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The Pandemic Electronic Handover: Collaboration, Leadership and Teaching: NCHDs' Perspective

A. Dhannoon, M. Alkhattab, C.G. Collins

Department of Surgery, University Hospital Galway, Galway, Ireland.

Dear Editor,

Since the start of COVID-19 pandemic, we have been faced by multiple unprecedented challenges in medicine. With the goal of reducing the spread of the virus, only limited numbers of doctors were allowed in clinical areas. This hindered interaction and clinical case discussions among different teams. It was imperative to design an electronically facilitated handover system to allow daily discussion of acute clinical cases.

The general surgery on-call team included a consultant, registrar and two senior house officers (SHOs). The on-call duties lasted for 24 hours (7:00-7:00 AM). An electronic capture tool was used. It was secured by login emails and information editing was monitored. Full audit of the data was maintained with data entry being performed by the day SHO and the night SHO who remained in house throughout the night. The two SHOs compiled the details of patients admitted during a full 24- hour call period into a standardised template. The template included patient's name and demographics, type of presentation (emergency vs elective), reason for admission, history of presenting complaint, background information, investigations, and management plan. A handover sheet was then emailed to all surgical consultants before the commencement of the next day. A virtual verbal handover was then performed by the on-call registrar by a video conference at 7:30 AM based on the handover sheet. This was led by the Professor of Surgery joined by other consultants from different sub-specialities including Upper Gastrointestinal, Hepatobiliary, Colorectal and Breast surgery. The conference was also attended by other Non-consultant Healthcare Hospital Doctors (NCHDs) and ran over 30 minutes depending on the number of patients.

While the electronic handover was not a new practice[1], it proved to be an essential adaptable strategy for the pandemic. It helped consultants and team members to be aware if one of their patients was admitted overnight and allowed prompt patient takeover and management. The system was a tool for exchanging expert opinion and discussing difficult cases admitted under the care of the surgical teams. It was also a visual teaching tool with immediate advice on patient management in the critical settings based on many years of general and subspecialised clinical expertise.

On the other hand, this system created a platform for the NCHDs to demonstrate their creditability and accountability while reflecting consultant's leadership and commitment to their patients and colleagues. It also allowed some interaction during a time of significant social isolation.

Being cheap, user-friendly, and consistent made it an excellent way for transforming patient's information between doctors efficiently, reducing errors associated with illegible handwritten notes, wrong patients' location or patients being omitted from the list. Moreover, the handover template was consistent with the Royal College of Surgeon of England guidelines to minimise working times by maintaining a minimum high-quality information in the handover that allows safe and efficient transfer of patient responsibilities between teams and reduces workload.[2]

This combination of an electronic capture and video conferencing tools can improve patient care, surgical education and teamwork for a surgical department, even during a pandemic.

Corresponding Author:
A. Dhannoon
Department of Surgery,
University Hospital Galway,
Galway,
Ireland.
E-Mail: amenahdhannoon@rcsi.ie

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