Supplementary information – Handover form designs

Figure 1 Example of old handover template

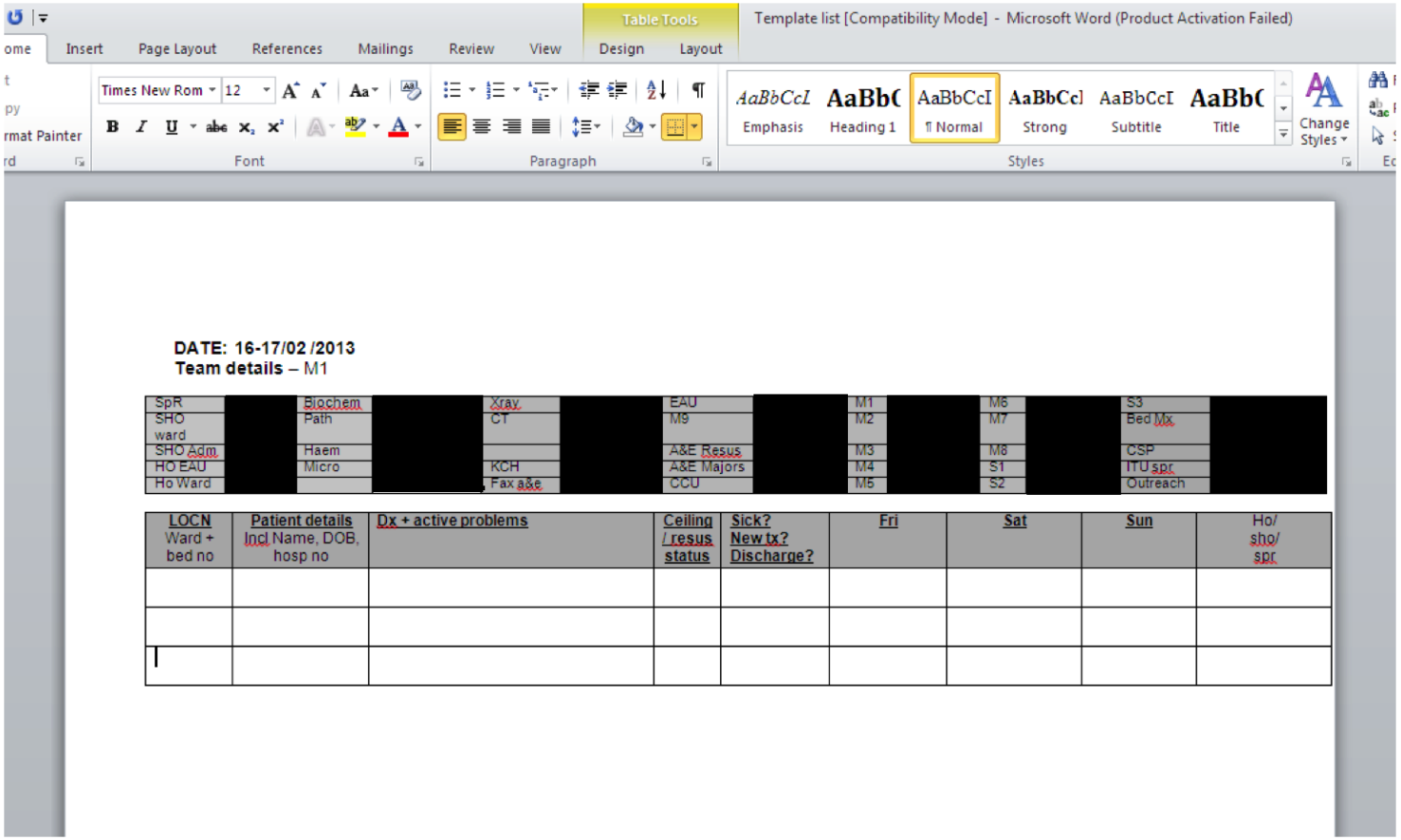

Table Tools — Template list [Compatibility Mode] - Microsoft Word (Product Activation Failed)

ome | Insert | Page Layout | References | Mailings | Review | View | Design | Layout

Times New Rom | 12 — Font — Paragraph — Styles: Emphasis | Heading 1 | ¶ Normal | Strong | Subtitle | Title — Change Styles

DATE: 16-17/02 /2013
Team details – M1

SpR	[redacted]	Biochem	[redacted]	Xray	[redacted]	EAU	[redacted]	M1	[redacted]	M6	[redacted]	S3	[redacted]
SHO ward		Path		CT		M9		M2		M7		Bed Mx	
SHO Adm		Haem				A&E Resus		M3		M8		CSP	
HO EAU		Micro		KCH		A&E Majors		M4		S1		ITU spr	
Ho Ward				Fax a&e		CCU		M5		S2		Outreach	

LOCN Ward + bed no	Patient details Incl Name, DOB, hosp no	Dx + active problems	Ceiling / resus status	Sick? New tx? Discharge?	Fri	Sat	Sun	Ho/ sho/ spr

