and Paediatric handover	SCBU team to report straight to SCBU for handover and not to attend paediatric handover room	collect data of handover start time and handover finish time monday to friday.	Abandon as unable to gain permission to trail this test at this stage
4.0	Ensure nurses protect 30mins prior to medical handover for clinical emergencies	email nursing staff to ask for 30 min protected time prior to handover	collect data of handover start time and handover finish time monday to friday.	Abandon as unable to gain permission to trail this test at this stage

DIAGNOSTICS

High level Process Map



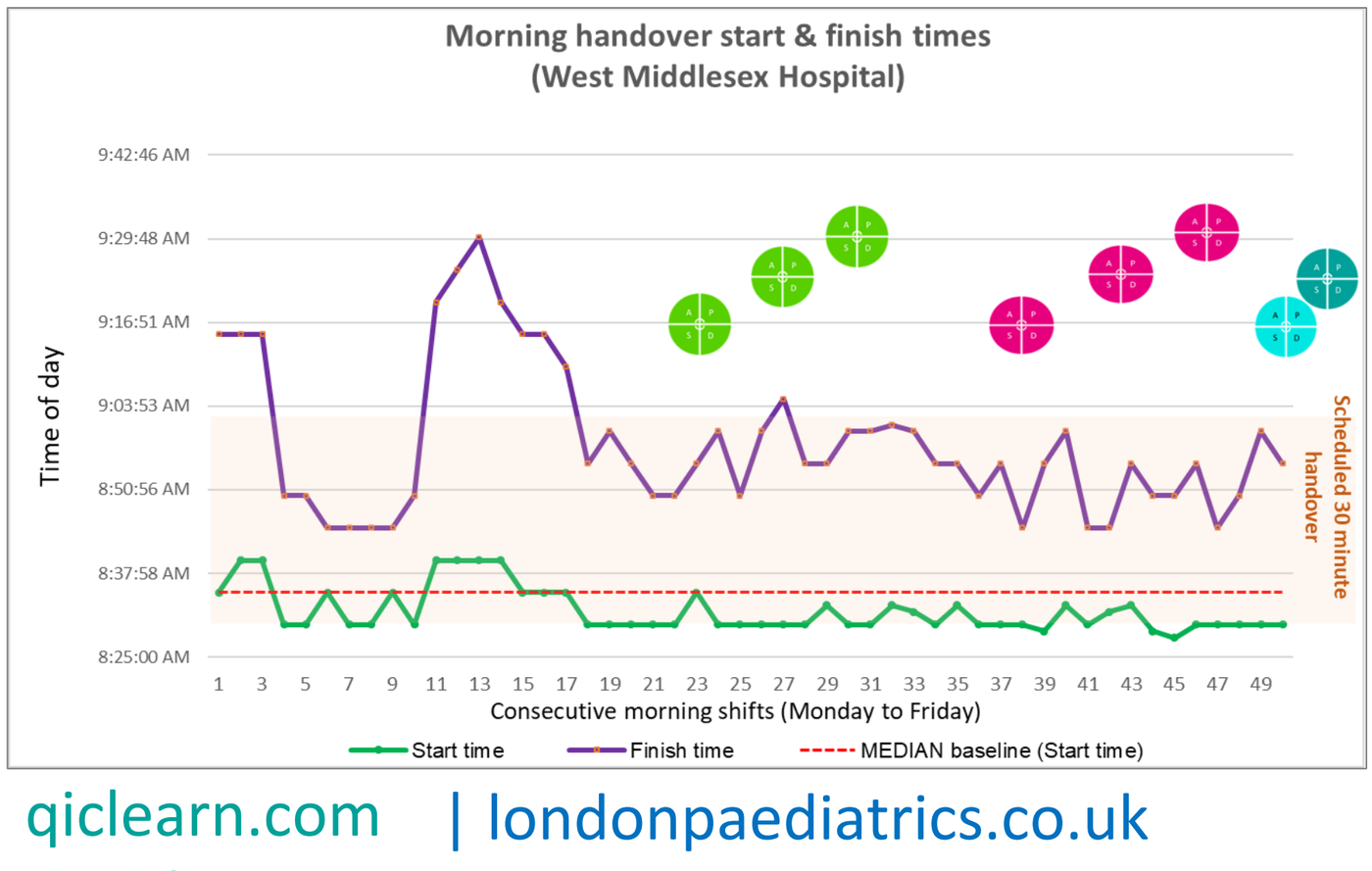
Fishbone Diagram



CHANGE IDEAS

- Ensure teams protect 30mins prior to handover to be prepared e.g. update and print lists. (unless urgent jobs required)
- Daily reminders to handover teams to ensure short, concise handover using SBAR. Introduce as part of handover checklist.
- Address individual lateness if repeat offenders
- Deliver teaching on handover strategies and importance of good handover to start the day.
- Changing location of SCBU handover.
- Reward charts for short and efficient handovers
- Senior clinician to lead handover.

RUN CHART



REFLECTIONS & LEARNING

- If handover starts on time, more often than not handover will finish on time.
- After conducting my PDSA in series my results suggest:
  - Handover time reduced on average by 6.5 minutes.
  - This would mean 6.5 minutes per person per handover saved (approx 8 people per handover).
  - There are 3 handovers per day, 5 times per week.
- **This would total 780 minutes (13 hours) that could be saved as a team per week.**

Imagine what could be achieved in this time!

Acknowledgements:
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