Releasing Time to Care

The Productive Community Hospital™

Handover

Version 1
This document is for clinical leaders, department managers and senior therapists

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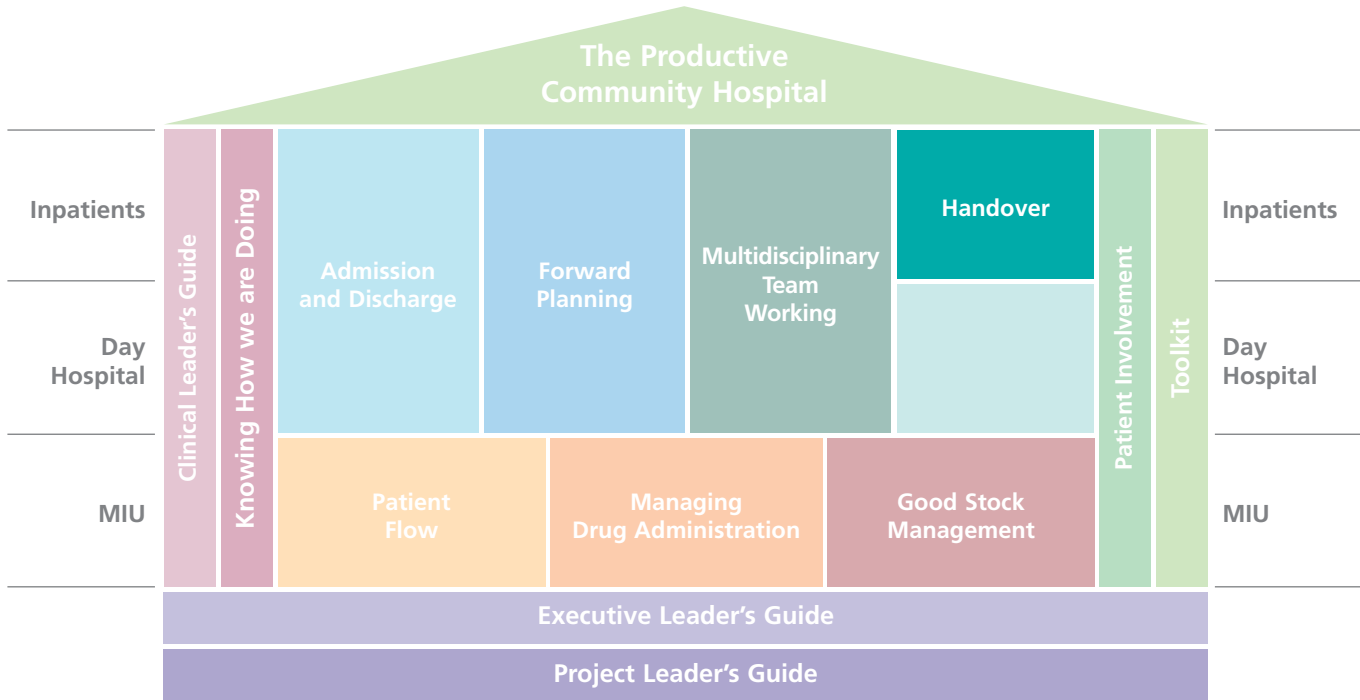
Handover

What is it?

A practical and structured way to improve handover within the community hospital ward.

Why do it?

To give patients safe, reliable and coordinated care by:
• focusing the handover on the patient's goals and changes in their condition
• standardising the recording of basic patient data (name, age, diagnosis etc) avoiding duplication and the risk of errors
• focusing the whole multidisciplinary team (MDT) on discharge goals and a patient-focused approach
• contributing to positive outcomes, eg, reducing length-of-stay

To improve the experience for staff by:
• reducing repetition of information recording and transfer
• making handover relevant and timely
• allowing all disciplines to record important information
• maximising the time for direct patient care

What it covers

This module will help you improve your handover process by demonstrating:
- how you currently undertake handover
- who are the key people that should be involved
- what tools you will need to use to standardise and improve your handover
- how to evaluate your improved handover and make continuous improvement to sustain the changes you have made

What it does not cover

This module will not describe best clinical practice. It will help you identify areas that could benefit from improvement work, understand how they could be improved and help you to make it happen.

