Clinical Hand Over: A neglected domain in our Health Care

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Clinical handover or shift handover refers to "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[1]. It is considered a vital and valuable affair in healthcare pathway in a clinical practice. In fact, it is a complex domain in advanced communication skills in medical sciences, which is being recognized increasingly to enhance patient care and safety. It involves the effective communication of high-quality clinical information while transferring the patients care responsibility to other person or clinical team or at change of shift or any time or transferring to another hospital[2]. In clinical practice, if relevant clinical information's were not shared timely and accurately, may results delay in diagnosis, delayed or inappropriate treatment, any adverse events or omission of care. To overcome this, an effective and accurate clinical handover is very crucial in promoting health care continuity and patient safety[3]. The World Health Organization, Association of American Medical Colleges and Joint Commission[4] has also recognized the importance and emphasize the need to improve handovers quality. These organizations have declared it a core entrustable professional activity and issued a mandate by emphasizing the health care institutes to standardize the handovers process and incorporate handover training of their employees in order to improve the consistency and minimize the vulnerability to errors[5,6]. It is estimated that in USA over 300 million, in Australia more than 40 million and in UK above 100 million clinical handovers are conducted each year[7]. Arguably, this number is making this practice most frequent and significant process in communication between clinicians and paramedical staff in providing safe patient care.

Due to increasing emphasis on person-centered medical care all over the world, a change from traditional to structured handover's practices is being developed. Literature is now favoring the use of a structured handover framework and advocates patient's placement at the centre of their care. It is purely a communicative event which can only be achieved through linguistic exchange, by clinicians or paramedics discussion and writing which is conducted between outgoing and oncoming staff at the time of shift change or during patient hand over. This acts a key tool in ensuring the continuity of patient's information's which in turns are very important for the continuity of care[8]. For better outcome technological support like templates, internet, computers, soft wares etc are also used to enhance the effectiveness and safety of this process[5,7]. To meet the colleague, organizational and patients' requirements, the staff and doctors should be made aware about its importance and trained to deliver an effective handover[9,10]. It is also imperative that doctors and paramedical staff should identify any potential barriers encountered during handovers to effectively address these obstacles. As a part of Good Medical Practice, it is recommended and expected that all health professionals should learn and practice excellent handover skills, in order to ensure effective communication between each other of important patients' clinical information, to ensure patient safety and enable inter-professional collaboration[10]. It has been reported in literature that the poorly conducted shift handovers, most likely threaten patient's quality of care, safety and continuity of care[2].

A recent largescale study of European Commission Project has observed that in hospitals between 25 to 40 percent of adverse events are linked to handover communication[4]. Research has correlated the shift handovers to inaccurate clinical assessments and improper diagnoses, inappropriate treatment, delayed management and medical errors. All of these may lead to increased morbidity and mortality, prolong hospitalization, and poor patient satisfaction. Literature search also indicates that lack of or improper handovers practice is responsible significantly in large percentage of malpractice claims and sentinel events[1,3]. The Gordon et al [6] in their systematic review on handover education has reported that the participant of handover generally lacks scientific rigor i.e., practices are inadequate and usually focused on participants self-reported changes, casual attitudes and lack of confidence. The literature has reported up to 10% avoidable patients' safety incidence in developed and significantly higher number underdeveloped or developing countries[4,9]. It has been reported that in some developed countries, the patients have 40 times more chance of death if admitted to acute care hospital than in a trauma or accident. In Australia alone, up to 500,000 patients every year are reported to have avoidable harm during treatment in hospitals[4].

In our country, the changing life style, economic constraints and improved longevity are putting tremendous pressures over healthcare institutions in the form of rapidly increasing patient burden, age related chronic illness and complex co-morbidities. This is leading to high incidence of avoidable patient's safety incidence. In our setup, in many institutions, the shift handover education, awareness or practice is either inadequate or nonexistent. In this regard, the pedagogical and theoretical frameworks in institutes are often lacking or insufficient resulting that the learners are unable to apply theory to the clinical practice[7]. There is usually a lack of communication between incoming shift and outgoing shift doctors and paramedical staff which is one of the major concern adverse events, delayed treatment, reduced safety, compromised services quality and patient dissatisfaction in our hospitals[2]. On our setups at the time of duty change, hardly proper and effective handover drill is conducted between all levels of staff responsible for health care and will be done for patient; iv) poor quality of medical information disseminated; v) lack of or no patient involvement[6].

DOI: https://doi.org/10.55282/imj.ed60

It has been observed that mostly the following problems occurred: i) incomplete handovers, lacking systematic structure; ii) more reliance on memory without any reference to written instructions; iii) inadequate communication that what has In essence, an effective handover is crucial mile stone in protecting patient's safety by ensuring that all staff groups are updated with current patient information. In this regards the institutions should place a system to facilitate and enable handover process. These systems should be based on a generic model and adapted by keeping in view the local needs. To protect patient safety, the continuity of care is of supreme importance and this should be underpinned by ensuring continuity of information.

How to Cite This:

Ahmed I. Clinical Hand Over: A neglected domain in our Health Care. Isra Med J. 2022; 14(2): 48-49. DOI: https://doi.org/10.55282/imj.ed60

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Received for Publication: April 28, 2022
1st Revision of Manuscript: May 05, 2022
2nd Revision of Manuscript: June 14, 2022
Accepted for Publication: June 29, 2022