Supplementary information – baseline measurements

Figure 2 Baseline audit data in General Medicine

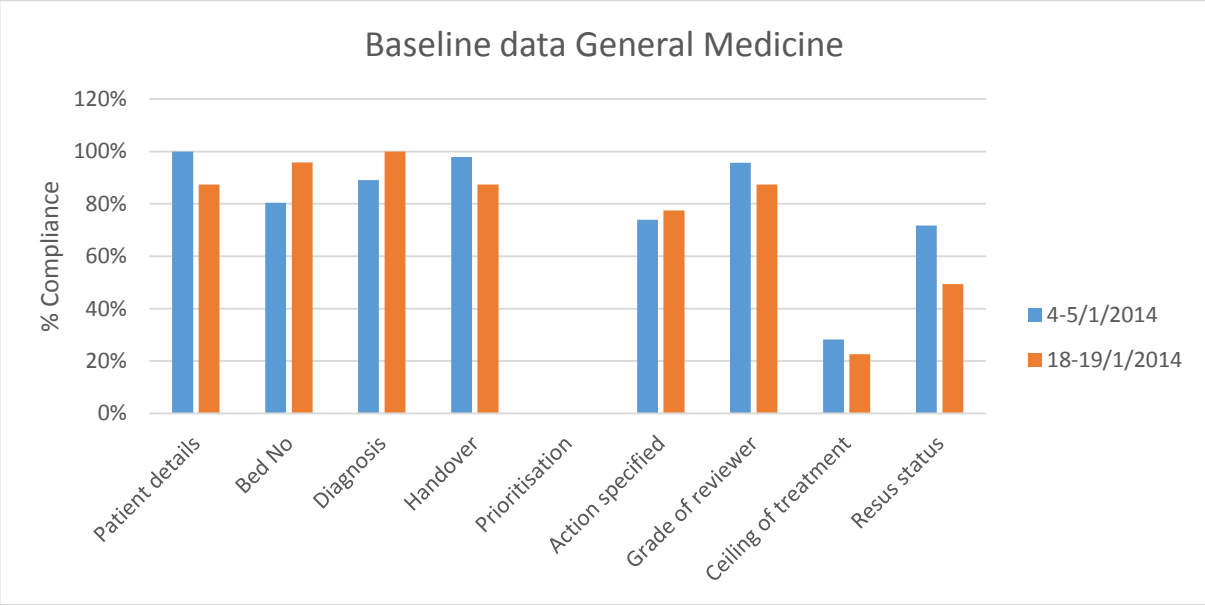

Figure 3 Baseline audit data in Acute Medicine

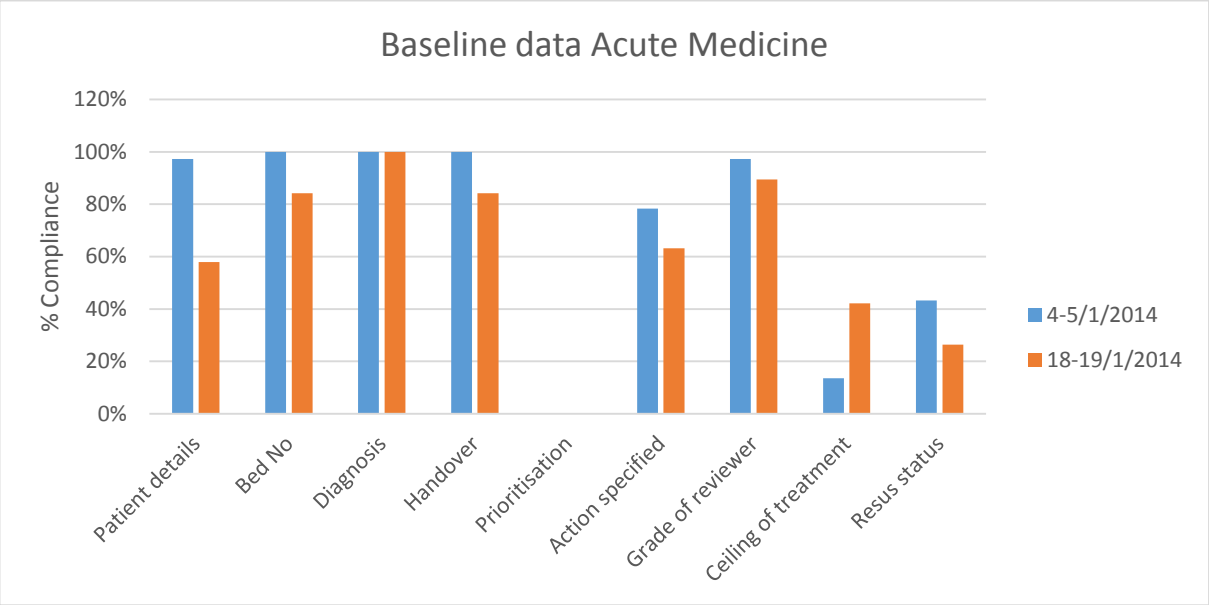

Figure 4 Standardised Handover Template 1.0, introduced by May 2014 on General Medical Wards"