Learning objectives

After completing this module, you will:

- understand how to prepare for the module
- understand how your current handover process works
- understand the basics of a standardised handover and why it is important
- develop audit as an activity to measure handover before and after the changes you make
- develop measures as a positive activity that help you sustain the new handover process

How will you achieve these objectives?
The first three objectives will be met by the step-by-step approach within this module to help you to assess the current ways of working and diagnose the problem areas by performing two pre-improvement audits. These are:
- number and length of handover audit
- quality of handover audit

By carrying out these audits you will be able to identify what you do well and not so well in your handover process.

As you work your way through this module you will be able to identify what needs to change about the way the you handover patient information.

By repeating these audits you will be able to measure the differences made to your handover process.

The last two objectives will be met through a step-by-step approach to describe what a good process is and how you can achieve it.

The Productive Community Hospital Handover

The 6 phase process

All of the modules in the Productive Community Hospital series are based on the standard nursing process of: prepare, assess, diagnose, plan, treat and evaluate.

While illustrated using a patient care cycle, the six phase process is the same as the generic improvement cycle Plan, Do, Study, Act and gives clinical staff a structured approach to improving clinical area processes that is very similar to the care cycle they are familiar with.

It is a cyclical process of continuous improvement. Once you have worked your way through this module, you should return to the assess section and repeat the steps. The results that you capture each time will show how you have improved since the last time.

As you work through the module you will be reminded about the stage of the process that you are working on.

The 6 phase process

- decide who will be involved
- talk to staff
- gather information

- review the current handover process
- assess how well you are working

- identify how handover process could be improved
- audit the processes and identify changes

- prioritise what you want to change
- plan new processes

- analyse the information
- embed the new process
- communicate the success

- determine the test period
- run the new processes

Prepare

Assess

Diagnose

Evaluate

Plan

Treat

The tools

In order to know how well you are doing and help you treat any problems that you find with your current handover you will need to use the tools listed below.

Tool		Toolkit reference number
Interviews		Toolkit General Section 2
Process Mapping		Toolkit General Section 3
Video		Toolkit General Section 4
Handover Audit Template		Handover Tool 1
Standardised Handover Template		Handover Tool 2

Copy the module checklist on page 55. Completing this will help you monitor your progress throughout the module.

Prepare

Involving the right people

Decide who will be involved
To achieve effective handover management you will need to engage with all members of the team.

- establish a core team who will lead and take responsibility for the work in this module. These might include those listed in the box
- widen this group when you require more involvement from other members of the staff and patients

Core module team	
Who?	**What will they do?**
Ward/department manager or senior therapist	• take the lead for implementing this initiative • communicate the goals and objectives • encourage and support the team throughout the initiative • keep the focus on searching for opportunities for improvement
Ward/department MDT staff	• be willing participants in the discovery of issues and implementation of new approaches
Patient/carer	• bring a fresh perspective and a unique insight • ensure that improvements are patient focused

The 6 step process

1. Talk to staff
Use Toolkit General Section 2.
You will need to talk to staff and get their views on MDT working:
- what currently happens in handover?
- what do we do well?
- what causes problems?
- what would be needed to improve handover?

2. Talk to patients
Use Toolkit General Section 2.
To ensure that handover supports patient-centred care, the views of patients should be sought as part of your general preparation.

You should seek guidance from your nursing director or your patient and public involvement lead to check for compliance with clinical governance arrangements and privacy.

- what is the patient's experience of handover?
- do they understand what is discussed in handover?
- do they think their needs whilst in hospital are met adequately?
- do they have any concerns regarding the sharing of information amongst health and social care professionals?

3. Gather information from patient surveys and complaints:
- previous patient surveys or audits. Is there any information relating to handover and how it can be improved?
- have there been any complaints over the last year that relate to handover across the hospital as a whole?
- has the ward received complaints about lack of information or coordination of care?

4. Gather information from incident reports:
- look back over the last 50 incident reports and identify any regarding poor handover or poor information

5. Review any handover documentation in use in other areas of the hospital
- see whether other areas of the hospital are using standardised handover documentation. If so, obtain copies (these will be helpful in generating ideas for the assess phase)

6. Obtain your trust policy or guidelines for documentation and the policy on confidentiality and privacy and dignity.

Prepare - milestone checklist

Move on to *Assess* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Decide who will be involved	
Talk to staff	
Talk to patients	
Gather information from patient surveys and complaints	
Gather information from incident reports	
Obtain copies of handover documentation in use in other areas of the hospital	
Obtain your trust policy or guidelines for documentation	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were hard questions discussed and agreed by all?	
Did the challenging remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

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Assess

Assess the current handover process

In order to improve the handover process, you need to understand how it currently works.

There is added value in getting everyone involved in understanding how you work together, to agree on how things currently happen and what the future state should look like.

