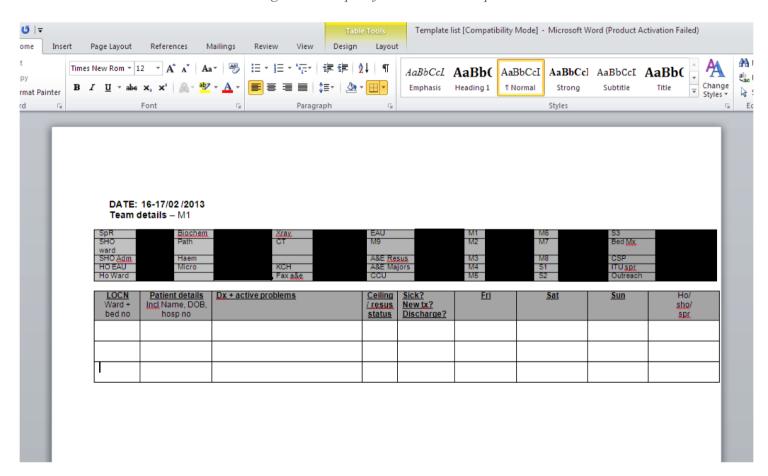
Supplementary information – Handover form designs

Figure 1 Example of old handover template



Supplementary information – baseline measurements

Figure 2 Baseline audit data in General Medicine

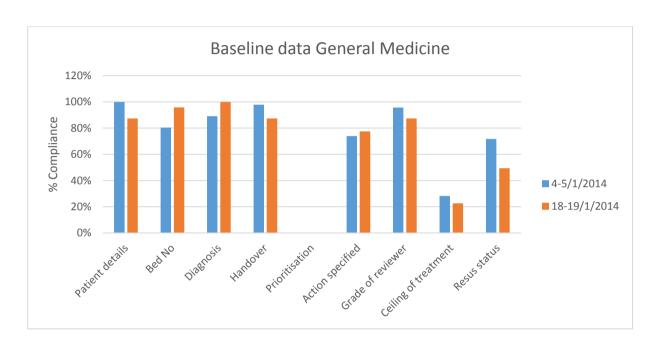


Figure 3 Baseline audit data in Acute Medicine

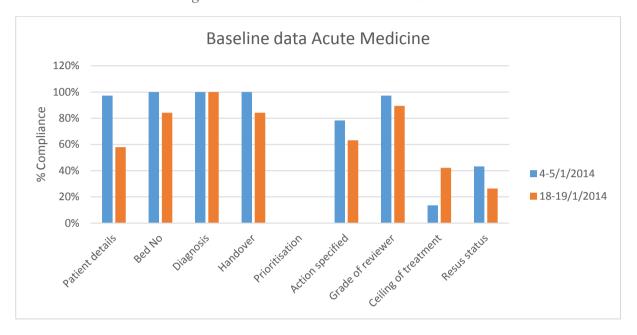


Figure 4 Standardised Handover Template 1.0, introduced by May 2014 on General Medical Wards"

	ME INSERT	PAGE LAYOUT	FORMULAS	DATA REVIEW VIE		Centralized handover system - Excel Easy Document Creator				
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Weekend	Handover for Me	edicine (including o								
Location	Patient details	Background	diagnosisles and active	Treatment escalation and resuscitation status	Saturday	Sunday (tasks)	Grade of reviewer			
Use color	coding as follows	Unstablełrisk regist	Needs clinical re	For discharge						
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Figure 5 Handover Template 2.0 for general wards

