Service Priorities and Programmes

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Evaluation of handover practice in an antenatal setting

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Introduction

Handover with input from doctors and midwives had been implemented in the antenatal ward of QEH since June 2012. Being led by a Consultant / Associate Consultant, handover took place at the nurses' station with care planning of each patient presented by the case MO, followed by feedback from other medical and midwife colleagues. SBAR was the framework for communication and the patient name list served as a "safety-net" to cover all patients in the ward. Evaluation of this handover practice was intended to identify areas for improvement.

Objectives

1.To examine the staff perception towards this handover practice. 2.To identify areas for improving the effectiveness of handover.

Methodology

A questionnaire with 12 rating questions and 4 open-ended questions was distributed among the medical and midwife colleagues 8 months after implementation.

Result

The response rates were 61.9% (13/21) and 83.3% (15/18) among doctors and midwives respectively, therefore the participants consisted of 46.4% doctors and 53.6% midwives. All participants agreed that complementary input from doctors and midwives could facilitate the care planning for patients and 92.9% perceived that care outcomes were improved as communication between doctors and midwives was enhanced. The participants generally agreed that handover at the nurses' station could protect the patients' confidentiality, but compared to doctors (7.7%), more midwives (26.6%) disagreed that this could facilitate patient involvement. The average time allocated for handover was 15-20 minutes, depending on the number and complexity of patients. Majority of participants concurred that the SBAR approach allowed information to be presented in an organized and precise manner. Both professions appreciated the leadership input that overlooked the handover process. Midwives were less likely to agree with the following compared to doctors: a) time allocated for handover was adequate (73.4% vs 92.4%); b) current "safety-net"

measure could ensure all clients were being covered (73.3% vs 92.3%); and c) distraction was minimized (40% vs 76.9%). Midwives were sometimes called upon by patients during handover, leading to interruption. Role of a circulating midwife to address patients' needs during handover could be explored. The patient name list might not have been updated on time to ensure all patients were handed over and such gap needed to be filled in the future. Medical records were preferred as a mean of communication especially for high risk cases.