In this section you will cover:
- the handover process
- patient experience
- staff experience
- key questions to help in your assessment

Process description
Describe your typical handover by asking the following questions:
- how long on average the team think handover takes? (You will measure this exactly in the next stage)
- how is it structured?
- is handover regularly interrupted?
- how often information has to be repeated (eg, as a result of different start times)?
- who is usually present?
- what type of information is shared with the team?
- how relevant is the information to the team members?
- how relevant is the information to the patient and to their treatment goals?

Process mapping

Current state
You may decide to video your handover process to assist in your analysis and describe your current state.

The process mapping tool will help you plot these descriptions into a visual representation of handover as it is currently carried out on the ward.

• can you see any variation in practice between different times of the day?
• can you see any unnecessary steps in the process?
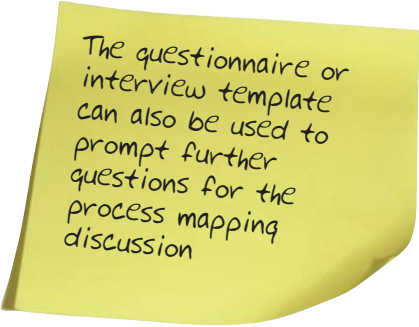
Ideal future state
By using process mapping, you can also create a description of how you would ideally want to conduct handover (information gathered from surveys and incidents related to communication errors will also help you construct an ideal description):
• who should be involved?
• where should handover take place?
• what information should be shared?
• how should information be shared?
• how should it be structured?

Look at your two descriptions. Are they different? If so, explore why.

One of the test sites gathered staff experience using a questionnaire and an interview template they had created. This helped to get the views of different staff groups across shifts and those who were unable to meet to discuss their views.

The questionnaire or interview template can also be used to prompt further questions for the process mapping discussion

Patient experience of handover
Summarise on a flipchart the information you have gathered from reviewing patient surveys and from any patient interviews you have undertaken.

• identify on your handover process map where patients or families said that they wanted to be involved
• were there any indications that patients would have a better understanding of their care if they were involved in handover?
• were there any indications that involving patients and carers in handover would increase satisfaction?

Staff experience of handover
Summarise on a flipchart the information you have gathered from talking to staff and from the process mapping:
• are there any factors of handover that frustrate staff?
• are there any variations between different staff groups?
• are there any variations in different shifts (particularly night and day)?
• do staff feel that patient involvement is important?
• do staff feel that handover helps the achievement of patient goals? If not, why not?

Key questions for handover

There are a lot of things to consider in assessing how useful and consistent the current handover process is. Use the questions below to help you decide whether you have covered the important areas.

1	Are we following provider policy and procedures	In relation to confidentiality, privacy and dignity
2	Are there differences in how handover happens between the day and night?	Do you use the same process? Does handover overrun in one rather than in the other?
3	Who is involved in handover?	Who needs to be involved? Are the right people involved to deliver patient goals? Does everyone understand the handover procedure and their role within it? Is information reliably captured?
4	How do you prepare for handover?	Is the environment right – eg, quiet with no interruptions? Is handover started on time? Does it run for the right length of time? What tools do you need?
5	What happens in handover?	Does everyone use the same format? If not, why not? Is the information in handover relevant to the people who are there? What happens to the information shared or agreed?
6	Post-handover	Is everyone ready to do their jobs after handover? Does any information need repeating after handover?

Assess - milestone checklist

Move on to *Diagnose* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Involve all staff in describing how the current handover process works	
Create a process map of the current handover process, as well as an ideal version of how handover should best happen. Use this to prioritise the critical steps in handover and the important information	
Understand the patient's experience of and views about handover	
Understand the staff experience of handover	
Identify and understand any differences between the current and ideal handover state	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were challenging questions discussed and agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

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Diagnose

The audit process

There are two pre-improvement audits that are specific to this module. Conducting them in the diagnose phase will give you a baseline measure against which to compare your current handover and the tested changes. The two audits are:
• number and length of handover
• handover quality audit

These are both available in Handover Tool 1.

Number and Length of Handover Audit	Quality of Handover Audit
In a specified period, capture the total number of handovers, how long they took (measuring start and end times) and reasons for overruns and interruptions.	In a specified period, audit completed by a nominated person giving the handover and a nominated person receiving the handover. This audit is to check whether important patient information is effectively communicated in the handover. It also measures whether the individual is satisfied with the process in terms of effective and safe patient care.