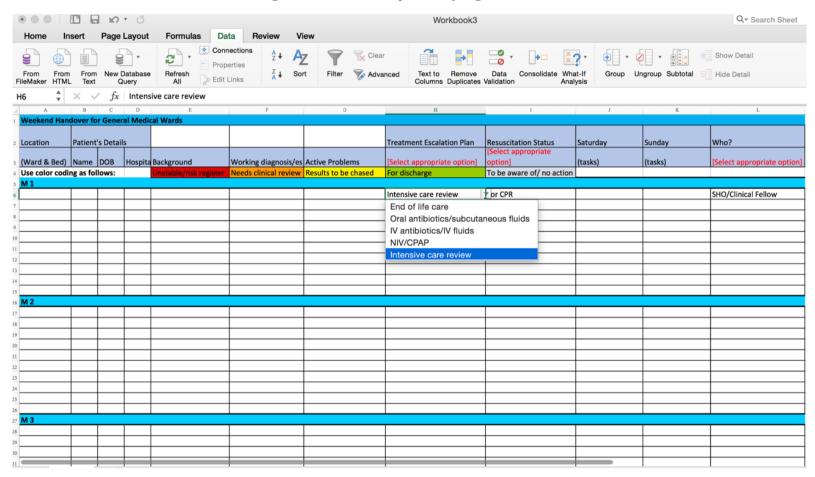


Figure 6 Handover Template 2.0 for AMU

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/eekend	Handover for	EAU/M9/M7												
ocation Ward &	Bed Name	Patient's Details		Background (relevand comorbi		Working diag	gnosis/es only	Active/ongoing Proble	ms Treatment Esca [select appropria		Resuscitation Status [select appropriate option]	Saturday (tasks)	Sunday (tasks)	Who? [Select appropriate option
	coding as follo	ws:		Unstable/risk regist	er	Needs clinical	review	Results to be chased	For discharge		To be aware, no action needed			
						ards' Weeken	d List as patients	get transferred and HANDO		d tasks and si	ick patients.			
ction A	: Risk register (unstable patients	s)										_	1
									NIV/CPAP		Not for CPR (valid DNAR form in p	place)	_	SPR
													+	FY1
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ction B	: Clinical Revie	w needed												
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	Investigation	s' results only to	he chased											
	investigation	s results only to	be chased										T	
ection C														
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Figure 7 Handover Template 3.0 for AMU (example dummy patient handover)

							Weeken	d Handover for E	AU/M9/M7				
		Please UPF	ATE THE LIST	during/at the	end of your shift. A	I SO UPDATE TH	IF GENERAL MEDICA	I Wards' Weeker	nd List as natients get trans	ferred and HANDOVER verball	v anv unfinished tasks a	nd sick patients	
		r icuse or E	AIL IIIL LIOI	auring/at the	**WEEKEND TEA	M: when asked to	CHASE BLOODS/RE	SULTS please d	on't forget to document the	se IN THE PATIENTS NOTES.	y uny unimisiica tasks a	id sick putients.	
Location Patient's Details Packers and IDMAN									Sa	turday		Sunday	
	Location Fatient's Details			Background/PMH		Treatment	Resuscitation	WHAT TO REVIEW OR	SUGGESTED ACTION		SUGGESTED ACTION	Grade of	
Vard	Be d number	Name	DOB	Hospital Nun	х	and ongoing	Escalation Plan	Status	CHASE	REQUIRED	CHASE	REQUIRED	reviewer
						- REALIZABLE	Section A: F	lisk register (unst	able patients)		100000		
						IECOPD +							
						CHEST sepsis.				Repeat ABG to ensure patient			1
						On IV		Not for CPR	Clinical review for any signs	not retaining CO2. Consider	If stable and improving		
						Antibiotics, and			of worsening sepsis and	discussing with iMobile or Spr	on Saturday might not	Weekend team to decide if	SHO/Clinic
И7	12	John Smith	21/12/1922	мададад	COPD, HF, MI	24% Venturi.	NIV/CPAP	in place)	assessment of blood gases	for NIV if CO2 retention.	need repeat review.	further R/w and ABG needed	
	- ''-	OOTHIT OTHIRLIT	21/12/1022	WIDOOOOO	001 0,111 , 1111	2470 Vontain.	1417/01/4	III pidoo)	ussessificiti oi biood guses	TOT TYTY IT COZ TOLOTILIOTI.	need repeat review.	Torther Tow and ABO needed	1 011044
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Figure 8 Handover Template 3.0 for general wards (example dummy patient handover)

