Using the Culture Web Model to improve quality of Medical Handover: An alternative approach

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Introduction

Medical handover is an intergral part in ensuring efficient and safe clinical practice. There has been long-standing concerns regarding the quality of medical handover in our district hospital. The Royal College of Physicians has devised an acute care toolkit with recommendations for good standardised clinical handover. Previous QUIP utilising this model to improve medical handover have been unsuccessful. We are trialling a different approach with utilisation of the **culture web model.**

Objectives

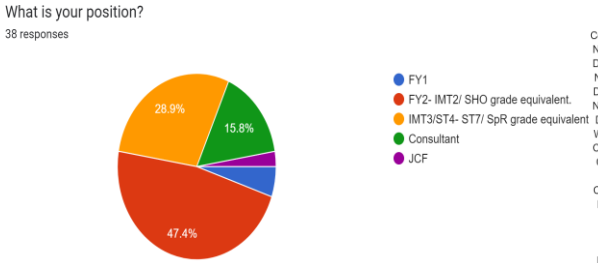
To ensure improvement and standardisation of medical handover to promote patient safety.

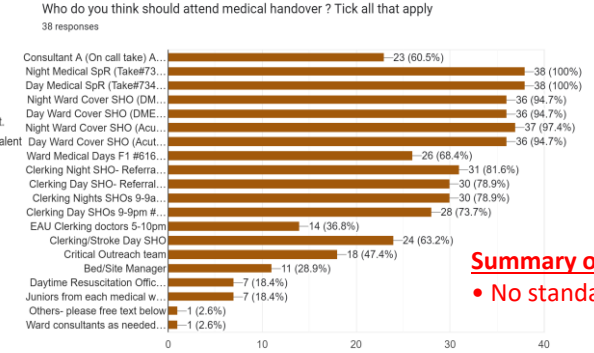
Methodology

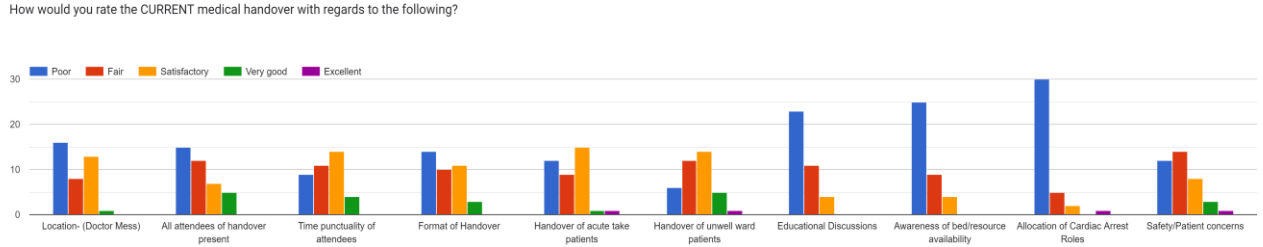
Using the culture web model, a group of motivated trainees and consultants reviewed the existing culture on medical handover. This was combined with surveys sent to all involved in handover.

Results (initial survey)

Our initial survey obtained 38 responses.







Summary of survey

• No standardised format • Poor location • Poor attendance to handover • Lack of cardiac arrest role allocation

Implementation of change

Introduction of attendance sheets and emphasis on punctuality

Medical handover attendance list

Date:

Session: AM

	Name	Signature
Day take SpR (734)		
Night take SpR (734)		
Ward day SpR (791)		
Ward night SpR (791)		
Ward day SHO (705)		
Ward night SHO (705)		
Ward day SHO (699)		
Ward night SHO (699)		
Stroke day SpR (668)		
Clerking doctors		
Weekend additional cover (705/699)		

Analysis of attendance sheet (39-day period)

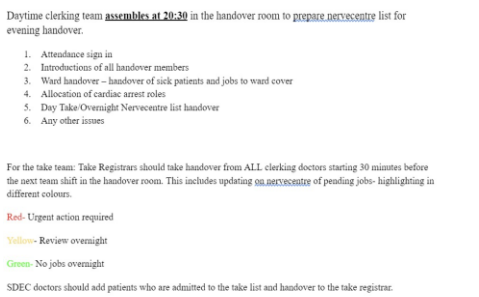
Summary

Presence of attendance sheets from 1st two weeks vs last two weeks **(29% vs 82%).**

Standardisation of handover location and times

Work in progress due to various logistical barriers – currently only fixed evening handover location. There are also organisational issues surrounding rota shift patterns that prevent medical handover attendance.

Standardisation of handover format



Agenda for handover

Daytime clerking team **assembles at 20:30** in the handover room to prepare nervecentre list for evening handover.

1. Attendance sign in
2. Introductions of all handover members
3. Ward handover – handover of sick patients and jobs to ward cover
4. Allocation of cardiac arrest roles
5. Day Take/Overnight Nervecentre list handover
6. Any other issues

For the take team: Take Registrars should take handover from ALL clerking doctors starting 30 minutes before the next team shift in the handover room. This includes updating on nervecentre of pending jobs- highlighting in different colours.

Red- Urgent action required

Yellow- Review overnight

Green- No jobs overnight

SDEC doctors should add patients who are admitted to the take list and handover to the take registrar.

Conclusion

While changes are ongoing and pre-existing culture is difficult to change, identifying cultural factors can make a worthwhile impact. This QUIP is currently in the process of being re-audited for feedback – initial results are positive with most individuals noting an improvement in the handover process. Our future direction aims to standardise morning handover location, allocate cardiac arrest roles, involve the critical care outreach team and change shift patterns to enable individuals to attend medical handover.

References

1) Royal College of Physicians. (2015). Acute Care Toolkit 1: Handover. London: Royal College of Physicians.
2) Johnson, G., & Scholes, K. (1992). The cultural web. In Exploring corporate strategy (pp. 92-110). Prentice Hall.