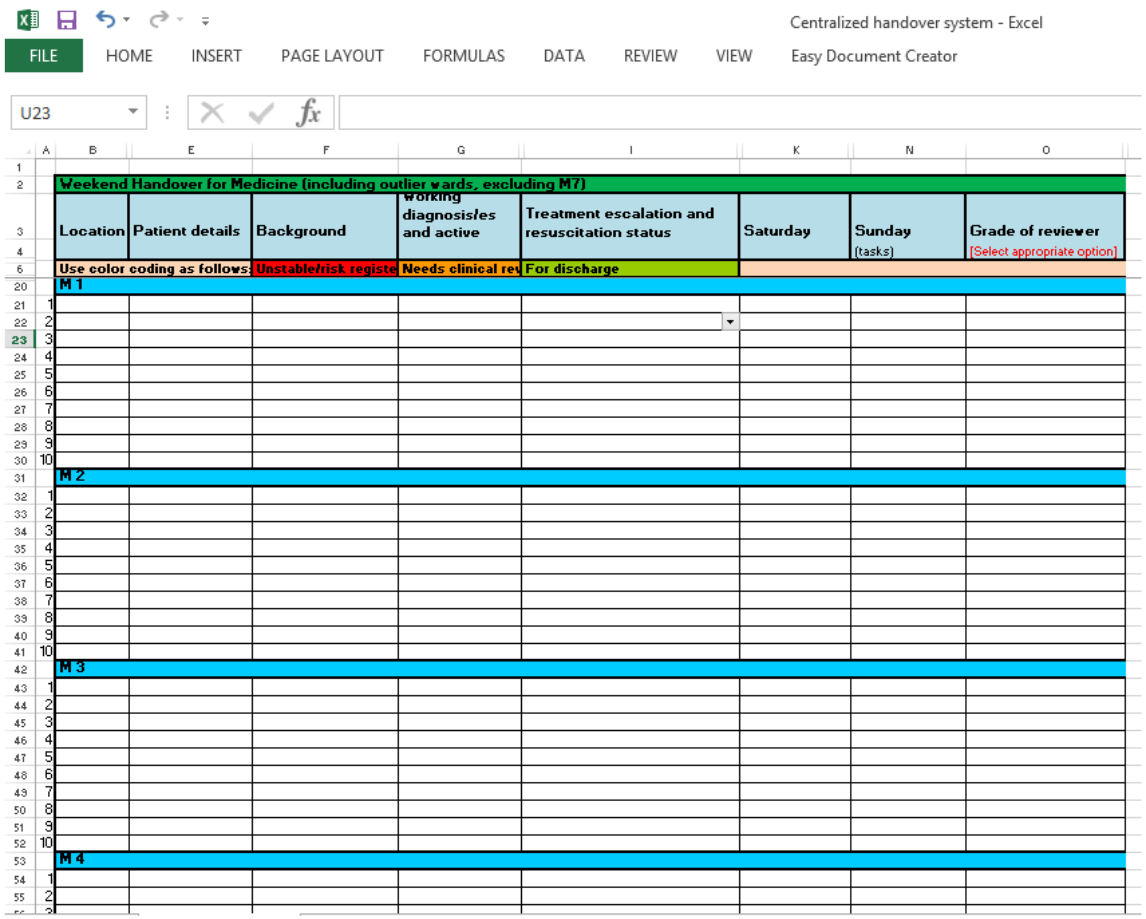

Figure 5 Handover Template 2.0 for general wards

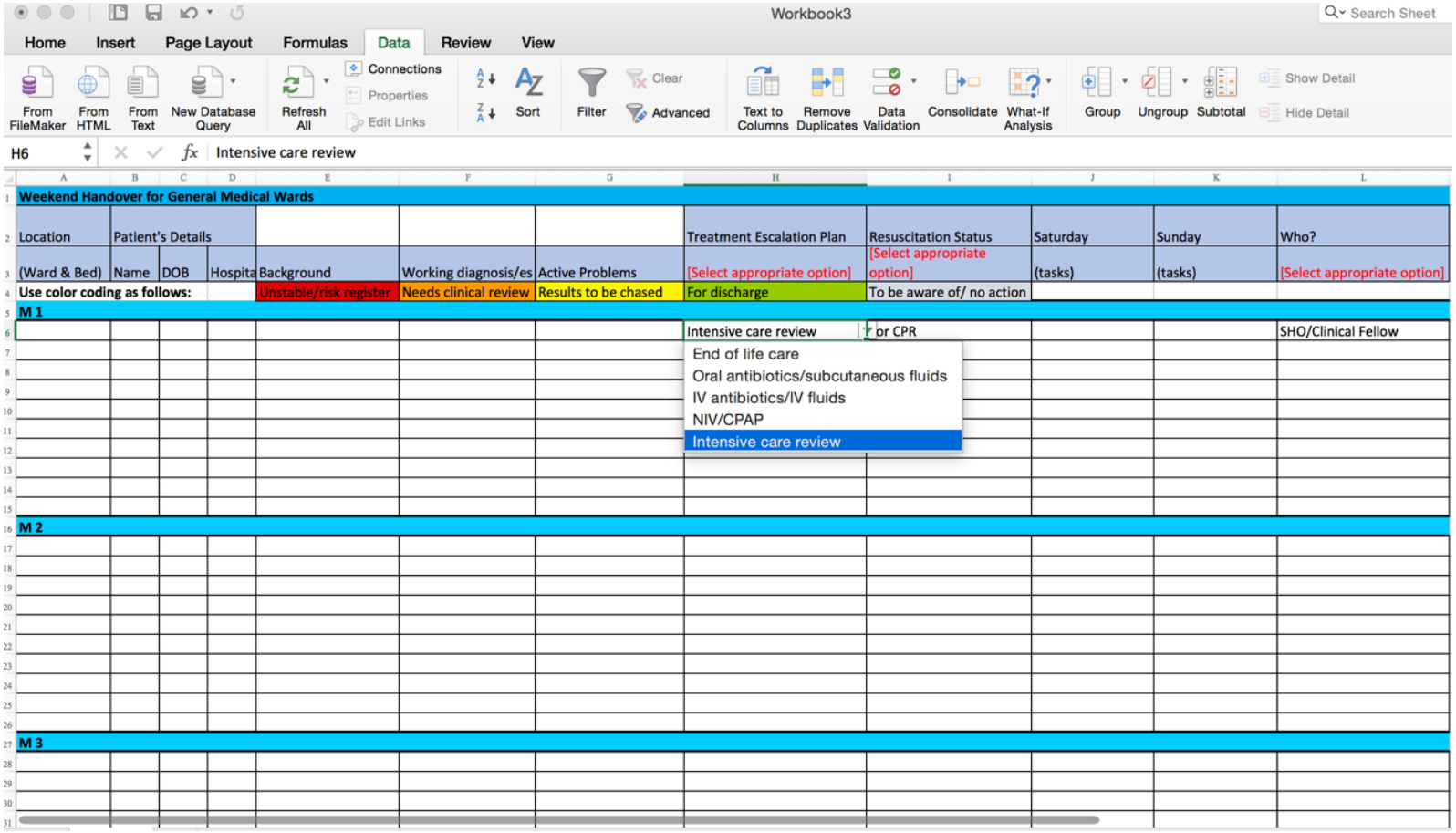

Figure 6 Handover Template 2.0 for AMU

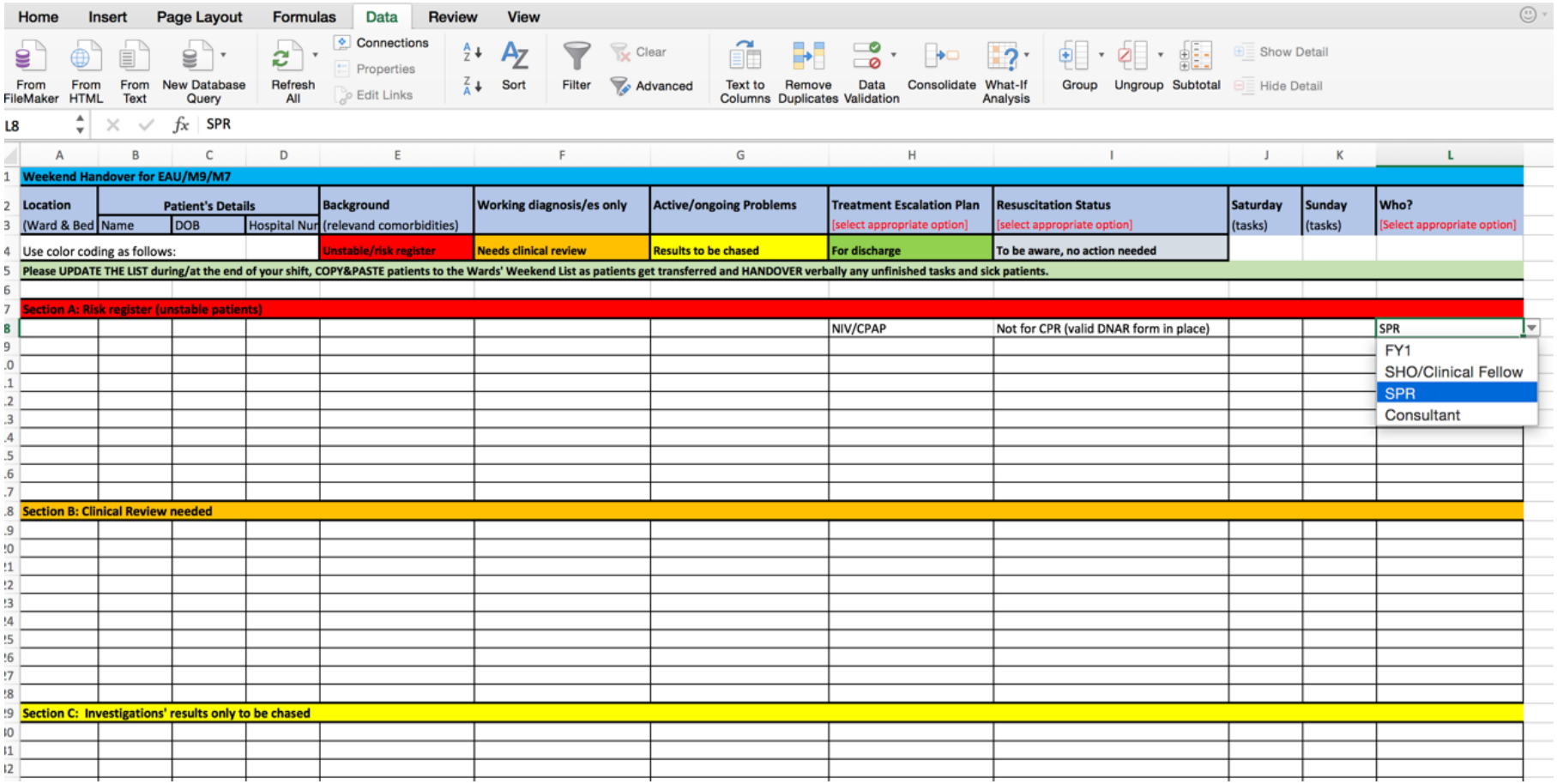

Figure 7 Handover Template 3.0 for AMU (example dummy patient handover)

Weekend Handover for EAU/M9/M7

Please UPDATE THE LIST during/at the end of your shift, ALSO UPDATE THE GENERAL MEDICAL Wards' Weekend List as patients get transferred and HANDOVER verbally any unfinished tasks and sick patients.

****WEEKEND TEAM: when asked to CHASE BLOODS/RESULTS, please don't forget to document these IN THE PATIENTS NOTES.**

Location		Patient's Details			Background/PMHx	Working diagnosis/es and ongoing problems	Treatment Escalation Plan	Resuscitation Status	Saturday		Sunday		
Ward	Be d numbe	Name	DOB	Hospital Nun					WHAT TO REVIEW OR CHASE	SUGGESTED ACTION REQUIRED	WHAT TO REVIEW OR CHASE	SUGGESTED ACTION REQUIRED	Grade of reviewer
Section A: Risk register (unstable patients)													
M7	12	John Smith	21/12/1922	M999999	COPD, HF, MI	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	SHO/Clinical Fellow
Section B: Clinical Review needed													
Section C: Investigations' results only to be chased													
Section D: Potential Discharges													

Figure 8 Handover Template 3.0 for general wards (example dummy patient handover)

Weekend Handover for the following wards in General Medicine:														
**PLEASE READ: if you intend to MAKE CHANGES to this document and you have opened it IN READ ONLY MODE, please close it immediately, re-open and select NO when asked if you wish to open it as read only. Otherwise you WILL HAVE TO SAVE UNDER A DIFFERENT 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.														
Please prioritise as follows follows:				Unstable/risk register	Needs clinical review	For discharge	To be aware of/ no action							
Location	Patient's Details							Saturday		Sunday				
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	PLEASE SELECT PRIORITY LEVEL	
M 1														
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														
M 3														
M 4														