Number and length of Handover Audit

This audit tells you how many handovers are taking place and how long they last. It enables you to see over a one-week or two-week period, how much total staff time is taken up with handover and putting a figure (in minutes) of potential time to be saved.

EXAMPLE

	01/09/2007	DATE	DATE	DATE	DATE
Start:	07:30				
End:	08:00				
Start:	12:30				
End:	13:15				
Start:	16:00				
End:	16:15				
Start:	20:45				
End:	20.30				
Start:					
End:					
Start:					
End:					
Total Number of Handovers in Period	4				
Total Time Spent on handovers in period	135 minutes				

Time of Handover

Person delivering the handover completes start and finish times

Ward manager to identify in advance which 5 days the audit will take place on.

Ward manager adds up total number of handovers and total time in minutes at the end of the day

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- inform staff that the audit will take place to measure how many handovers take place in a given time and how long they take
- explain that this will add to the information you have already gathered and will help you to decide on specific improvements which you want to take forward and *Treat*
- choose a length of time to undertake the audit. One of the first test sites used a five day period. Decide whether to do this for five days in a row, or to spread the days out
- for each shift, identify one person to complete the audit. This should be done following each handover – choose a mixture of senior and junior staff
- collect the handover number and length recording
- add up the total time in minutes spent on handover on each day and the total across the five days
- the audit sheets will also give reasons for delays and overruns

This will help quantify potential time savings and team patterns which you might want to improve in the *Treat* stage (building on the information from the *Assess* stage).

Remember to involve different shifts in the audit to get a complete picture of handover in the 24-hour period for each of the five test days
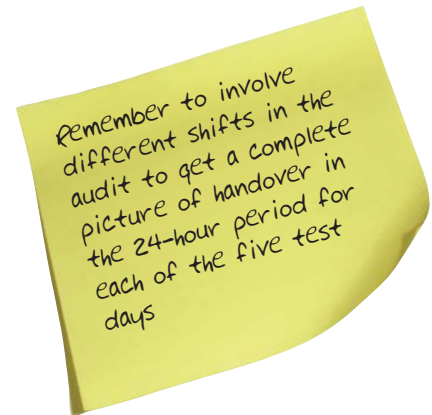
Handover Quality Audit

In the same way that you have measured how long handover takes and why delays or interruptions occur, you can also assess the quality of the handover information. This can be done at the same time as the number and length of handover audit.

QUALITY AUDIT EXAMPLE

Name and Title

PATIENT NAME	ROOM	AGE	COGNITION	DIAGNOSIS	PHBI	DISCHARGE PLAN	MOBILITY	NUTRITION	ELIMINATION	PERSONAL CARE	GOALS	TOTAL
Joe Blogs	Y	Y	Y	N	Y	Y	Y	N	N	Y	Y	8
Jane Bloggs	Y	Y	N	Y		Y	N	N	N	Y	N	6
TOTAL	2	2	1	1	2	2	1	0	0	2	1	14

For each area consider whether you received the right amount of information on each patient to ensure saftey, enable informed decision making and to be able to provide the approprite level of personal care. If you have insert Y (yes), if not insert N (no).

Add together the total number of Y's in each row.

Add together the total number of Y's in each column.

This is the total score for the quality of this handover.

Overall how satisfied were you with the handover you were given today in terms of content and relevance?
Very satisfied
Satisfied
OK
Unsatisfied
Dissatisfied

What other information would you have liked to have covered that might improve patient care, safety and decision making
Free text

- identify one handover on each of the five days to undertake the audit. (eg five quality audits in total)
- a person receiving the handover will complete the audit
- for each heading, they mark whether they received the right amount of information on each patient to ensure effective patient care and safety. If yes, they mark Y. If not, they mark N
- total the row and column scores at the end

One of the test sites also had a third person who sat in on the handover and completed the audits to objectively record the information that was communicated (transfers, nutrition, medical changes etc.).

Diagnose - milestone checklist

Move on to *Plan* only if you have completed ALL of the items on these checklists

Checklist	Tick if complete
Undertake the number and length of handover audit	
Undertake the handover quality audit	
Work through improvement examples which seem to address your needs from these audits	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were challenging questions discussed and agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

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Plan

Planning productive stock management

Having diagnosed the current status of your handover, this section will take you through the planning steps to help you to make your process more efficient and effective for the patients you treat.

This will help to you to manage your handover better by:
• creating an ideal future state
• setting handover goals
• giving examples of ideas that have worked

It will do this by using the following tools:
• Good Practice Handover Template - Handover Tool 2

Using your team's experience and building on the information you have generated through the *Prepare*, *Assess* and *Diagnose* phases, you will have generated a number of things that you will want to do to change and improve your handover process.

