

EFFECTIVE HANDOVER: A TOOL FOR PATIENT'S SAFETY

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In the delivery of health care, patient handover is frequently found to be one of the weak links¹. By creating a more formal system for patient handover will support and maintain the standards recommended in several guidelines and help reduce the influence of human error. Although there has been a lot of emphasis in developed countries on handover policies, it still needs to be introduced in the health care sectors in the developing countries especially in Pakistan. Looking into the literature it is obvious that in Pakistan the concept of handover still needs attention to be part of the good clinical governance. The purpose of this editorial is to highlight the supporting evidence regarding effective patient handover.

The share load of increasing number of patients admitted to hospitals can compromise patients' safety and their overall management. Nearly all hospitals are struggling and using all their existing resources to provide best services to the patients. The care needs for these admitting patients are now becoming more complex and the medical team looking after them need extra vigilance to make sure that the continuity of care is maintained. For medics, safety of patients is paramount.

Health-care providers and teams must develop properly coordinated procedure regarding hand over of patients. It is critically important for care continuation and ultimately resulting in improved patient safety². Miscommunication was found to be responsible for occurrence of 67% of medical errors as reported by Joint Commission International (JCI). Poor medical handover accounted for >50% of these errors. To overcome this, improvement in quality of patient handover is recommended through training of health care providers and standardization of the handover procedure. However, in reality, handover is largely ignored as a requisite clinical

skill and competence for doctors or specialists in their medical career. In most health care facilities and centers, either a standardized format or dedicated training for handover is lacking leading to failure in maintaining high standards of clinical care³.

The process of handover is defined as the transfer of care of patient(s) to other health care provider(s). It encompasses handing over of professional responsibilities, obligations and accountability on a short term or long term basis. It will be successful and effective only when the required relevant information for continuation of care is transferred properly to the professionals. This communication can be made more effective and facilitated if strategies like standardized handover are adopted. Consequently, it can lead to improvement in quality of care, patient safety and enhanced level of satisfaction among health professionals and patients.

Worldwide and specially in UK, the working patterns have changed drastically due to the implementation of the "Working Time Directive". The concept of "shift working" has lead to reduced continuity of care as same group of patients are looked after by different teams in the course of the day. Therefore, it is of utmost importance that patients are handed over properly between different teams working in different shifts and the critical information is communicated clearly and optimally. As verbal information can be lost, therefore written format need to be used as a mean for information transfer. Improvement in communication and information management with respect to patient handover is supported by National Health Services, England through strengthening of already in place initiatives⁴. The resultant reduction in risk of medical errors will help risk management and ultimately safety of patients.

Clinical handover can serve a variety of functions including; highlighting aspects of care, transfer of information and professional responsibility and prioritized management of patients. Various models can be used for effective clinical handover. However, the choice of model should take into consideration the local factors as well⁵. The bedside handover is considered the preferred method. The most vulnerable point in healthcare system is when the patient is being transferred under care of the incoming team. If the information transfer is incomplete or poor, it can result in confusion, delayed care and management or devastating consequences. Achieving effective communication is required for accreditation of hospitals and is one of the principal goals of JCI regarding patient safety. The skill of effective handover should be accomplished by every doctor and health care provider. It needs to be learned well and practiced regularly to achieve excellence⁶.

Handover can be improved by several methods. The emerging evidence suggests that execution of structured tools for handover leads to better transfer of information and enhanced professional satisfaction⁷⁻⁹. The bedside handover compared to the handover away from the patients has shown to improve satisfaction of staff as well as patients¹⁰. Similarly, approaches in the form of lectures, group discussions and simulation were found beneficial in improving handovers¹¹. However, at organizational level, the task of improving handover practice is not straight forward. It needs dedication and effective strategies regarding education of staff and implementation as well as reinforcement of handover policies. Effective clinical handover should be complete, accurate, explicit, timely and well-understood by the incoming person or team¹².

It is recognized that patient handovers occur in several different contexts among doctors: from one shift to the next shift; between wards or institutions; from inpatients to outpatients; and within emergency wards. A consensus amongst studies is that that "the purpose of medical handover goes beyond the simple transfer of information from an outgoing to incoming doctor; it transfers responsibility and authority". Essentially the aim is to maintain continuity of care for the patients.

Locally, the hospitals and clinical facilities of Khyber Pakhtunkhwa, lack effective clinical handover practices leading to increased risk of medical errors, loss of continuity of care and adverse events related to patient's safety. No doubt good communication and effective coordination among the health care professionals can play a crucial role in the overall management of the sick patients.

Handover should be viewed as a sociotechnical activity embedded in clinical and organizational practice. The

quality of handover is intricately related to patient flow, capacity and national targets. To resolve the inherent tensions of handover, health care professionals need to be provided with flexibility and allowed to make trade-offs in smoothly executing the handover improvement strategies. For a successful and effective handover, cultural awareness, collaborative holistic system analysis and collaboration across organizations should be pursued. Local health care leadership and managers who intend to improve current health care structure need to take a lead in introducing awareness on effective handover at local and national level.

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