Clinical handover in physiotherapy enhanced safety and continuity of patient care for transfer from acute to rehabilitation hospitals

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Introduction
The care of a single patient is often conducted by multiple healthcare professionals in more than one facility. This makes standardized clinical handover pivotal in achieving planned outcomes with safety. However, the Australian Council for Safety and Quality in Health Care (ACSQHC) commented that “Clinical handover is not a well-researched area of health care”. World Health Organization listed the communication during patient care handovers as its high 5 patient safety initiatives. Effective clinical handover contributed to quality seamless healthcare while ineffective handover was contributory to preventable patient incidents.

Objectives
The objective is to evaluate the effectiveness and compliance of the enhanced clinical-handover system in physiotherapy.

Methodology
Structured clinical handover process with Clinical Handover Standards in Physiotherapy Department was implemented in 2012 in the three hospitals of Kowloon Central cluster for safe continuity of physiotherapy management. Prior staff training and engagement was conducted. References were taken from the “Manual of Good Practices in Medical Records Management” by Hospital Authority and the C-CEBAR, an adaptation for Allied Health Professionals from the iSoBar tool for handover by ACSQHC. C denoted contact of case physiotherapist of acute hospital. CEBAR denoted Contact details of the patient, Expectations of receiving physiotherapist at rehabilitation hospitals for therapy required, Background & history including previous level of function, Assessments and function, Responsibilities & risk
management including safety precautions. This retrospective content audit was conducted with convenient sampling of physiotherapy record written by physiotherapists of acute hospital for patients having transfer to its two rehabilitation hospitals from 1 to 30 September 14.

**Result**

740 physiotherapy records (about 6% of total annual patients transfer) were audited. The casemix was majority from medical specialty (64%) and others included Orthopaedic (11%), emergency medicine (10%) etc. The compliance for all audit criteria was full except for Expectations of receiving physiotherapist and Responsibilities & risk management (above 90%). Information was legible and specific to the clinical situation. Patient alert was documented for follow up. Areas for improvement were identified in documenting the detailed dosimetry of PT intervention, post-treatment response, revised problem list & planning for vulnerable or complex cases. There was no patient incident of all audited episodes. The current handover balanced between comprehensiveness and efficiency. It was effective in promoting communication, enhancing continuity and safety of care.