Electronic Record for Continuity of Patient Care: A use case for Doctor's handovers, in a tertiary maternity

Version 1

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ABSTRACT

Background:
The importance of effective communication for patient safety is critical when it comes to the practice of Doctor's handovers. Effective handovers are vital to patient safety and continuity of care, and this is Electronic handover provides better continuity of care than paper-based handover, and redistribution of tasks during working hours would benefit night staff.

Objective:
To present the protocol used for the analysis of the quality of information registered in the medical document used in the transference of care sessions between doctors shifts.

Methods:
This study is a clinical trial, controlled before-and-after in which observations were made before and after the implementation of an intervention, both in a group that receives the intervention. Handover session of physicians in the MATERNITY OF Hospital das Clínicas of the Universidade Federal de Minas Gerais, Brazil, randomly selected for monitoring. Eighteen before intervention and 18 after the intervention.

Results:
It is expected with the application of the protocols and the progress of the research that we can evaluate and infer about the use of a computerized tool to carry out the shift, improve the quality of information, length of the transfer, traceability, and audit, and especially safety and quality in patient care.

Trial Registration:

WHO: U1111-1211-4177

POP_SESSÃO_PP_EN.pdf TCLE HANDOFFS - EN.pdf

PROTOCOL STATUS

Working

We performed a prospective, randomized, controlled trial to evaluate the Handover session of physicians in the Hospital das Clínicas of the Universidade Federal de Minas Gerais, Brazil, randomly selected for monitoring. Eighteen before intervention and 18 after the intervention. Eighteen documents of physician handover session before intervention and 18 after the intervention randomly selected for monitoring.

MATERIALS TEXT

1. Informed Consent Terms (TCLE): ask your doctor to fill in your 2-way data. A route signed by you will be delivered to the doctor and another route signed by the doctor and you must be kept in the identified plastic bag of the session. If the doctor has already signed the ICF of this study previously, there will be no need to sign it again.

2. Digital stopwatch: digital watch or cell phone in stopwatch function.

3. Have a pen in hand and the previously identified A4 plastic bag where all documentation for this particular session will be stored.

BEFORE STARTING

BEFORE YOU START - 30 MINUTES BEFORE THE SESSION

1. Make sure the day, time and place of the shift session chosen by lot:
https://docs.google.com/spreadsheets/d/1keZ6a0NvCmOmlkj4wcgCrCSpdIUMywBYXdrjAM5b4qw/edit?usp=sharing

2. Ensure that you are in possession of the kit containing: ● The project data collection form. ● The TCLEs for physicians.

3. Validation of the on-call session that was previously drawn:
3.1. Move in advance to the unit and talk to the Maternity Medical Team or Pediatric ICU, offering the TCLE.
3.2. If they agree to participate, the shift session will be part of the study.
3.3. If they do not agree, the next session 12 hours after the draw will be evaluated instead.

4. Do not provide the list of shifts already drawn to anyone.

5. Do not present the instrument you are using or reveal what you are writing down. The instrument's medical coordinator is already familiar with the instrument.

6. Remain silent throughout the session.

Timing of the duration of the shift session

1 1. Start the timer as soon as the session coordination begins to speak of a clinical case that wishes to transfer care to the next team.
2. End the timer when the session coordination finishes reporting the last clinical case you wish to transfer care to the next team.

Record of the number of interruptions

2 1. Write down on the form how many times the transfer of care has been interrupted by any other matters. Interruption by phone call, to talk about personal issues, to talk about work issues that are not directly linked to the clinical cases under discussion, etc.
2. There is no need to time the interrupts or discount the time in the overall timing.
3. If there are any long interrupts, note in the REMARKS field.

Record information about the staff in the session: how many doctors from the shift that terminates and how many doctors from the shift that starts.

3 1. Number of physicians scaled: record unit pattern (eg 4 preceptors, 4 gynecology residents and 2neonatology residents).
2. Number of physicians present in the session. There is no need to ask or record the reason for the absence. Just enter the number of doctors who were present at the beginning of the session, even if it exits before the end.
3. Who wrote the written document. Mark x in the category (s). There is no need to note the name (s). Do not interrupt the session to ask who prepared the document, ask at the end.
4. Who coordinated the session. There is no need to note the name (s).

EVALUATION PROTOCOL AFTER THE END OF THE SESSION

4 1. Document written with the cases of the shift: Take
1.1. a copy of the written document containing the clinical information of the care transfer session.
1.2. Store it in the identified plastic envelope of the session.

2. Evaluate the total number of patients admitted to the Unit:
2.1. Open the existing PEP-MV system at Hospital das Clínicas. If you do not have access, wait for the session to finish and ask a doctor to

do so.
2.2. Check on the inpatient screen how many are active in the unit: Maternity (women only, not including newborn) or Pediatric ICU.
2.3. Out-of-hospital patients: who are in urgent need of care awaiting results or patients awaiting transfer, but are not hospitalized, should not be counted.

3. Record the total number of patients in the passometer
3.1. Count the number of patients who are registered in the written document and record the form.