Bradford Teaching Hospitals NHS
NHS Foundation Trust

Title: Handover of care

Authors: Susan Rooney

Approved by:
LWF 25.9.14
Core group 12.6.21

Review date: 12.6.2021

Version: 2

If applicable, list any links to other guidelines you feel appropriate. Remember to view this link to establish continuity of guidance.	• Booking Guideline • Post Anaesthetic Recovery Guidelines • Roles and Responsibilities of midwifery & medical staff on D/S • Record Keeping • Transfer of Women – Care Settings • Care in Labour

1. Introduction

Effective communication is recognised as central to promoting patient safety and reducing the number of serious clinical incidents. 'Handovers' between professionals, particularly at shift changes, are a critical time when Information can be lost

Communication between all staff at all levels is essential in the provision of a high quality service to the women and their families who use our services.

2. SBAR Reporting

The use of the SBAR communication tool is to facilitate an effective handover of care following a consistant format. Staff are encouraged to adopt the SBAR tool and this must be reflected in their documentation when acknowledging the giving and receiving of information during the handover of care. .

The SBAR tool can be used for:-

- Shift handovers/ward rounds
- Patient handovers between healthcare professionals
- When requesting patient transfer to another clinical area
- When a woman or a baby is transferred to another clinical area
- Any escalation of clinical concern.

S Situation

- What is happening at the present time? If making a call to another health professional. Give your name and location. Who you are calling about. Give a summary of the problem.

B Background

- Information - previous history. State the admission diagnosis, relevant history and summary of treatment.

A Assessment

- Most recent observations, any changes from recent assessment. Request review
  For Example:
  MEWS B/P PULSE RESPS TEMPERATURE
  OXYGEN SATURATION
  ANY CHANGES FROM PRIOR ASSESSMENTS SUCH AS:
  Mental status Respiratory rate skin colour pulse B/P Pain
  Neuro changes Urine output Wound drainage
  (list is not exhaustive)

R Recommendations

- Plan of care. Any actions required, change of management plan.
- Document any change in condition, progress and who notified. Request review.

- Document any calls made and to whom they were made.
- State what you need to be done. i.e Transfer the patient, Review the patient immediately, Get Consultant review
- Any actions needed i.e further investigations

Document any change in condition and the notification to whom – date, time and sign.

Documentation at Handover

Midwives

At handover all midwifery staff on taking over care of a woman must document in the relevant part of the electronic maternal records using the SBAR tool.

Medical Staff

At the next ward round following a medical staff changeover the lead clinician will document in the electronic maternity records using the SBAR tool.

Verbal Communication

Before calling/handing over.

1. Assess the woman/baby

2. Collate the relevant clinical information

3. Ensure complete care records/documentation are available.

3. Responsibilities of staff undertaking the transfer process

(i) Antenatal Area to Labour Ward

Using the method described above. The handover of care should reflect the woman's individual care needs. It is essential to document handover of care within the woman's records .

(ii) Labour Ward to the Post Natal area.

Once the condition of the mother and baby are deemed stable and suitable for transfer to the postnatal ward. A bed should be booked verbally over the telephone with the relevant ward.

The mother and baby should be transferred to the ward by a suitably trained member of staff with a porter to assist.

Full clinical details should be relayed to the ward midwife verbally and or in writing using the SBAR tool which will highlight any problems, complications or ongoing care requirements. Handover should be documented in the maternal care plan

The transfer of care and baby identification check should be signed, dated and timed in the midwifery care-plan by both members of staff involved in the transfer.

(iii) Internal transfer

Where a mother and baby are warded at different times or transferred within departments all of the above should be followed. However, additional documentation should be made within the electronic record confirming the above handover process and that checks have been completed including the signature of both staff.

Handover of care between shift changes should follow the same pattern i.e midwife to midwife, using the SBAR communication tool.

(iv) Handover at shift change

Medical Staff

On labour ward medical handover occurs at the time of each consultant ward round. This should be attended by both the arriving SHO's and Registrars. The Registrars carry a baton bleep 980 for Obstetrics/Gynaecology and for SHO Gynaecology 406.. If handover occurs in between consultant ward rounds a personal handover should occur between registrars and also a handover should occur between the registrar and the labour ward coordinator.

The names of the SHO, Registrar and Consultants designated to cover labour ward will be displayed on the L/W white board, together with their pager or mobile numbers.

The SBAR method of reporting should be used at each verbal handover.

Ward rounds should be documented in the woman's records using the SBAR tool.

Midwifery Staff

An inpatient template is used on the wards as part of the formal handover from midwife to midwife, this is updated later in the shift.

SBAR communication tool is used to handover patient care.

(v) Handover of 'sick' women or high risk women where concerns have been raised.

Where concerns have been raised regarding a woman's condition direct verbal or written communication must be relayed to the registrar on duty and a plan of care put in place. This must be communicated to the relevant staff by the registrar i.e. consultant on duty, the ward manager, L/W coordinator, named midwife and duty SHO's. If there is handover to a locum at either level then it must be ensured they are aware of the bleep system, the geography of the unit and the guidelines

The majority of women with serious illness will have guidance in the condition specific guidelines, for example severe pre-eclampsia, haemorrhage.

(vi) HDU/ICU

High dependency care is usually provided in room 5 on labour ward. If a woman requires care of this type the obstetric registrar, consultant obstetrician, anaesthetic registrar and anaesthetic consultant should all be involved in the decision making process.

In the event that more **formal** HDU/ICU care is required, senior medical staff must be involved in the decision making process. If a woman requires transfer to ICU/HDU she will need to be assessed by a consultant obstetrician and a consultant anaesthetist. They will determine the appropriateness of the transfer and liaise with the HDU/ICU staff.

The equipment and staff accompanying the woman will be determined on an individual assessment by the consultant staff. At the very least transfer to HDU/ICU should require an anaesthetist and midwife to accompany the woman. The need for an ODP will depend on whether the woman is ventilated.

When transfer occurs there should be all appropriate documentation and case notes available to travel with the woman, and the results of the appropriate investigations carried out. Handover will be verbal or written or an electronic print out available; when required using the SBAR tool.

A telephone call should be made before transfer to ensure that the receiving unit is ready and prepared for the woman's arrival.

Documentation Requirements

All staff involved in the care/transfer of the woman must ensure the communication both written and verbal follows the SBAR reporting system as described above.

Handover of care or transfer of a mother and baby in any care setting requires effective communication of information. If the situation warrants verbal communication then this should be documented as soon as practicably possible in the case notes.

Link to record keeping guideline

	Monitoring Process
Process for monitoring (e.g. audit)	Audit
Responsible individual / group committee	CGCG
Frequency of monitoring	3 years unless indicated
Responsible individual / group committee for review of results	CGCG
Responsible individual / group committee for monitoring action plan	CGCG
Where and When action plan discussion	90% audit compliance CG newsletter with action points 75% audit compliance CG presentation action plan required
Time scale for implementation of action plan (Date)	Dependant on audit results

References

CNST Risk Management Standards 2013/14 4.8

SBAR Reporting Tool