

## Improving the Weekend Handover in General Surgery: A Quality Improvement Project

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**Abstract :** Aim: The handover process is recognized as a vulnerable step in the patient care pathway where errors are likely to occur. As such, it is a major preventable cause of patient harm due to human factors of poor communication and systematic error. The aim of this study was to audit the general surgery department's weekend handover process compared to the recommended criteria for safe handover as set out by the Royal College of Surgeons (RCS). Method: A retrospective audit of the General Surgery department's Friday patient lists and patient medical notes used for weekend handover in a London-based District General Hospital (DGH). Medical notes were analyzed against RCS's suggested criteria for handover. A standardized paper weekend handover proforma was then developed in accordance with guidelines and circulated in the department. A post-intervention audit was then conducted using the same methods for cycle 1. For cycle 2, we introduced an electronic weekend handover tool along with Electronic Patient Records (EPR). After a one-month period, a second post-intervention audit was conducted. Results: Following cycle 1, the paper weekend handover proforma was only used in 23% of patient notes. However, when it was used, 100% of them had a plan for the weekend, diagnosis and location but only 40% documented potential discharge status and 40% ceiling of care status. Qualitative feedback was that it was time-consuming to fill out. Better results were achieved following cycle 2, with 100% of patient notes having the electronic proforma. Results improved with every patient having documented ceiling of care, discharge status and location. Only 55% of patients had a past surgical history; however, this was still an increase when compared to paper proforma (45%). When comparing electronic versus paper proforma, there was an increase in documentation in every domain of the handover outlined by RCS with an average relative increase of 1.72 times ( $p < 0.05$ ). Qualitative feedback was that the autofill function made it easy to use and simple to view. Conclusion: These results demonstrate that the implementation of an electronic autofill handover proforma significantly improved handover compliance with RCS guidelines, thereby improving the transmission of information from week-day to weekend teams.

**Keywords :** surgery, handover, proforma, electronic handover, weekend, general surgery

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