Bradford Teaching Hospitals NHS
NHS Foundation Trust

Title: Handover of Care - Medical staff

Authors: Janet Wright

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Women's Service Handover (Medical Staff)

This document aims to set out the approach to be taken in the Women's Service to handover between shifts and the approach to escalating concerns about individual women when either the first on-call or second on-call doctor are not immediately available.

Morning Handover

Gynaecology

For Gynaecology the first and second on call (latter for weekdays only) doctors alongside a consultant,are designated to perform the morning ward-round of all gynaecology patients. There will be a handover on the gynaecology ward from the night first on-call for gynaecology to the daytime first on-call and the registrar on call for gynaecology and gynae consultant doing the ward round at 8.00 am. This will include specific handover of all patients. The handover document will be a pro-forma with the names and details of all patients on the ward in conjunction with the SAFER ward round board.

All gynaecology patients will be seen on the ward round.

Subsequentlyif there are concerns about any individual woman on the gynaecology ward the duty registrar will speak to the consultant who is responsible for that woman. However, if the consultant is not available either because of leave or absence they will speak with the consultant on-call for gynaecology. Any concerns about acute admissions will be discussed with the gynaecology on-call consultant.

Maternity Unit

Each morning the daytime consultant, registrar and first on call doctor on for the labour ward alongside anaesthetic staff will take handover at 8.00 am from the MDT handover of midwifery staff,night registrar and night first on call. The handover will occur on the Labour Ward. The subsequent labour ward consultant round will include the anaesthetic doctors and senior midwife coordinator. All patients on Labour Ward will be discussed during this MDT ward round and all high risk women (usually all women on the Labour Ward) will be seen. A record will be made in the health record as to the plan of management.

The Labour ward consultant will be updated by the obstetric registrars reviewing the ward antenatal inpatients or postnatal concerns following their morning 8am ward.

The handover will also cover any new admissions or problems that have arisen on obstetric ward inpatients overnight

Evening Handover

At 5 pm on weekdays the gynaecology registrar will discuss with the on-call consultant any new admissions during the day. They will discuss any patients about whom there has been concern during the day.

At 5pm on weekdays the obstetric ward doctor will handover to the obstetric registrar and consultant details of the ward patients including any new antenatal admissions to the wards.

A note will be made in the gynaecology or obstetric records of consultant discussion for all patients admitted since the morning ward rounds and the agreed initial management plan discussed with the consultant.

Each evening at 8pm the consultant, registrar and first on call doctor on for the labour ward alongside anaesthetic staff will join the night staff for MDT handover (midwifery staff,night registrar and night first on call). The handover will occur on the Labour Ward The handover will also cover any new admissions or problems that have arisen on obstetric ward inpatients during the day.The

subsequent labour ward consultant round will include the anaesthetic doctors and senior midwife coordinator.-All patients on Labour Ward will be discussed during this MDT ward round and all high risk women (usually all women on the Labour Ward) will be seen. A record will be made in the health record as to the plan of management.

Between 8pm and 8:30pm there will be a handover of other ward patients from the daytime on-call O&G doctors to the duty consultant, night registrar and night first on call doctors for obstetrics and gynaecology. This will take place on the labour ward. Details of all gynaecology patients and relevant patients on the antenatal and postnatal wards will be provided on the ward handover sheets. A note will be made in the gynaecology or obstetric records of consultant discussion for all patients admitted since the morning ward rounds and the agreed initial management plan discussed with the consultant

Escalation of Concerns

Women on the gynaecology ward have most immediate access to the first on-call doctor. The night registrar may be busy on the labour ward. If the first on-call doctor is called to a woman on the gynaecology ward more than once then they must discuss that with the on-call registrar. It will be usual for the on-call registrar to attend to personally review that woman. If they are concerned about activity on the labour ward they would need to discuss with the labour ward consultant whether the labour ward consultant will need to attend to release them to go to the gynaecology ward or whether they would need to call in the gynaecology consultant (if different) if the labour ward was too busy to be left.

If the gynaecology nursing staff are concerned that there has been more than one review by the first on-call doctor and there has not been senior review by a registrar or a consultant they should call the consultant on-call for gynaecology to arrange review.

Similar escalation by midwives would be expected for escalation of obstetric concerns e.g. if registrar busy, LW co-ordinator should be called and case escalated to consultant on call.

Daytime Gynaecology Consultant Cover

It will be usual for the gynaecologist on-call to be in the hospital on a day when they are on-call. If they have to be outside of the hospital then the on-call consultant should be within 30 minutes travelling time of the Bradford site. If not then they should ensure that cover can be provided by an on site consultant

If an emergency arises on the gynaecology service during the day this should be discussed with the on-call consultant for gynaecology. If urgent attendance is required and they are committed to an operating list or clinic then a discussion should take place with the labour ward consultant as to whether they may be free to assist with the gynaecology case. If the labour ward consultant is not free to assist, then either the consultant on-call for gynaecology will have to halt their scheduled clinical work to deal with the emergency or advice and assistance from another consultant present on site will have to be sought. This will be determined by the gynaecology on-call consultant.

Also see:
Handover of Care
Roles and Responsibilities.