Supplementary information – run charts

Figure 9 Total number of patients handed over

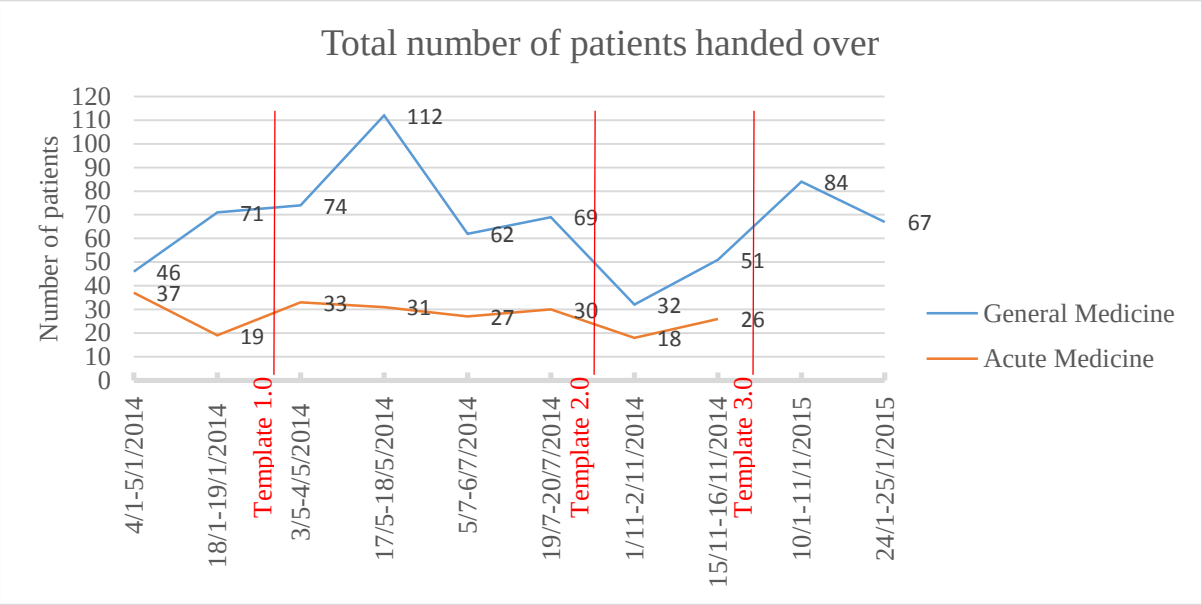

Figure 10 Compliance with documentation of patient's location (ward + bed number)

