



Medical Handover

at

Northeast Health Wangaratta

Kevin Vaughan

John Elcock

Background

- **Coroner's Investigation found poor quality medical handover was a contributing factor to a patient death**
- **No formalised process / Incidental corridor meeting**

Goal

- **Formal medical handover process**
- **Designated handover room**
- **Dedicated handover time**

INTERN/ REGISTRAR/ HMO
MEDICAL HANDOVER SHEET

UNIT: MEDICINE / SURGERY/ ORTHO / O&G/REHAB

DATE:/...../.....

PATIENT NAME & UR	DIAGNOSIS / SIGNIFICANT ISSUES	PATHOLOGY TEST REQUIRING FOLLOW UP (OUTSTANDING OR ABNORMAL)	ACTIONS REQUIRED	ACTIONS PERFORMED DURING COVER PERIOD.

MediTell

MediTell - [Medical Handover]

File Edit Tools Tools Window EN English (Australia) Microphone Tools Handwriting ? Type a question for help

Filter Excluding Selection

Patient: Ward: Doctor: ALBRIGHT ALONSO Medical Unit: Anaes G.P. Med 1 Med 2 O&G Onc Ortho Paeds Psych Sub Acute Surg Urology Pt Flag

Ward	Surname	Provisional Diagnosis	Doctor	Current Issues:	Normal Results:
2 So	OAKLEY	CHEST PAIN, NEC	WITHERS		
2 Ea	NEFF	DIARRHOEA NOS/GASTRO/ENTERITIS, PRESUMED INFECTIOUS	SAGER		
Near	LUNDY	MYOCARDIAL INFARCTION, ACUTE	WITHERS	13/11/2006 5:18:00 PM, 13/11/2006 5:47:00 PM, 13/11/2006 5:49:00 PM, 13/11/2006 10:17:00 PM,	Red Cell Count: 4.29, 4.50 - 6.50 Troponin I, 0.31, < 0.05 Sodium, 134, 135 - 145 Troponin I, 0.84, < 0.05
2 Ea	MEDEIRO S	CONGESTIVE CARDIAC FAILURE	WITHERS	13/11/2006 11:56:00 PM, 14/11/2006 12:16:00 AM, 14/11/2006 12:16:00 AM,	Creatinine, 117, 50 - 95 INR Patient Time, 9.4, 10.0 - 13.0 INR, 2.7, 0.9 - 1.3
2 Ea	CRENSHAW	PROBLEMS RELATED TO PSYCHOSOCIAL CIRCUMSTANCE	WITHERS		
2 So	CHIN	APPENDICITIS, ACUTE	ALONSO	13/11/2006 8:00:00 PM, 13/11/2006 8:26:00 PM,	White Cell Count: 11.2, 4.0 - 11.0 C-Reactive Protein, 12.2, < 12.1

Record: 1 of 136

Update Abnormal Lab Results Delete Lab Results Print, no Lab Print Lab Select Columns DISPLAY All Patients Comments and Suggestions Logged On User: Meditell Save & Close Form

If required, my contact details are: Kevin Vaughan Ext 373, pge 234, email kevin.vaughan@nhw.hume.org.au. Thank-you "

Record: 1 of 1 Form View NUM

MediTell

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Filter Excluding Selection

Patient: Ward: Doctor: ALBRIGHT ALONSO Medical Unit: Anaes Pt Flag

Ward	Surname	Provisional Diagnosis	Doctor	Current Issues:	Plan:	Actions Taken:	Pt Flag
Juni	YU	NEWBORN	SAGER	THIS PM ELECTIVE LUSCS-was grunting but has improved.			<input checked="" type="checkbox"/>
Juni	OTERO		SAGER	Low Saturation and cyanosed with some respiratory effort	SCN OBSERVATION		<input checked="" type="checkbox"/>
2 Ea	SIEGEL	VIRAL INFECTION	SAGER	EM LUSCS 2 IUGR. VIRAL URTI. Postprandial noisy chest. Normal examination.			<input checked="" type="checkbox"/>
2 So	RANDLE	PANCREATITIS, ACUTE	ALONSO	ACUTE ASTHMA-still has wheeze	ON VENTOLIN, INTAL FORTE and PREDNISOLONE		<input type="checkbox"/>
Juni	SAPP		SAGER	1. FEBRILE on admission, not today -BLOOD CULTURES GPC SENSITIVITY Pending 2. PHYSIOLOGICAL	IV GENTAMICN AND PENICILLIN		<input checked="" type="checkbox"/>
2 Ea	FERREIRA	RENAL DISEASE / NEPHROPATHY	WITHERS				<input type="checkbox"/>

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Record: 1 of 1 Form View NUM

MediTell

Medical Handover

Demographics	Age	Current Issues	Plan	Actions Taken
RHEA BURROUGHS ASTHMA, CHILDHOOD 2 Ea Bed: 23B	11			
CORTNEY NEFF DIARRHOEA NOS/GASTRO/EN 2 Ea Bed: 21	2			
GILDA OTERO Juni Bed:	0	Low Saturation and cyanosed with some respiratory effort	SCN OBSERVATION	
DIANN SAPP Juni Bed:	0	1. FEBRILE on admission, not today -BLOOD CULTURES GPC SENSITIVITY Pending 2. PHYSIOLOGICAL BRADYCARDIA	IV GENTAMICIN AND PENICILLIN	
TISHA SIEGEL VIRAL INFECTION 2 Ea Bed: 22A	0	EM LUSCS 2 IUGR. VIRAL URTI. Postprandial noisy chest. Normal examination.		
SHARLENE YU NEWBORN Juni Bed:	0	THIS PM ELECTIVE LUSCS -was gaunting but has improved.		

Doctors Roster:

Unit	Consultant	Registrar	HMO	Intern
Medical 1	3	1		1
Medical 2	2	1		1
Surgical	4	2		2
Ortho	3	2	1	
O & G	2		1	
Paeds	3		1	

On Call Roster

	Consultant	Registrar	HMO	Intern
Medical	1	1		1
Surgical	1	1		
Ortho	1	1	1	
Paeds	1			
O & G	1			

Handover Required

Handover Meeting Attendees

- Interns, Residents and Registrars
- Nursing Clinical ADON - re bed state.
- MET Nurse
- Medical Registrar to lead

Process

- **Dedicated room and meeting time**
- **Doctors paged 15 minutes prior to handover and again one minute before handover**
- **Break into groups and commence handover**

Achievements.

- **Process actually commenced**
- **Electronic system developed & utilised**
 - Improved patient information:**
 - Retrieval**
 - Collation**
 - Display**
 - Superior patient list – handover sheet**

Challenges

- **Workflow / safety balance**
- **Hospital size & rostering:**
- **Transition between 2 systems
electronic & paper**
- **Evidence and audit**

Future

- Investigate migrating to wireless PDA
- Encourage remote access facility for
Consultants
- Limit access vs Open access
- Permanency of Data
Handover Sheet or Medical Record