**PLEASE READ): if you intend to	MAKE CHAN	GES to this do	cument and you have ope				ds in General Medicine		en it as read only. Otherw	ise you WILL HAVE TO SA	VE UNDER A DIF	FERENT NAME
	Before 4pm on Friday please ensure that all patients you wish to hand over are on the list. You will be asked to clarify some of the tasks/reviews handed over at Handover Meeting.												
Plea	ase prioritise as f	ollows follows:		Unstable/risk register	Needs clinical review								
Location	Pa	Patient's Details				Saturday		St	ınday		PLEASE		
BED NUMBER	Name	DOB	Hospital Number	Background/PMHx	Working diagnoses and Active problems	Treatment Escalation Plan	Resuscitation Status	WHAT TO RW/CHASE	SUGGESTED REQUIRED ACTION	WHAT TO RW/CHASE SUGGESTED REQUIRED ACTION		GRADE OF REVIEWER	SELECT PRIORITY LEVEL
M 1	M1												
12	John Smith	21/12/1922	M99999999	COPD, MI, HF	IECOPD + Chest sepsis. On IV antibiotics and 24% Venturi.	NIV/CPAP	Not for CPR (valid DNAR form in place)	Clinical review for any signs of worsening sepsis and assessment of blood gases.	Repeat ABG to ensure patient not retaining CO2. Consider discussing with iMobile or SPr for NIV if CO2 retention.	If stable and improving on Saturday might not need repeat review	Weekend team to decide if further R/w and ABG needed based on Saturday r/w	SHO/Clinical Fellow	Junior cinical review
M 2													
\vdash													
M 3													
													-
									-	-		-	
M 4													

Supplementary information – run charts

Total number of patients handed over 120 110 100 90 80 70 60 50 40 30 20 10 112 Number of patients 74 67 46 37 General Medicine 19 Acute Medicine 15/11-16/11/2014 Template 3.0 19/7-20/7/2014 Template 2.0 Template 1.(3/5-4/5/2014 4/1-5/1/2014 17/5-18/5/2014 5/7-6/7/2014 1/11-2/11/2014 10/1-11/1/2015 24/1-25/1/2015 18/1-19/1/2014

Figure 9 Total number of patients handed over

Figure 10 Compliance with documentation of patient's location (ward + bed number)

