

Standardizing On-Call Resident Handover for the UAH Gastroenterology Rotation

Dr. Lindsey Russell, Dr. Daniel Baumgart, Pamela Mathura, Dr. Ali Kohansal



Presentation PDF

DEFINE OPPORTUNITY

Background: Handover is an essential aspect of patient care as it is an opportunity to update the on call residents on tasks to carry out during the night and be aware of sick patients. Structured handover has been studied in a wide variety of health care settings, and SBAR format was found to be the most effective¹. This format includes Situation, Background on the patient, Assessment and Recommendations or the plan going forward.

At the University of Alberta, SBAR is a standardized method of giving handover that all Internal Medicine Residents are trained on at the beginning of their residency.

Problem Statement: During the Gastroenterology rotation, the lack of consistent handover has been an issue that has been brought up to the Department over the years. This leads to altered patient care and increase stress levels for residents.

Baseline data: (n=32)

Surveys from Residents that have rotated through the UAH GI service found that:

- Only 47% of Residents stated that Handover was occurring often
- Overall Handover was rated as poor quality 66% of the time, with 25% of residents were concerned that they were not receiving all the required information
- Residents stress levels on the GI rotation call shifts were rated high in 66% of residents, and 38% of residents stated that the lack of handover contributed to their stress levels.

Aim Statement: By September 2018:

Process Measures:

- 80% of handover occurring consistently between 16:00-17:30 during the week
- 70% of handover utilizes the SBAR format

Outcome Measures:

- Increase number of handover to on call resident by 75%
- Increase quality of handover as per resident perspective by 30%

Improvement Selection and Implementation Plan- PDSA Time: July 9 to Sept 3, 2018

Table 2: Gaps identified contributing to inconsistent handover and interventions implemented to bridge these gaps

Gap	Intervention Implemented
No set Time and Place	Determined handover to occur on 5C4 round 16:30-17:00 as the ideal time and place for handover
No Standardization	<ul style="list-style-type: none"> - SBAR training was administered to all Residents through the U of A Core GIM Bootcamp program in July 2018 - Algorithms of common GI issues were available to Residents during orientation session and in the Handover Education Binder located on 5C4
Staff not providing handover	<ul style="list-style-type: none"> - Dr. Kohnansal provided an update of the baseline data and SBAR education session to the current U of A Staff Gastroenterologists during their department
Consistency of Good Quality Handover	<ul style="list-style-type: none"> - Audit sheets filled out to monitor the state of handover being given in real time - Residents were also resurveyed post intervention

Process Assessment: To understand the current process, a brief literature review, a Gemba walk, surveys, and various quality improvement tools were completed to identify improvement opportunities.



Figure 1: Sample Format of SBAR process ¹

Resident Survey (internal medicine R1-R3 on GI rotation; n=32):

- Only 47% of Residents stated that handover as occurring often
- SBAR was used 25% of the time
- Residents quoted good quality of handover 34% of the time
- Most residents were R1s (69%)
- 25% of residents were confident that they received all necessary information at handover
- Most comments included:
 - Having a set time and place for handover
 - Making it mandatory for staff and residents to attend
 - There was never handover during the weekends

