



Service Priorities and Programmes
Electronic Presentations

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Clinical handover for patient discharged from in-patient setting, Physiotherapy department, Shatin Hospital 2016-2017

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Introduction

In Physiotherapy Department (PT) of Shatin Hospital (SH), there is guideline for clinical handover within department during leave and Saturday /holiday duty. However, there is no standardized system for patients who are transferred to the community for continuation of physiotherapy care. Therefore, a continuous quality improvement (CQI) program is conducted to enhance a smooth and safe handover of patient.

Objectives

- To enhance the efficiency and effectiveness on clinical handover in Physiotherapy Department in Shatin Hospital.
- To standardize the clinical handover procedures for discharged patients
- To facilitate the clinical handover by using electronic documentation.

Methodology

The background research and staff opinion on clinical handover were collected and analyzed. Meanwhile, the workflow for clinical handover to Geriatric Day Hospital (GDH), Community outreach service team (COST) were revised and simplified. The guideline on clinical handover for patient discharged from in-patient setting was formulated. To facilitate colleagues to use the electronic discharge summary, specialty-based discharge summary templates were constructed. A Trial run of using electronic discharge summary was conducted for 3 months and the results were evaluated

Result

The staff opinion on using standardized template for electronic discharge summary was positive with the satisfactory score 5 out of 6. The comments on new workflow of clinical handover system to community setting, i.e. GDH and COST, was improved. For the trial run of using electronic discharged summary, the compliance of using electronic discharge summary in different settings (including patients being referred to GDH, ICDS, COST and being discharged from psychiatric wards) was overall more than 80%. The feedback from community setting (i.e. GDH, COST and ICDS) on

information in electronic discharge summary and workflow was positive. To conclude, the clinical handover was standardized after the CQI project with high percentage of compliance. The continuity of patient care was enhanced because all disciplines are able to access patient' information through CMS. In future, annual audit would be conducted to ensure the compliance and quality of discharge summary. The templates would be refined after regular revision.