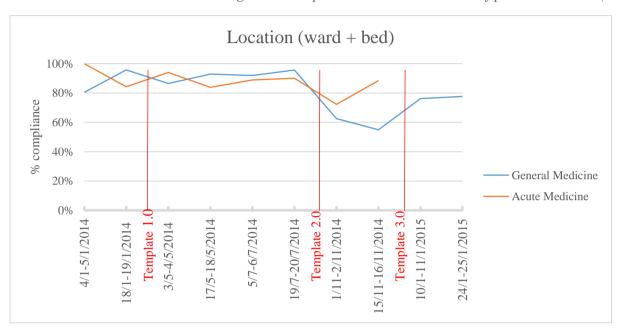


Figure 11 Compliance with documentation of three patient identifiers

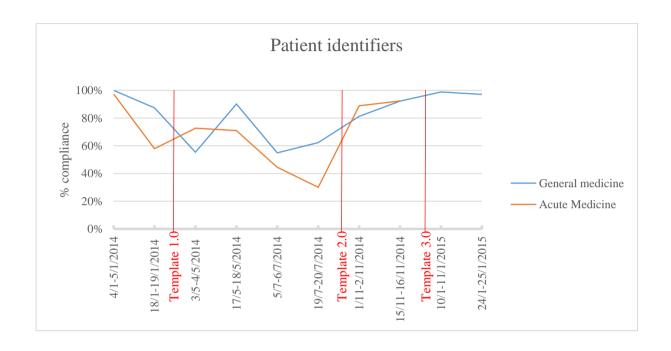


Figure 12 Compliance with documentation of working diagnosis

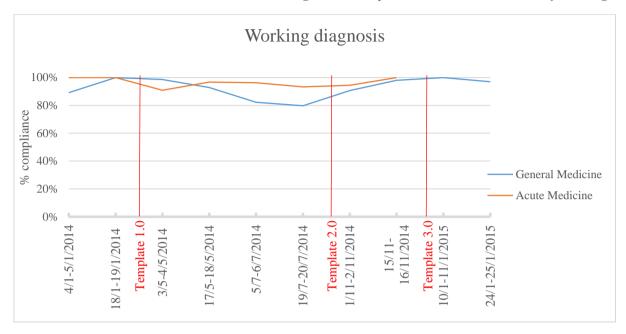


Figure 13 Compliance with documentation of suggested grade of reviewer

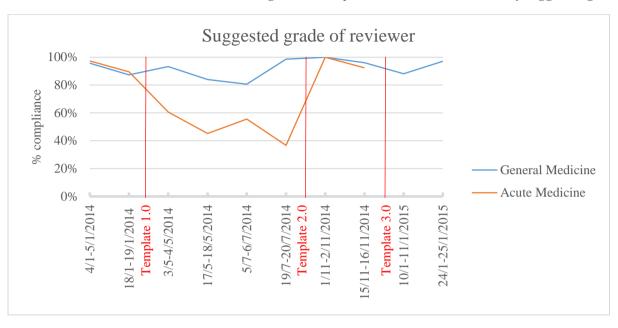


Figure 14 Compliance with documentation of ceiling of therapy

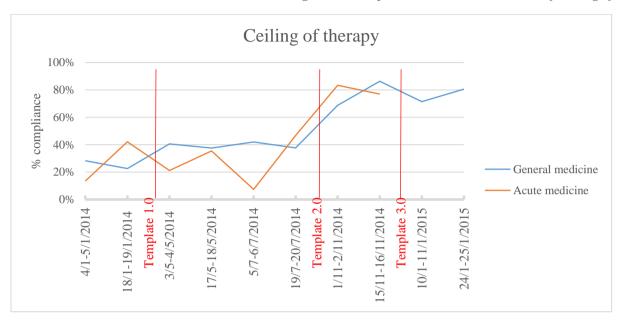


Figure 15 Compliance with documentation of resuscitation status Resuscitation status 100% 80% % compliance General Medicine 20% - Acute Medicine Template 1.0 Template 2.C 1/11-2/11/2014 Template 3.0 10/1-11/1/2015 24/1-25/1/2015 4/1-5/1/2014 19/7-20/7/2014 15/11-16/11/2014 17/5-18/5/2014 18/1-19/1/2014 3/5-4/5/2014

Figure 16 Compliance with documentation of reason for handover Reason for handover 100% % Compliance — General Medicine 20% — Acute Medicine Template 2.C 1/11-2/11/2014 Template 1.(3/5-4/5/2014 19/7-20/7/2014 24/1-25/1/2015 18/1-19/1/2014 17/5-18/5/2014 15/11-16/11/2014

Figure 17 Compliance with documentation of suggested action (what if...?) Suggested action (what if...?) 100% % compliance General Medicine 20% — Acute Medicine Template 1.0 17/5-18/5/2014 5/7-6/7/2014 19/7-20/7/2014 Template 2.0 1/11-2/11/2014 15/11-16/11/2014 Template 3.0 10/1-11/1/2015 24/1-25/1/2015 18/1-19/1/2014 3/5-4/5/2014

Figure 18 Compliance with traffic light prioritisation Traffic light prioritisation 100% % compliance 40% General medicine 20% - Acute Medicine 15/11-16/11/2014 4/1-5/1/2014 19/7-20/7/2014 1/11-2/11/2014 10/1-11/1/2015 24/1-25/1/2015 17/5-18/5/2014 18/1-19/1/2014 3/5-4/5/2014