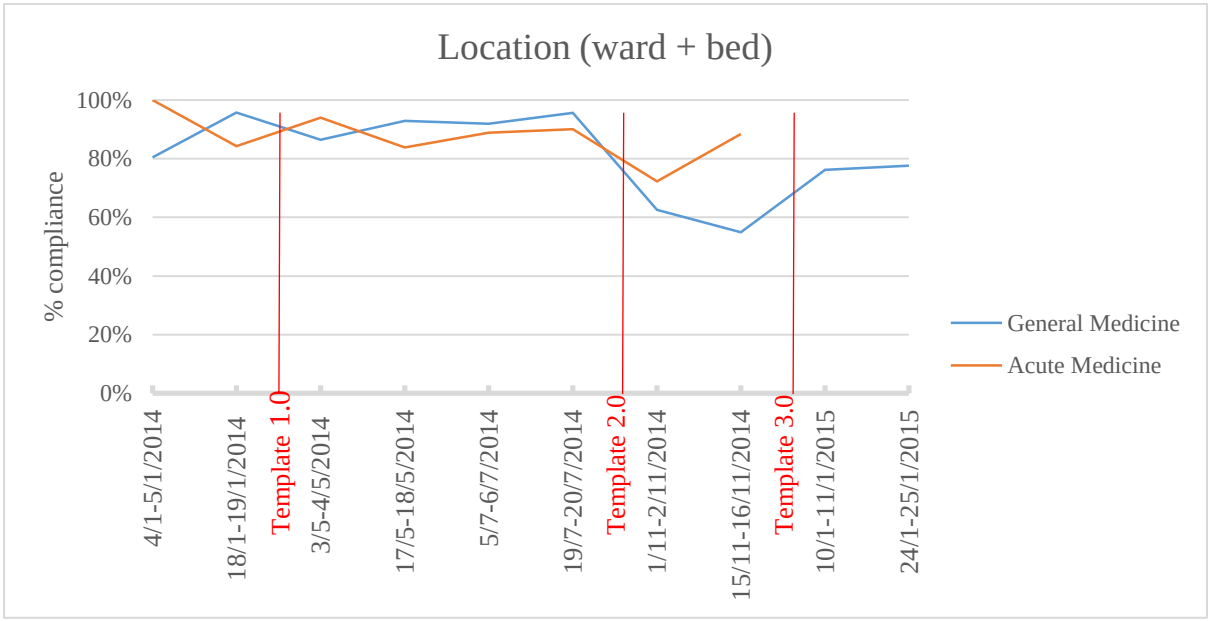

Figure 11 Compliance with documentation of three patient identifiers

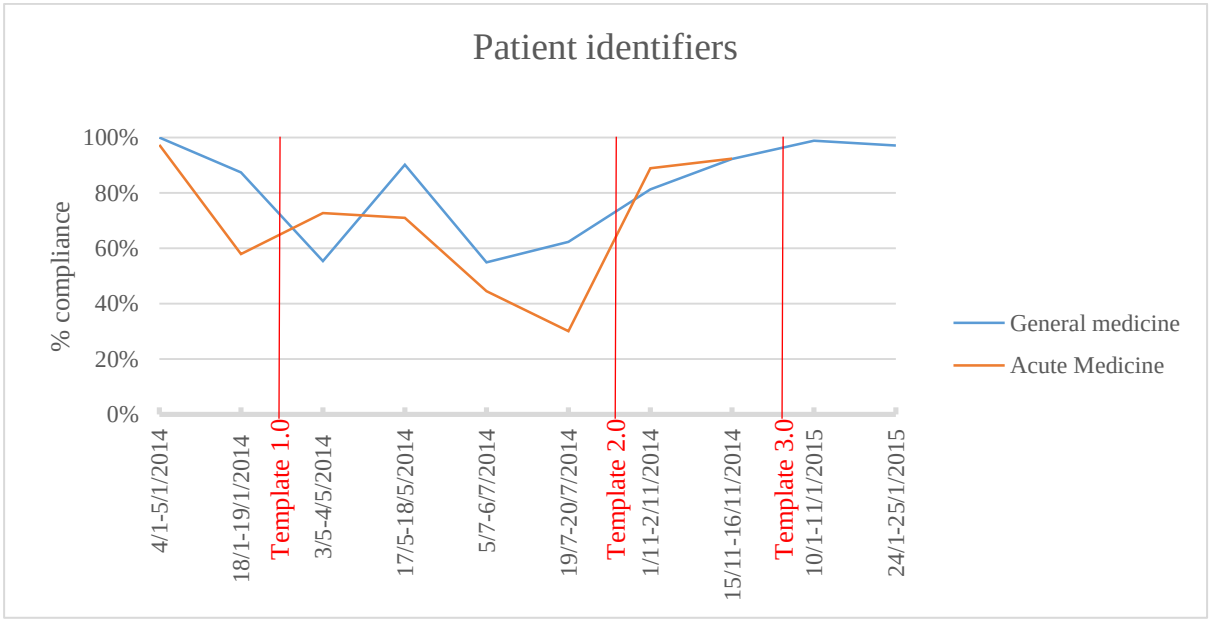

Figure 12 Compliance with documentation of working diagnosis

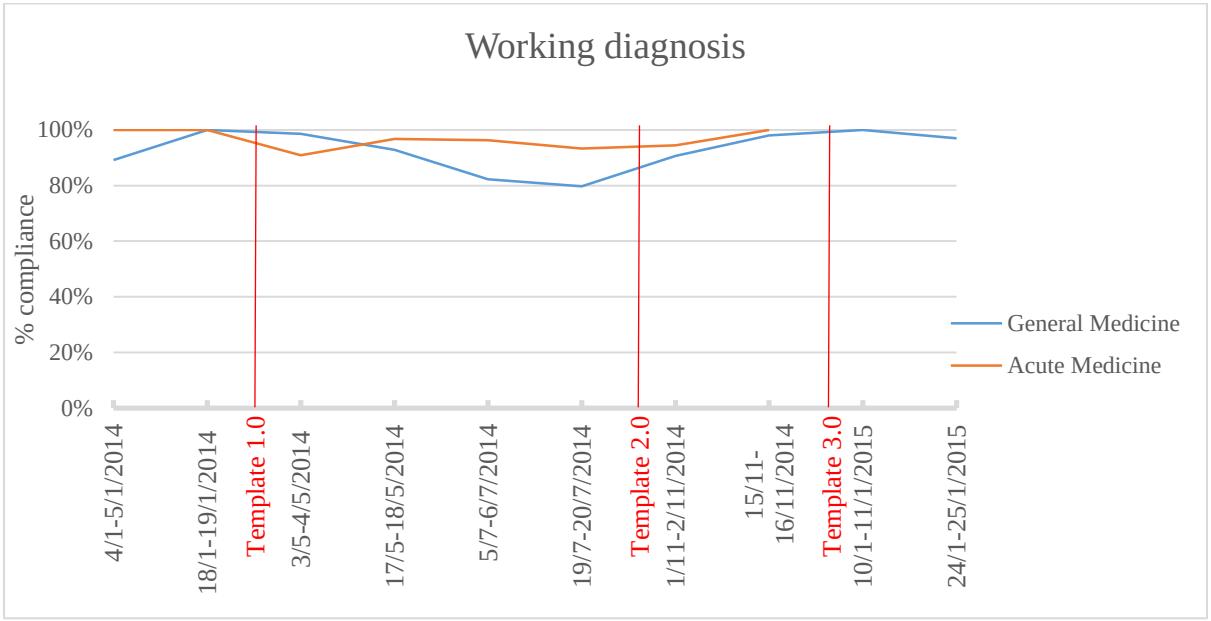

Figure 13 Compliance with documentation of suggested grade of reviewer

