Quality Improvement and Patient Safety

426 INTRODUCING A REMOTE, CROSS-SPECIALTY MEDICAL HANDOVER AT A TERTIARY PAEDIATRIC HOSPITAL

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Background Safe handover of complex paediatric patients is challenging. At our tertiary paediatric hospital, 9 specialty teams hand over to the on-call team, usually trainee-to-trainee. Feedback, at a Health Education England (HEE) quality review in November 2019, highlighted poor attendance, patchy consultant engagement and limited educational opportunities. The need to make handover 'Covid-secure' has added to these difficulties, but has also provided an impetus and opportunity to change our approach to specialty handover.

Objectives To develop a trainee-led improvement programme to create a new handover system, following BMA and NPSA guidance¹. This used data collected from 2 audits; August (audit 1) and November 2020 (audit 2) and a trainee survey (September 2020). We aimed for handover to fulfil the following criteria:

- Safe and effective
- Covid-secure
- Uses available technology
- Bleep-free
- Consultant-supervised
- Cross-disciplinary
- Educational

Methods A group of trainees approached the education team to form a working group. Baseline data were collected from an audit and a trainee survey in August-September 2020, to ascertain trainees' experience of handover. Using these results, programmes of improvements were implemented. A re-audit of handover was carried out in November 2020.

Results Audit 1, of 11/14 handovers over a week (see table 1), showed that handover commonly took place in an unsuitable location, and was rarely bleep-free or attended by a consultant.

38% (18/47) trainees responded to the survey. Only 50% of trainees felt the current handover system was adequate, and 33% felt that handover only 'sometimes' provided adequate information to provide a high standard of care. Several respondents commented that handover was rarely educational.

Audit 2, of 22/24 handovers (table 1) following the trainee-led programme, showed improvements in location and handover being bleep-free and consultant-supported. Attendance by the medical specialty teams improved, but overall attendance fell due to a new requirement for additional staff (such as Advanced Paediatric Nurse Practitioners) to attend, which is not yet occurring consistently.

Conclusions Our trainee-led improvement programme has achieved excellent trainee engagement and increased consultant attendance, resulting in an improvement in the quality of handover and good feedback at a HEE assurance review in December 2020.

Specialty handover now

- Takes place in a dedicated room

- Has simultaneous live steaming via MS Teams, making it convenient to attend and Covid-secure.
- Has consultant supervision (usually remote), encouraging succinct and good quality handovers, and allowing for workplace-based assessments.
- Includes Advanced Paediatric Nurse Practitioners
- Supports a dedicated MS Teams channel, on which anyone can post content of educational value. This has facilitated patient care and generated interesting discussions that would not be possible during formal handover.

Abstract 426 Table 1

	Audit August 2020	Audit November 2020
Suitable location	47%	100%
Bleep-free	39%	56%
Consultant present	22%	39%
Full attendance	58%	54%

This ongoing programme will continue to work towards a bleep-free handover with consistent consultant presence. Next steps include developing a whole-hospital handover, integrating surgical and medical specialties, with greater use of digital solutions.

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445 WILL I LEAVE WORK ON TIME TODAY? A QUALITY IMPROVEMENT PROJECT

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Background Doctors rarely leave work on time; they frequently stay beyond the end of their shift to complete clinical work, documentation and other tasks. This is contributing to burnout and doctors leaving the profession – resulting in those who stay behind, stay even longer!

A Quality Improvement project was carried out at a tertiary Neonatal Unit in London. The time doctors stayed back at the end of each shift was recorded, the reasons for staying back were explored, and different change ideas were tested.

Objectives The project aimed to explore the reasons why doctors do not leave work on time.

The Change Aim:

All doctors finish work on time or within 30 minutes of the end of the shift.

Methods The Model for Improvement was used. Observation, process mapping and a fishbone analysis technique were used to explore the problem.

Measure:

The time (in minutes) stayed back after each doctors' shift was due to end, was recorded on a form in the doctors' room.

Change ideas:

Eight Plan-Do-Study-Act cycles were trialled:

1. Spreading awareness of behaviour
2. Bleep-free handover, to reduce interruptions