Discuss with the team the most important of the findings. It is important to be explicit about the team goals and know how you would recognise the new and improved handover process. What would happen? How would it be conducted? What would it achieve? This will help you develop clear actions.

To help you, the box on the right is how one of the test sites described their handover goals.
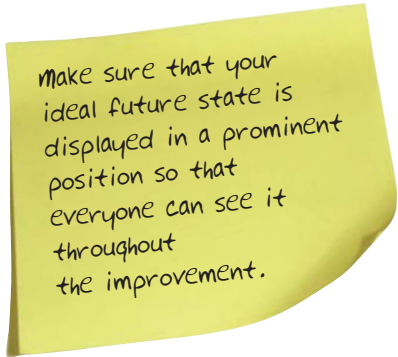
A Handover that is:
- **efficient**
  - information that is
    - relevant
    - concise
    - not repeated
    - standardised
    - in one place
    - no interruptions
- **timely**
  - in allocated time –
    on average 15 - 20 minutes
  - starts and ends on time
- **communicating the right information**
  - focused on the goals of the patient
  - clarifies the significant changes for the patient easily
- **helping to make other processes on the ward more efficient**
  - admission and discharge planning
  - bed occupancy monitoring
  - multidisciplinary treatment planning

Agree your new design
Having agreed the team goals for handover and your improvement actions, return to the process map you created in the *Assess* phase.

Is what you have decided to do the same as your ideal future state?
- yes, then implement
- no, then you amend the process map to clearly identify your new ideal future state

Make sure that your ideal future state is displayed in a prominent position so that everyone can see it throughout the improvement.

Ideas that have worked

1. Standardised information

Standardised handover information templates keep handover information consistent, help avoid gaps, can reduce errors and drive towards patient goals. They can also be customised to reflect the needs of the multidisciplinary team. Example headings below. This can accessed from the Toolkit, Handover Tool 2.

Room Name Age	Date admitted Bedtype	Date of handover	Diagnosis/ reason for admission	Past medical history Medical changes	HCAI status/ other clinical risks	Social history Discharge plan	OT/Physio Goals Wound care	Transfers mobilty	Nutrition	Elimination	Personal care	Goals/ other

2. Handover hotsheet

One of our test sites created a master copy of the handover sheet called the hotsheet. This clearly identified major changes in the patient's care. It was passed on from the early, late and night shifts each day. The nurse in charge of each shift gave the handover from this sheet, and then passed it on to the next nurse in charge.

- this provided valuable continuity across shifts
- the hotsheet enabled this ward team to gather all core information in one place and importantly, to see at a glance when there had been changes
- it also provided the basis for the on-going electronic record

Be clear about how long the hot sheet is kept before either being destroyed or filed.

Store standard information and Hot Sheets in a central place so that all relevant staff can locate them quickly.

The hotsheet has become more than just a tool for the nursing handover and is now used for daily MDT updates, doctor's rounds and discharge planning.

3. Walk around handover

Where a number of the team need to be involved in the handover process, one of the test sites introduced a handover round where the outgoing and the on-coming team met at the patient bay (rather than the bedside because of confidentiality issues). This enabled everyone to hear the same information with the patient in view.

4. Taped handover

Where the community hospital had different start times for different shifts, a taped handover was used. This enabled the team coming on duty to hear feedback. The handover template was also used.

This allowed the team to provide additional information (particularly for night staff who might not necessarily have face-to-face contact with other members of the multidisciplinary team). It also provided a way to save valuable time.

Care was taken to ensure patient confidentiality so taped information was stored in a secure place and was listened to through headphones.

To protect patient confidentiality, no handover notes should leave the ward.

Plan how you will implement your new handover process

Your new handover design will mean changes to working practice and perhaps individual roles. You will need to make sure that everyone is clear what changes will be made to the handover process and what this will mean for them.

Along with the process map, you might also put up a list (in a central place) of the changes - which remind people quickly and easily.

Implementing a new handover process: An example from the test sites
The test sites created a handover template to standardise how handover took place and what information was to be recorded and in what ways.

A set of guidelines (known also as a standard operating procedure) was produced for all staff.