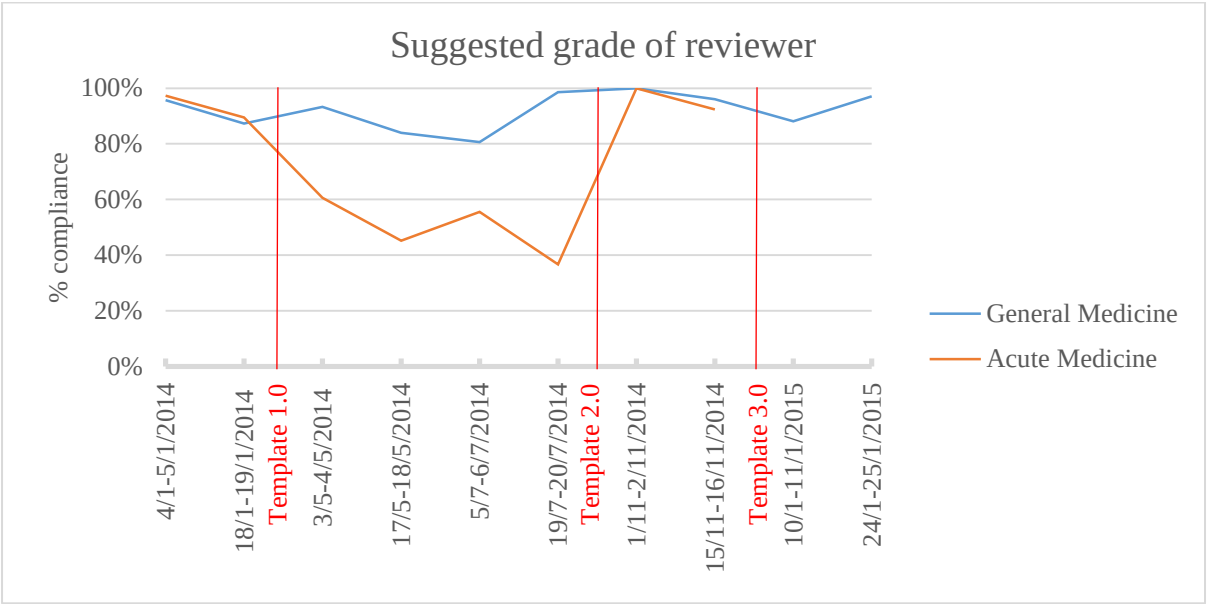

Figure 14 Compliance with documentation of ceiling of therapy

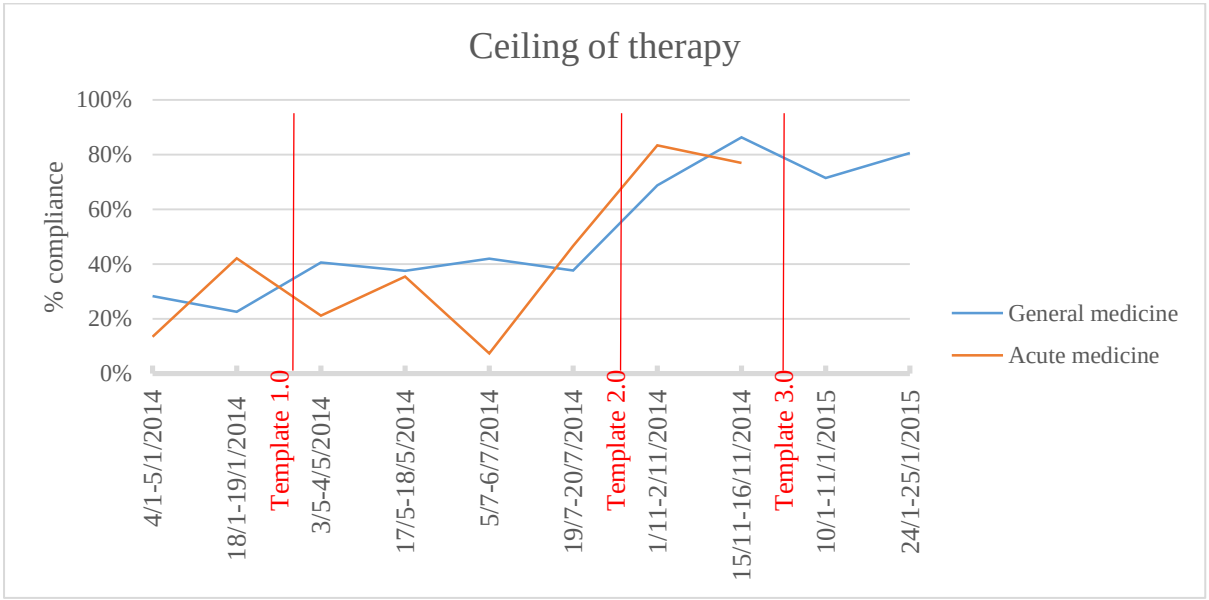

Figure 15 Compliance with documentation of resuscitation status

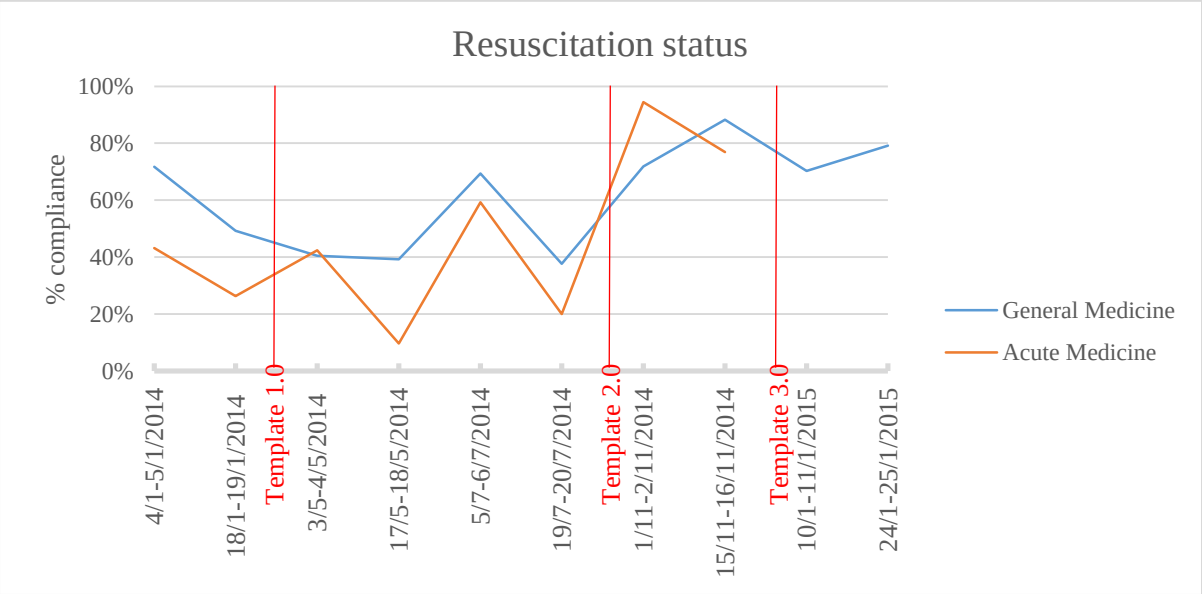