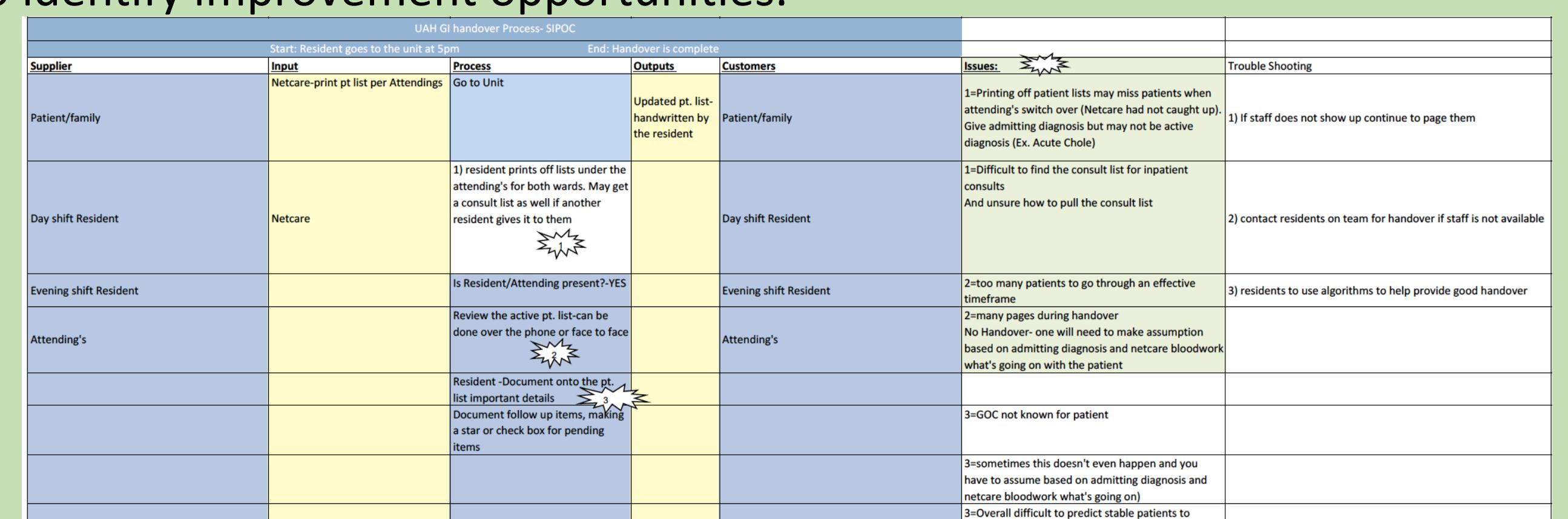


Table 1.0: Analysis of current handover process and Identify areas of concern

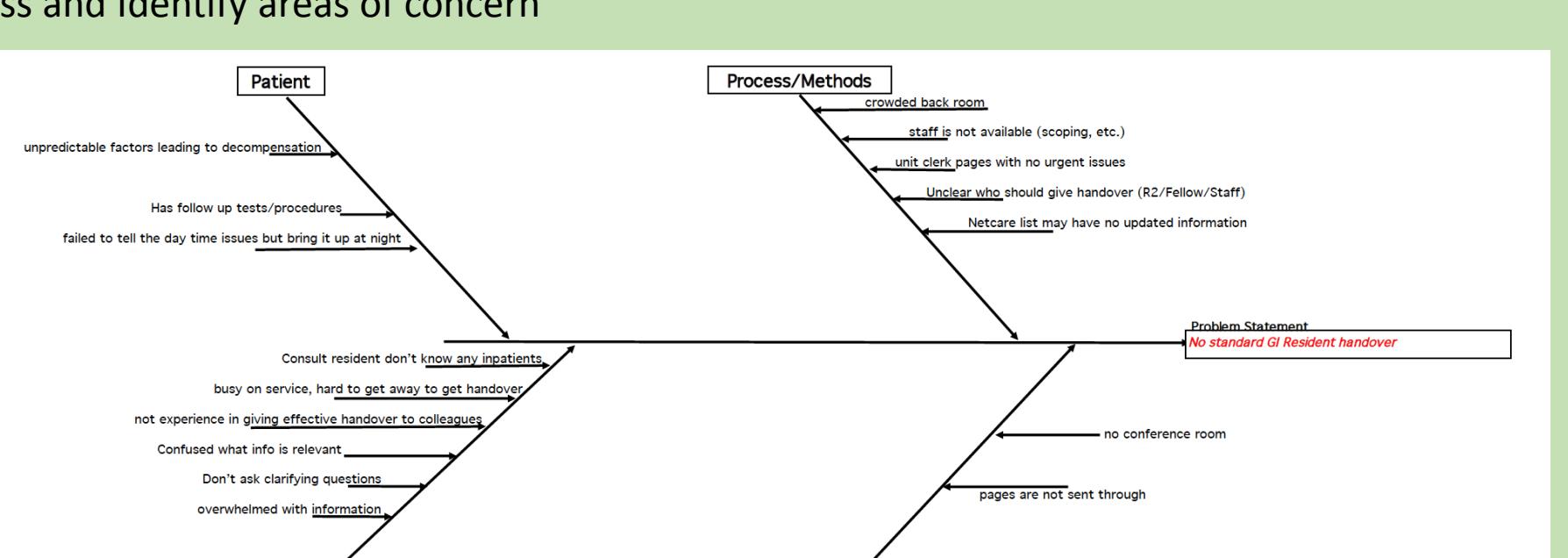


Figure 2: Cause and effect fishbone diagram demonstrating issues identified in handover process

BUILD UNDERSTANDING

Collaboration & Communication Strategies:
Project team included an internal medicine resident (R3), a GI physician, and a quality consultant

The project team physician and resident facilitated teaching internal medicine residents about the interventions at the beginning of their GI training blocks

Project Team Physician attended Department meetings to encourage all GI Staff about the new handover process and talked about the SBAR Format

Further insight to the resident perspective on handover was collected via surveys (see Figure 3)

Figure 3: Survey Given for Resident input on handover

PDSA Results- A Total of 51 handover days were audited

Process Measures:

- Handover overall occurred 82% of the time (increased from 27%)
 - Handover only came from one inpatient team 18% of the time
 - Of all the days that no handover was received for either team, it all occurred during the weekend shift
- SBAR was used 53% of the time (increased from 25%)

Outcome Measure:

- Residents stated 33% of the time the quality of handover was good quality (unchanged from previous)
- 33% of residents were confident that they received all the necessary information (up from 25%)

Impact:

Residents:

- 66% of residents rated GI call as very stressful post intervention, unchanged from previous
- No residents thought that handover contributed significantly to their stress levels (reduced from 38%)

SUSTAIN RESULTS

Reinforce Ownership, Measurement, & Continuous Improvement:

In order to sustain and spread the efforts to reduce the number of incomplete inpatient bowel prep, we plan to start PDSA #2-Dec 2018 where we will try to:

1. Continue to bring up Handover within the GI Department Meetings to encourage staff to continue to provide Handover
2. Share Handover process in the orientation manual for Internal Medicine Residents at the beginning of their rotation
3. Encourage handover over the weekend

Lessons Learned:

- Changing culture of providing handover from senior staff members have been proven difficult and will take time and encouragement to adapt change

Culture Eats Strategy for breakfast - Peter Drucker

- Process change requires thorough communication, inclusion of all key stakeholders, and frontline QI champions to initiate and pave the way for sustainable change
- Empowering Residents to ask for handover and gain skills to give effective handover themselves are essential

Why this QI matters

To Patients

Improving patient care through adequate handover on follow-up tests, etc.

To Albertans

Increasing integrated care

To the healthcare system

Improving communication and outcomes

MANAGE CHANGE

1- Institute for Healthcare Improvement Clinical Tools: Implementing SBAR