Then they:
- shared the draft handover template and asked for comments from the core group and wider staff before finalising the test version of the template
- gave staff some time to get used to using the new handover format before starting the test period

- updated the template and instructions based on the feedback received
- infomed all staff

keep an open diary for staff to record their views on improvements to the template

Tips for implementing a new handover process

- involve all staff in the change process from the very beginning
- ensure instructions on how to use the handover template are cascaded to all staff, as it will only be effective if everyone understands and uses it correctly
- keep these in a central place, so that all staff are able to access them
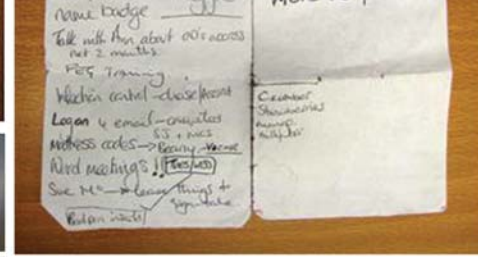- communication is key. The ward manager/lead needs to be available to staff who have questions

One site designated some staff to be the champions of the new handover template, so that other staff knew who to go to for advice.

Plan - milestone checklist

Move on to *Treat* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Consider results of the *Assess* and *Diagnose* section	
Agree the most important changes which the team want to take forward to improve handover	
Create new design documentation to support your changes	
Create guidelines on how to use the new documentation	
Communicate the changes in practice and roles to all staff	
Engage with patients about the changes (where appropriate)	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were challenging questions discussed and agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

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Treat

Treat

During the treat phase you will be testing the agreed changes.

What are you going to test?
- are patient goals being realised more quickly and effectively?
- are we making fewer errors within and between teams?
- have we improved the experience for staff?
- have we improved the experience for patients?
- have we reduced duplication?
- are we using our clinical time more effectively?
- does everyone in the team understand the new process?
- is the new process making other tasks smoother (e.g. admission and discharge planning)?
- are we sticking to the new process?

Before the test starts:
- determine what the time period will be for the test, it needs to be:
  - long enough to allow for failures
  - short enough to change and retest
- identify additional temporary data collection methods such as five minutes at the end of every handover get feedback from the whole team – as well as staff members who are completing the handover audits)
- set the start and end dates – and communicate them to everyone!
- identify handover leads to ensure correct use
- agree who is going to collect data and complete audits for the new handover process

- update all staff personally on progress, at meetings and across all shifts
- ensure all actions and guidelines are clearly visible in a central place on the ward. If you are using a standardised handover template this should also be held centrally and everyone needs to know where

During the test:
- repeat the number and length of handover audit and handover quality audit and compare the results against your baseline data collected during the diagnose phase
- get daily feedback from staff and patients (where appropriate) on how they feel the new process is working
- arrange to have a comments book available on the ward for staff to note ideas and observations during the pilot (to ensure that feedback is gained from night staff or those not based on the ward)

- you may find it useful to film the handover process during the test period

Treat - milestone checklist

Move on to *Evaluate* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Test period defined	
Start and end dates set	
Leads identified	
Try out (test) the new handover process	
Complete number and length of Handover Audit during the test period	
Complete the Handover Quality Audit during the test period	
Get staff, patients and family feedback on the new handover process	
Film the new handover process (if appropriate)	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were challenging questions discussed and agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	
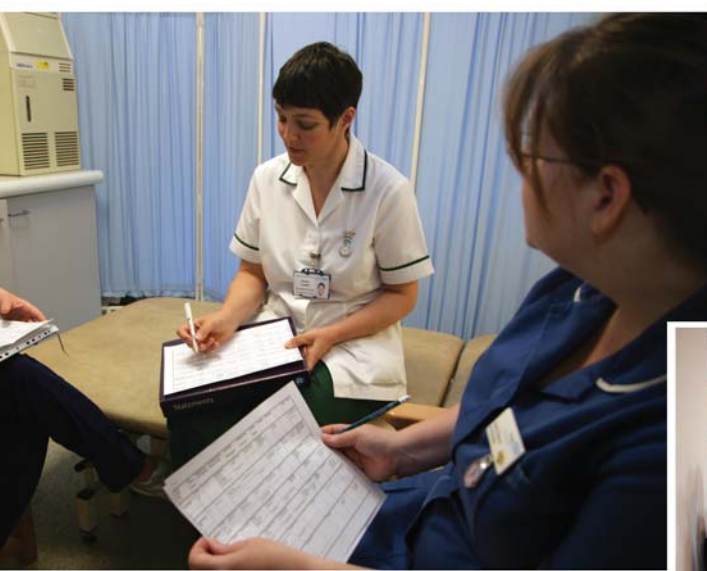
Evaluate

Evaluate progress

1. Collect Information
- gather the data from the test period:
  - collate the information from the number and length of handover audit
  - collate the information from the handover quality audit
  - review staff comments in the comments book from the test period – look for themes:
    - how long did handovers take? Were they quicker than in the baseline gathered at the *Assess* stage?
    - were there any incidents/ deviation from care plan?

