



Health & Social Care
Information Centre

NHS CUI Design Guide Workstream

Release 4 Introduction to Handover Summary

Prepared for

NHS Connecting For Health

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Prepared by

NHS CUI Programme Team

cui.stakeholder.mailbox@hscic.gov.uk

Contributors

Igor Laketic

Preface

Documents replaced by this document

Document Title	Version
None	

Documents to be read in conjunction with this document

Document Title	Version
Release 4 Handover Requirements Spreadsheet	1.0.0.0
Release 4 Introduction to Handover	2.0.0.0

Disclaimer: This document was prepared for NHS Connecting for Health which ceased to exist on 31 March 2013. It may contain references to organisations, projects and other initiatives which also no longer exist. If you have any questions relating to any such references, or to any other aspect of the content, please contact cui-stakeholder.mailbox@hscic.gov.uk

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About This Presentation

- **Who is it for?**
 - UI designers and software developers of clinical applications
 - Evaluators of clinical applications
- **Purpose**
 - To make the user interface of clinical systems consistent and safe
 - To guide the integration of recognised usability principles
- **What you need to know**
 - These guidelines have been developed in conjunction with the Connecting For Health team
 - These guidelines should be read in conjunction with the Introduction to Handover document
 - These guidelines should be read in conjunction with the Handover Requirements spreadsheet

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3. Background
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9. Next Steps

1. Scope 1 of 2

In Scope

- **Shift handover**
 - Task management across handover
 - Ongoing care on the wards
 - Ongoing care in the community
 - Paramedic to A&E handover
- **Geographic transfer**
 - From A&E to a ward
 - From ward to a ward
 - To and from the operating theatre
 - To and from investigations
- **GP urgent transfer to acute setting**
 - To A&E
 - To out of hours
 - To ambulance



1. Scope 2 of 2

Out of Scope

- GP referral to specialist ('blind' referral)
- Request for consultations or other service
- Discharge from hospital to community for follow up
- Referral to hospital (except urgent community to hospital transfer)
- Referrals
- Definition of datasets for handover

Assumptions

- Existence of multidisciplinary electronic patient records (EPR)
- Easy and universal access to EPR (including mobile access)
- Effective IT support for all kinds of handover



2. Handover Definitions

- “*The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis*”
(BMA Junior Doctors’ Committee and NPSA in Safe Handover: Safe Patients, 2004)
- “*The goal of shift handover is the accurate, reliable communication of task-relevant information across shift changes, thereby ensuring continuity of safe and effective working*”
(Lardner in Health and Safety Executive report, 1996)
- For the purposes of the NHS CUI programme, handover definition includes the patient group, and the list of relevant tasks to facilitate a transfer of professional responsibility



3. Background 1 of 3

- The high level requirements were gathered from a number of visits across different locations and care areas.
- There were 35 visits spanning across:
 - Primary Care (6)
 - Secondary Care (21)
 - Community Care (8)
- The following groups of people were interviewed:
 - Doctors (17)
 - Nurses (13)
 - AHPs (6)
 - IT (11)
 - Other (5) (for example, surgical service manager)



3. Background 2 of 3

Safety Critical

- Handover is a common part of workflow in many industries, including healthcare.
- In industries other than healthcare, it has been found that adverse events are more likely to occur a short time after shift handover has occurred.
- Poor handover has been implicated as a contributing factor in several large scale disasters.
- Historically, the handover in a clinical context has often been thought of as a process that occurs in Secondary Care at nursing shift change.
- With the advent of the European Working Time Directive (EWTD) in 2003, junior doctors now have an explicit need for shift handover, and the desire to investigate and support handover has increased.
- Support for handovers of any kind in a clinical context is rare, isolated, experimental, and not integrated with a full electronic clinical management system.



3. Background

3 of 3

Wider Use

- Handover has been identified as performing other functions aside from transfer of information (for example, it is educational for those taking part)
- Wears et al (2003) have identified handover as a point at which errors in a system may be spotted and corrected, as staff 'take stock' of the situation.
- By summarising current information in the presence of other staff, handover can also be a point at which key decisions are made, and where a patient's plan is formulated. Handover has also been seen to have a social function, particularly where team members handover together.
- The NHS CUI work has focused primarily on how the information transfer aspect of handover could be supported by IT.



4. Types of Handover

1 of 3

Handover Type Example	Example Instance
Shift handover	Ward nurse to ward nurse Day medical team to night on-call doctor
Geographic transfer	From A&E to ward From ward to ward Ward to theatre and back Ward to investigation and back GP to acute setting (A&E, out of hours and so on)
Care transfer	Paramedic to A&E Ward to theatre and back GP to acute setting (A&E, out of hours and so on)



4. Types of Handover 2 of 3

- Handovers can be categorised on many levels, with considerable overlap
- The following list of handover categories is not exhaustive, neither are the categories mutually exclusive:
 - **Number of patients involved:** single patient / multiple patients
 - **Level of handover detail:** summary only / full detail
 - **Roles involved:** ward nurse, doctor, paramedic, district nurse, physiotherapist and so on



4. Types of Handover 3 of 3

- **Handover within or between roles:** within a role / between two roles / multidisciplinary
- **Care change:** type of care changes / type of care stays the same
- **Scheduling:** ad-hoc / planned
- **Synchronous:** staff handing over synchronously / asynchronously
- **Face-to-face:** staff handing over face-to-face / not face-to-face
- **Patient present:** yes / no



5. Users Involved in Handover

1 of 2

- Patient
- Giver of Handover
- Receiver of Handover



5. Users Involved in Handover

2 of 2

Interaction Between Users

- There are at least two users or two sets of users.
- An example of where the giver and receiver can both be sets of individuals is ward nursing handovers where one team will go through their individual patients communally, and the other team will listen to and question the givers.
- There may be users in handover who are involved on both sides of the handover. For example, in shift handover, other staff that are on a different shift pattern may be present, and therefore they have worked on the shift now leaving, and will also be working with the new shift.

