



DEDER GENERAL HOSPITAL

SENIOR PHYSICIAN HANDOVER

PROTOCOL

PREPARED BY: HSQU

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Deder, Eastern Ethiopia

SMT APPROVAL SHEET

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1. Introduction

Effective patient care in **Gynecology & Obstetrics** and **Surgery** departments depends on continuous, coordinated management. Senior physicians often work in shifts or rotate duties, making **handover** an essential safety process. Poor communication during handover is a leading cause of medical errors, delayed interventions, and adverse outcomes, especially in surgical and obstetric emergencies.

This protocol establishes a **structured, standardized method** for transferring clinical responsibility between senior physicians, ensuring that critical patient information is communicated accurately, completely, and in a timely manner. It supports **continuity of care**, strengthens teamwork, and aligns with **Deder General Hospital's commitment to patient safety and quality service delivery**.

2. Purpose

To ensure safe, accurate, and efficient transfer of patient care **responsibility** between senior physicians in **Gynecology & Obstetrics** and **Surgery** departments, reducing clinical risks and improving continuity of care.

3. Scope

Applies to:

- Senior physicians (consultants, specialists, senior medical officers) in Gyn/Obs and Surgery.
- Any formal change of primary physician responsibility, including shift changes, weekend coverage, and leave/rotation transitions.

4. Objectives

- Standardize handover process in Gyn/Obs and Surgery.
- Improve continuity of perioperative and obstetric care.
- Ensure all relevant patient details are communicated effectively.
- Maintain a documented record for quality and medico-legal purposes.

5. Definitions

- **Senior Physician:** Consultant, specialist, or senior medical officer responsible for surgical or obstetric/gynecological patients.
- **Handover:** Transfer of clinical responsibility and accountability from one senior physician to another.

6. Timing of Handover

- **Routine:** At designated departmental handover times (e.g., morning 8:00 AM, evening 5:00 PM).
- **Planned leave/rotation:** At least 24 hours before departure.
- **Emergency/unplanned:** Immediate briefing (verbal and written).

7. Handover Process Flow

1. Preparation

- Review updated patient list, surgical/obstetric theatre schedule, post-op notes, and nursing charts.
- Ensure all investigations and critical results are reviewed and documented.
- Identify high-risk patients (e.g., unstable post-op, high-risk pregnancy, complicated labour).

2. Verbal Handover Meeting

- Conduct face-to-face whenever possible.
- Use **SBAR:**
 - ❖ **Situation** – Patient identifiers, diagnosis, procedure/delivery details.
 - ❖ **Background** – Medical history, operative findings, obstetric history.
 - ❖ **Assessment** – Current status, post-op/post-delivery recovery, vital trends.
 - ❖ **Recommendations** – Ongoing management, pending labs/imaging, next review time.

3. Written/Digital Summary

- Complete the **Senior Physician Handover Form** (Annex 1).
- **Include:**
 - ❖ Patient identifiers
 - ❖ Surgical/obstetric procedure date and type
 - ❖ Current treatment and progress
 - ❖ Post-op day or postpartum day
 - ❖ Pending actions and anticipated complications

4. Critical Case Bedside Handover

 Mandatory for:

- ❖ Post-op ICU/HDU patients
- ❖ Women in active labour with complications
- ❖ Unstable post Cesarean or post-major surgery patients

5. Confirmation

 Receiving physician repeats key points to confirm understanding.
 Both sign/date the handover record.

7. Responsibilities

-  **Outgoing Senior Physician:** Ensure accuracy, completeness, and clarity of all information.
-  **Incoming Senior Physician:** Ask clarifying questions and verify critical details before assuming responsibility.
-  **Department Head:** Monitor compliance and review handover documentation monthly.

8. Special Considerations

Gynecology & Obstetrics:

-  Include parity, gestational age, labour progress, complications, fetal monitoring findings, and operative delivery details.
-  For postpartum patients: bleeding status, uterine tone, infection risk.

Surgery:

- ☒ Include procedure performed, intraoperative findings, drains/tubes present, wound status, pain management, anticoagulation status, and diet progression.

9. Documentation

- ☒ All handovers documented using the **Senior Physician Handover Form** (Annex 1).
- ☒ Keep records in the ward handover file for at least 30 days.

10. Monitoring & Audit

- ☒ Monthly random audit of at least 5 handovers per department for completeness and accuracy.
- ☒ Feedback to physicians for improvement.

Annex 1 – Senior Physician Handover Form (Template)

Patient Name	M R N	Age /Sex	Diagnoses	Surgery /Delivery Details	Post - op/ PPD #	Current Status	Treatment & Response	Pending Actions	Anticipated Issues	Recommendations	Outgoing Physician Signature/Date	Incoming Physician Signature/Date

11. References

1. WHO – *Communication During Patient Handovers* (2007)
2. Royal College of Surgeons – *Safe Handover: Guidance from Working Time Directive*
3. Ethiopian FMoH – *Hospital Governance Manual* (2021)