2. Analyse the information
- set up a review meeting to include the core team to share experience of the new process and its impact:
  - how do staff feel the new process is working?
  - is it improving the delivery of patient goals?
  - is it maximising their time?

In the table opposite are some of the comments captured from one of the test sites.

Handover pre-improvement	Handover post improvement
'I hate it if I've been off for a few days. There is never enough time to have all the info given at handover so I feel like I'm trying to catch up for the rest of the shift. I would like a sheet of some kind'. **Registered nurse**	'Thank you! What a brilliant idea to part timers and old timers like me, keep up to date more easily. Long may it last'. **Bank registered nurse**
'Think handover should be longer, but then it would take us away from the patient. I agree a handover sheet would make handover better'. **Health care assistant**	'I love the hotsheet, I can see at a glance if there have been changes. I am also able to pass info on to the night staff re occupational therapy (OT) goals. The nurses are quite happy for me to add my comments to the hotsheet and update them if appropriate'. **Occupational therapist**

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- plot your baseline results (from your pre-improvement audit) and the results from the test period (post-improvement). A pie chart such as the one below can clearly and quickly show the differences.
- display your results to show staff and patients what has changed since you started

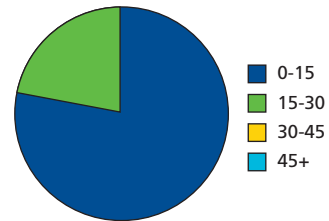**An example of the difference in handover length from one of the test sites**

Test site example - pre-improvement

Length of time of handover in mins

- 0-15
- 15-30
- 30-45
- 45+
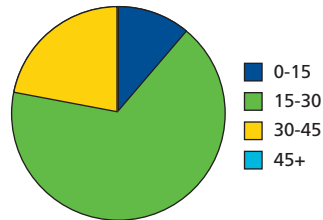
Test site example - post-improvement

Length of time of handover in mins
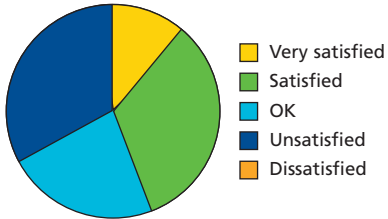

- 0-15
- 15-30
- 30-45
- 45+

This hospital saw 78% of handovers completed in 15 minutes or under post-improvement work.

## An example of an increase in satisfaction with handover effectiveness

Test site example - pre-improvement

How satisfied were you with the effectiveness of the handover

- Very satisfied
- Satisfied
- OK
- Unsatisfied
- Dissatisfied

Test site example - post -improvement

How satisfied were you with the effectiveness of the handover

- Very satisfied
- Satisfied
- OK
- Unsatisfied
- Dissatisfied

The Productive Community Hospital Handover
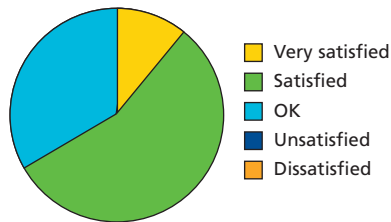
3. **Further improvement**
    This information will help you
    to understand where you need
    to go back to. Decide where
    there are still opportunities for
    improvement and repeat the
    process until your future state
    is achieved and sustained.

4. **Communicate success**
    Don't forget to tell people, staff
    and patients, what you have
    achieved, verbally and on your
    communications board.

Evaluate - milestone checklist

When you have completed the checklists below, go to the module checklist on page 55.

Checklist	Tick if complete
Talk to staff, patients and relatives about the new handover process	
Look at the before and after process times	
Look at the before and after benefits of the new handover	
Communicate success	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were challenging questions discussed and agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

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How to sustain the change?

Monitor and audit continually	• conduct the audits regularly to ensure that the changes that you have made are being continued and are working
Ensure leadership attention	• ensure that senior managers are engaged and informed of what you are doing • give regular feedback about the progress that you are making at meetings which involve key people • ensure that you display and discuss the audit results with department staff regularly to keep up the pace of change
Do not stop improving	• encourage the department staff to continue to find new and better ways of doing things – it is not about doing this once but about improving things continuously • encourage staff to suggest and implement changes themselves

Module checklist

The grid below allows you to measure your performance against the checklists for this module. You should copy this page and shade in the boxes according to your achievement of the measure (green for complete, amber for in progress and red for not started). Your progress will then be clearly visible.