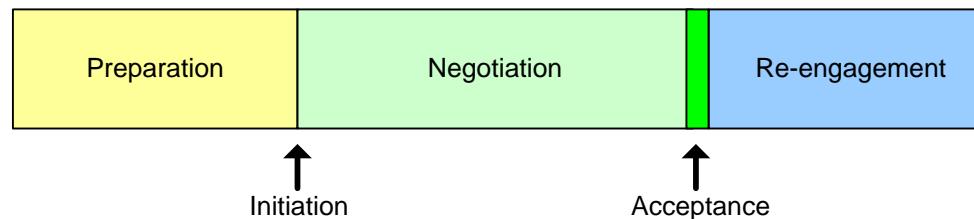


6. Stages of Handover

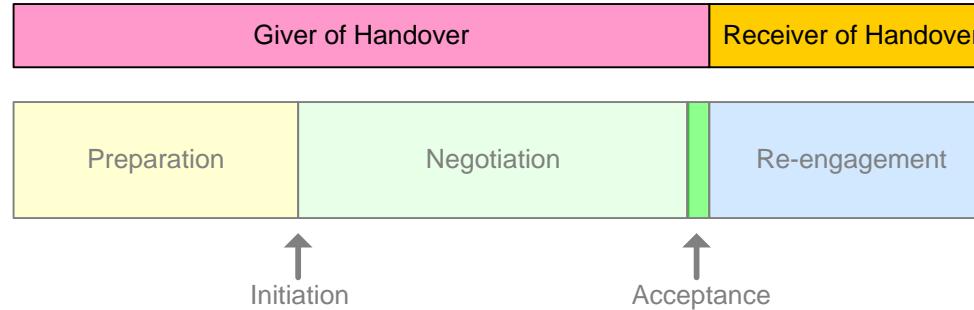
- **Conceptual stages:**



- **More detailed break down:**



- **View of the responsibility during the handover:**



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7. How the Requirements Spreadsheet is Organised 1 of 2

- Two worksheets: ‘Requirements’ and ‘Reqs (Requirements Grouped By Category)’
- The default listing of the requirements (‘Requirements’ worksheet) is not in any particular order
- The Reference ID (RID) numbers signify the requirement’s unique identifier only. (Where a requirement has been removed from the Requirements Spreadsheet, the RID number has also been removed)
- Each requirement has been worded in the present tense, and from a user’s point of view



7. How the Requirements Spreadsheet is Organised 2 of 2

- The **Plain English** version of a requirement has been provided where it is considered that the wording of the requirement may need to be clarified. This might be for those readers who are not familiar with handover, system design, or with the requirements themselves.
- The **Examples** provided are either sourced from existing handover solutions, or represent one possible way that a future handover solution might work.
- Requirements have been grouped into ‘categories’, within the ‘category sets’
- The **Source** of each requirement is provided by referencing the literature, artefact, site visit, or analysis document



8. Category Sets 1 of 3

- The creation of the categories and the matching of requirements to the categories is subjective (and does not represent the only way of categorising the requirements)
- The requirements are grouped into three main category sets:
 - Generic or Specific
 - Handover Stage
 - Handover Aspect



8. Category Sets

2 of 3

- Generic or Specific (Colour = Blue)
 - Generic Clinical Management Requirement
 - Generic Tasks/Diary Requirement
 - Specific Handover Requirement
- Handover Stage (Colour = Pink)
 - Before Handover
 - Handover Negotiation
 - Handover Acceptance
 - After Handover (Re-engagement)



8. Category Sets

3 of 3

- Handover Aspect (Colour = Orange)
 - Dataset per Item
 - Example Dataset Part
 - Handshake
 - Task Management
 - Time Component
 - Item Lists
 - Good Practice
 - Encouragement/Discouragement
 - Updating: requirements involving the update of information
 - Patient Identification



9. Next Steps

1 of 2

- Offer the existing requirements and supporting documentation out for consultation
- Liaise with other groups who are investigating handover
- Investigate:
 - Other existing clinical handover solutions
 - The requirements ‘notionally’
 - All types of handover
 - Handover in other industries
 - Other aims of handover



9. Next Steps

2 of 2

- Research secondary purposes
 - Consider how the data generated by the system could be used for secondary purposes
 - Form the basis for commissioning
 - Support resource management
 - Facilitate audit
 - Gain a greater understanding of the IT environment that may exist to handover support in the near future
 - Evaluate existing clinical management systems
 - Think about how handover could be measured

