

IMPROVING THE WEEKEND HANDOVER PROCESS ON OLDER PEOPLE'S MEDICINE WARDS AT LEEDS TEACHING HOSPITALS

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Introduction

Clinicians covering six older people's medicine wards reported feeling burdened by requests for weekend review of patients without clear indications, reducing time for patient care. We aimed to standardise the process to streamline reviews, freeing up clinicians to deliver optimal care.

Methodology

We developed a new electronic weekend handover process using existing capabilities within our electronic patient record, PPM+.

This involved creating custom patient lists for Saturday and Sunday that patients requiring weekend review could be added to. A comment could then be added to indicate the priority and reason for review.

The COM-B behaviour change method was used with a focus group of clinicians including Physician Associates, resident doctors and consultants to identify targets to change behaviour. Fifteen potential tests of change were considered, of which four were implemented over multiple PDSA cycles.

Key changes included:

- Mandatory documentation of review priority (1,2,3 or discharge)
- Clear documentation of review indication with recommended actions in the comments box on the custom list using 'ACT' - action, criteria and tasks
- Embedded mock examples of best practice to nudge behaviour
- Engagement through meetings and informal senior/peer influence

We collected weekly data for four months on the number of patients put out for review, number of reviews lacking a clear indication, and the number of reviews missing prerequisite actions.

A survey of clinicians was performed.

Priority system

- 1 - Sick patient to be seen first in priority
- 2 - Needs review that can't wait until Monday
- 3 - Remote or very brief review e.g. of tests, IVF after review of volume status.
- D. Patient for discharge. These should be seen after sick patients

ACT

Action

What do you actually want the on-call team to do? e.g. review bloods ?restart diuretics

Criteria

e.g. if CRP >100 do septic screen. If ?discharge, what are the discharge criteria?

Tasks

What has been done? What still needs doing? Ensure tests are ordered and discharge letters for weekend discharges are complete

Action	Patient	NHS Number	Age	Review Date	Comments
+	S Test		24y	11-Jan-2024	3 remote review of bloods please...
+	ANN TEST Ann		85y	11-Jan-2024	2. Review with bloods ?IVDS...
+	MOUSE TEST Mickey		125y	11-Jan-2024	1. IP review. Patient treated for...
+	MOUSE-TESTPATIENT Minnie		45y	11-Jan-2024	D. clinical review. Admitted.

Results

The number of reviews remained the same but the number of patients with no clear indication for review decreased from 11.5 to 2.5. Respondents rated the new system at 7.72/10 globally compared to 3.2 for the old system. 78% felt that the reason they were reviewing patients was clear. 72% found prioritisation easier and 87% of users of the old system reported quicker review times with no respondents reporting it was slower.

6. When you are working on call on Gledhow weekends and receiving handover, to what extent do you agree with following statements?

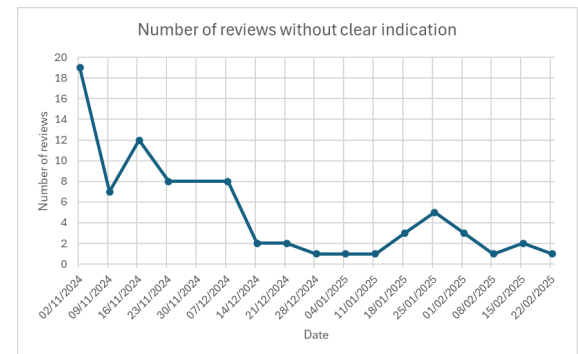
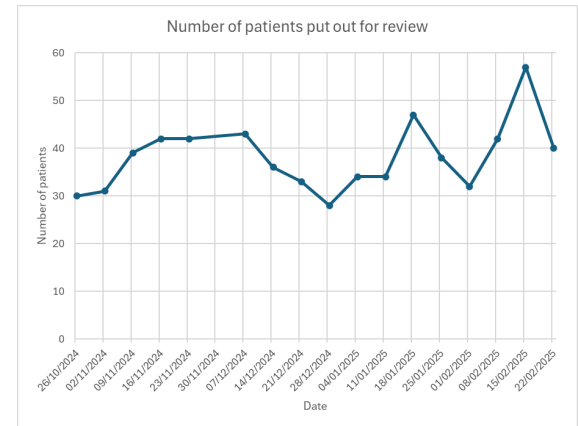
● Strongly agree ● Agree ● Neither agree nor disagree ● Disagree ● Strongly disagree ● N/A

The reason I am reviewing patients is clear

I can prioritise patients easily with the information given

The patients that I am asked to review seem appropriate to review

It is quicker to review patients now compared to the old system (if you worked using the old system)



Conclusion

A structured electronic system using existing capabilities, informed by behaviour change and quality improvement methodology reduced the number of patients put out without clear review by 78%. Satisfaction with the new system was high and time was released for direct patient care.

Further tests of change are planned to drive further improvements in safety and quality, but existing changes have been sustained and success shared with the organisation.