Handover module checklist	Before	After 2 weeks	After 4 weeks	After 8 weeks
The handover takes the time agreed				
The handover template is used for all handovers				
Handover documentation (or hotsheet) is kept in a central place				
Staff spend less time looking for important information				
Staff understand their role and responsibilities in handover				
There is no duplication in handover information within and between shifts				
Handover supports patient centred goals				
Handover supports discharge management				
Regular and random audits are conducted on the handover process				
Staff feel they receive the information they require to deliver effective and safe care				
Patients don't feel like they are being asked the same questions repeatedly				

Have we met the learning objectives?

Five objectives were set at the beginning of this module.

- test how successfully these objectives have been met by asking three team members (of differing grades) the questions in the grid on the next page. Ask the questions in the second column and make an assessment against the answer in the third column

- if all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met

- note the objectives where the learning has only been partly met and think about the way that you can approach the module next time

Remember, the results of this assessment are for use in implementing this module and are not a reflection on individual performance in any way

Objectives	Question (ask the team member)	Answers for outcome achieved
Understand what good preparation for improvement work is	Describe the things that you need to do in the prepare stage of the module?	• who should be involved • talk to staff and patients • information from patient surveys and complaints • incidents • trust policy • other examples in use
Develop audits as an activity	How would you measure handover?	• current process description and map • time • quality • staff and patient views
Understand your current handover process	What is standardised handover and why is it important?	• focuses on patient goals • avoids duplication and error • ensures effective communication of important information • clarifies responsibilities
Understand what is meant by productive handover	Explain how to time a process before and after?	• time every handover from the start time to when team move away to next activity
Develop your handover to be more efficient and effective	How to sustain new handover?	• keep to new template/process • repeat audits

*The Productive Community Hospital **Handover***

Case studies

Queen Mary's Hospital, Roehampton, London

Their story

'We had identified that there were a number of daily handovers happening on the ward which were carried out in different ways. There was no structure to them and they were thought to be quite lengthy and repetitive at times.

Staff did not feel confident that all the relevant information was being passed on routinely. There were concerns about the possible implications of this on patient safety.

We felt that having a standardised handover process would address these issues and ensure all the relevant changes over the last 24-hours would be captured.

We designed some questionnaires to find out what staff thought about handover process and their understanding of the role of handover and carried out some semi structured surveys. Staff said that handovers were repetitive and too long. They also had the opportunity to say how they thought the handover should be.

We opted to design a standardised handover sheet. In thinking about the design we looked at the different possibilities:
• one sheet per bay per day/week
• one sheet per patient per day/ week

We decided to have one patient per sheet covering a whole week. This would then allow any planned

appointments, short term goals or aims for the week to be recorded for all staff to see.

We then planned the implementation to ensure that the key staff were on duty to enable them to cascade all the relevant information about the test period to both day and night staff.'

Farnham Hospital and Centre for Health

Their story

Staff at Farnham were generally unhappy with their existing handover process because:

- it wasn't structured which meant that information given varied in length and content
- it didn't always convey the information required
- multiple start times within a shift meant that handover had to be repeated, sometimes several times
- the cross over period from day to night and night to day was only 15 minutes which meant that staff were either late leaving or did not have enough time to give a thorough handover

Farnham established a team to improve the handover process that included night/day nursing staff and therapists.

The team began by process mapping the current state and identifying key areas to improve:

- ensuring the handover information could be given in the time allowed
- identifying what information was needed at handover
- agreeing a standard format

After agreeing what information the sheet should contain, the team then developed an electronic form and printed it out for review. During these reviews the sheet evolved into a MDT handover sheet, including areas for goals and discharge planning. It became apparent that it could be a useful aid for the night team to handover to MDT and vice versa. Instructions on how the sheet was to be used were written and they were displayed in the handover file in the office, for all staff to read.

A start date was agreed, ensuring that key staff were on duty. All staff were reminded to read or re-read the instructions and encouraged to ask questions. At each handover in the run-up, the handover changes were discussed so that everyone was aware. Staff were asked to give feedback on the comments sheets available.

There was little resistance to the changes made and the handover is now shorter but includes more information. The hotsheet has become more than a tool for the nursing handover and is now being used for related activities, such as ward rounds.

Acknowledgements

**Website: For more information please visit
www.institute.nhs.uk/productivecommunityhospital**

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