



Service Priorities and Programmes Electronic Presentations

Convention ID: 730

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“Standardized Clinical Handover, Better Service and Fewer Incidents” - A CQI Project of Standardization of Clinical Handover in Physiotherapy Department

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Keywords:

standardization

clinical handover

Physiotherapy

Introduction

Clinical handover is important for staff to continue delivery of physiotherapy service effectively and efficiently. In the past 2 years, there were 3 near-misses and one incident about clinical handover in our department, which might affect the continuity of physiotherapy care to patient. It was observed that clinical handover among staff differed in standards. The recent increase in patient turnover and transfer between wards demands standardization of procedures and content of clinical handover for better quality of physiotherapy service and safe patient care.

Objectives

1. To standardize the procedures and content of clinical handover when there is staff on leave and/or patient transfer
2. To improve the efficacy of clinical handover

Methodology

The program was implemented in 3 phases: Preparation phase analyzed the near-misses and incidents of clinical handover in the past 2 years and reviewed the past clinical handover records. Two workflows and clinical handover guideline were reviewed and two clinical handover templates for long and short leave were designed; Implementation phase included an introduction talk to all staff which illustrated the standardization of clinical handover; Evaluation phase was to audit any near-miss and incident related to clinical handover and the compliance of clinical handover standards of long leave, short leave and upon patient transfer for all physiotherapists in a 3-months period. Staff feedback was also collected by questionnaire after the audit.

Result

There was no near-miss and incident of clinical handover during the audit period. The compliance rate of clinical handover standards of long leave, short leave and upon patient transfer were 95.7%, 100% and 64.6% respectively. Besides, the results of questionnaire showed that most of the staff (89.5%) was satisfied with the program.

They agreed on the need to uphold the standard of clinical handover and found the clinical handover guideline helpful.

Conclusion

The compliance for long leave and short leave were satisfactory but that in patient transfer was only fair. Further attention and reinforcements are needed to uphold the compliance upon patient transfer. Overall the objectives on improving the efficacy of clinical handover were met and regular audit on clinical handover would be adopted for maintaining the service quality and safety.