

# Patient Clinical Handover System

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HEALTH • EDUCATION • RESEARCH  
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## TEAM

Dr Ghalib Ahmed  
Dr Yasir Jameel  
Dr Mutaz Al Hadro

## AIM

RECOGNIZE KEY DEFICIENCIES IN  
CURRENT HANDOVER SYSTEM IN  
THE DEPARTMENT

DEVISE A BETTER CLINICAL  
ENDORSEMENT STRUCTURE

MORE EFFECTIVE PATIENT CARE

## BACKGROUND

WORK IN SHIFTS

LOSS OF  
CLINICAL  
INFORMATION

MULTIPLE  
TEAMS

## PROJECT DESIGN

STEP 1: QUESTIONNAIRE

STEP 2: EVALUATION OF  
RESULTS

STEP 3: IMPLEMENT  
HANDOVER PROTOCOLS

## QUESTIONNAIRE RESULTS

NO  
STANDARD  
METHOD  
PHONE WAS  
THE MOST  
USED MODE  
OF CLINICAL  
HANDOVER

IMPROPER/  
INCOMPLETE  
HANDOVER >  
50 % OF THE  
TIME

UP TO 30 MIN  
TO COLLECT  
MISSING  
INFORMATION

LAST MINUTE CANCELLATION  
OF SURGERY AT MULTIPLE  
OCCASSIONS

## KEY INTERVENTIONS

- Morning fracture meetings is held everyday including weekends and used as formal handover method with mandatory attendance by the specialist or consultant
- Patient must be reviewed by the specialist or consultant before booking them for theatre and they should stamp the OT list for handover patients
- Admitting team is responsible for patient until operated by any other team

## OUTCOMES

SAFE HANDOVER = SAFE PATIENTS

UP TO 50 % DECREASE IN  
CANCELLATION OF SURGERIES

BETTER KNOWLEDGE ABOUT PATIENT

BETTER PATIENT CARE

DIRECT INVOLVEMENT OF SENIOR  
MEMBERS

## NEXT STAGE PLANS

FORMAL STANDARDIZED  
PATIENT HANDOVER FORM

QUANTITATIVE  
MEASUREMENT OF  
OUTCOMES