Using Learning from Excellence and Quality Improvement Methodology To Improve Handover in Maternity

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Define

- Our maternity team are highly motivated and dedicated to providing the best care that they can for our patients.
- Since July 2018, the team have been involved in 11 HSIB investigations relating to the need to cerebrally cool neonates. All these investigations make reference to inadequacies in patient handover from one clinical area to another.
- Policies, checklists and traditional deficit-based approaches have been trialled to improve handover with little or no success.
- With support from the LfE QI team, we aim to take an appreciative approach and thus improve the quality of verbal/written handover communication of patients coming to CDS over a 6 month period by 50%.

Discover

- Current practice = verbal and written SBAR tool between midwives. There is no stipulation of when other members of staff should be present
- 3 meetings of midwives, anaesthetists, obstetricians and leaders have convened. We have worked to establish what a good handover looks like and establish a driver diagram

Figure 1: Driver diagram of issues

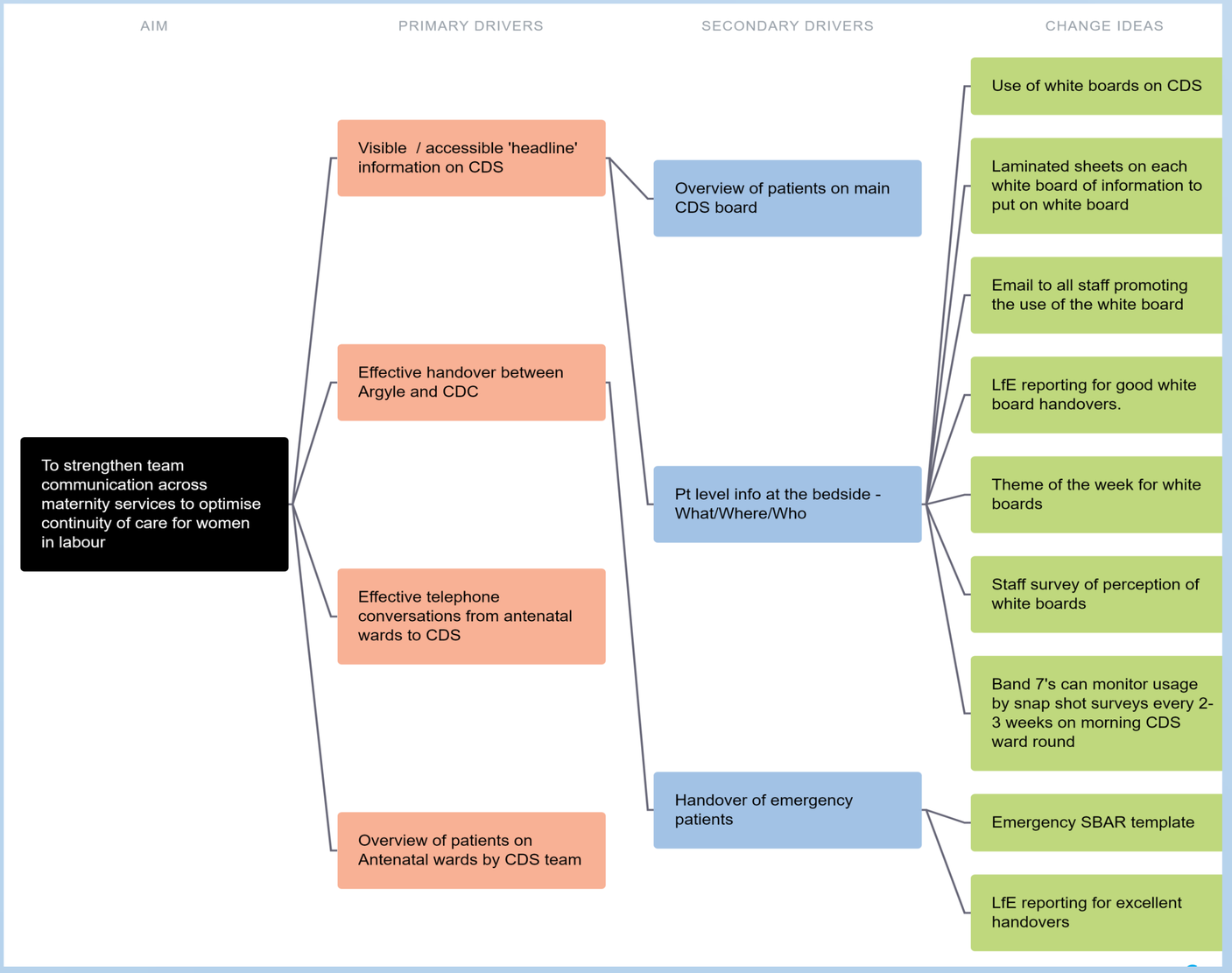

Figure 2: Elements considered to be necessary for an effective handover in maternity

Behaviours	Content	Other
Timeliness	Reason for transfer	Accurate
Introduction: name/role/seniority	Gestation/parity	Succinct
Civility	Delivery history	Relevant
Appropriate personnel present	BMI	Quality documentation
	Obstetric/medical history	
	Assessment	
	Plan/next steps	

Dream

We aim to improve the safety and effectiveness of the handover of patient information from our ward area to the central delivery suite over a 6 month period. This improvement will be demonstrated by a 50% increase in the reported effectiveness of the handover by staff, coupled with a simultaneous reduction in SIRI's/HSIB investigations of 50% over the same time frame.

Design

Potential improvement ideas to date have included:

1. Quality SBAR handover on white board in every delivery room for every patient (so anyone coming in can get a quick idea of what is going in on)
2. Visible examples of good handover e.g. good SBAR posters
3. Improving written documentation by getting staff to peer review 5 sets of notes
4. Use of positive feedback/LFE after someone has done a great handover
5. Mini Appreciative inquiry (mini AI) conversations following effective handovers
6. 'Admission to CDS sticker' or 'Passport to CDS' to facilitate handover
7. Band 7 review white boards on CDS morning ward round

Potential measures include

1. Staff/patient perception questionnaire
2. Observed handovers
3. Number of risk management cases/ month where poor handover communication is mentioned.
4. Gold standard handover run chart
5. Number of LfE nominations generated relating to effective handovers across maternity services

Destiny

- One principal achievement of the project so far, has been the meeting of MDT members to appreciatively discuss what works well
- Baseline measurements of whiteboard usage indicated that NONE of the fifteen whiteboards had been utilised for handover
- The concept of using the whiteboards to hand over in the patient room with patient and birthing partner present and contributing is currently being trialled
- Posters demonstrating the recommended elements to be included on the white boards have been generated and are discussed at the daily handovers
- Design of LfE 'quick cards' that are available for rapid issue of positive feedback when effective handover has been observed
- Mini AI's to commence to explore what works well and how we can evolve the process going forward