Figure 16 Compliance with documentation of reason for handover

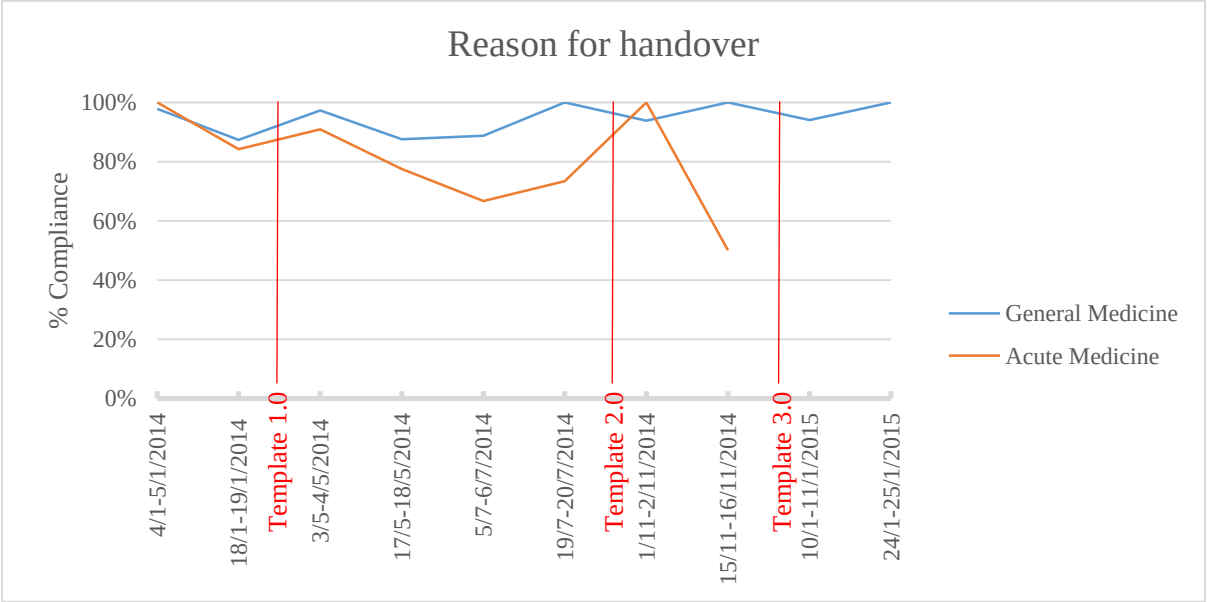

Figure 17 Compliance with documentation of suggested action (what if…?)

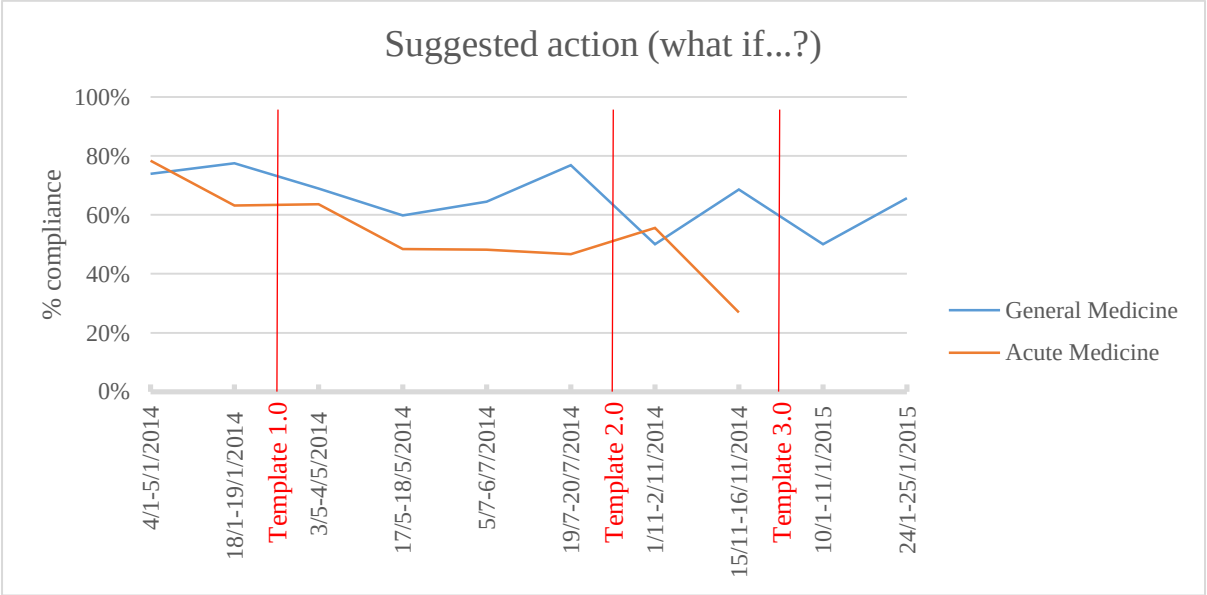
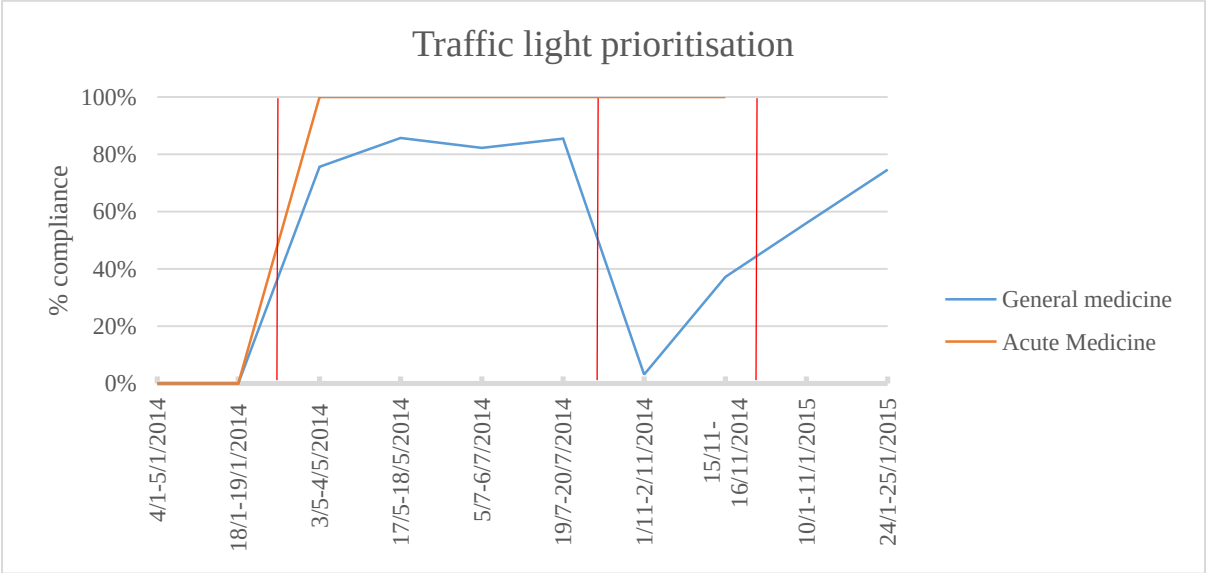
Figure 18 Compliance with traffic light prioritisation