



Service Priorities and Programmes Electronic Presentations

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Staff Opinion Survey on Clinical Handover and Electronic Handover Tool

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Introduction

Clinical handover is essential for the continuity of patient care. Clinical handover system, making use of the electronic handover (e-handover) tool in the Clinical Management System (CMS), had been tried in our hospital for 2 years. However, the e-handover had been under-utilized.

Objectives

To assess staff's opinion on clinical handover and the e-handover system in CMS

Methodology

There were a significant number of new graduates joining our Department of Medicine and Geriatrics (M&G) in the past 6 months, thus giving us an opportunity and need to review and enhance clinical handover in the acute wards. Before designing our new Clinical Handover system, a web-based evaluation on clinical handover and the existing electronic handover tool was conducted. All M&G doctors were invited to join and all responses were anonymous.

Result

Eighteen of 58 (31%) doctors in the department completed the evaluation form. 61% of the respondents were basic or advanced trainees with overnight duty and 39% were seniors without overnight duty. Clinical Handover 84% of the respondents agreed or strongly agreed that handover was beneficial for patient management and it helped clinician get prior information on unstable cases. 78% of them agreed or strongly agreed handover was useful for managing the cases during their on-call duties. 72% of them agreed or strongly agreed that structured handover format was needed. 83% agreed or strongly agreed that input from experienced clinicians on managing difficult cases or scenarios was essential. 78% of them agreed that handover should be short and precise, with clear instruction and direction on patient management. Electronic Handover Tool 67% of the respondents had used e-handover in CMS for less than 5 times while 33% had never used the system. 55% commented the system was not user-friendly while 61% agreed or strongly agreed that using the system was time consuming. 77% agreed or strongly agreed that activation/deactivation of e-handover was a barrier for its use. Conclusion

This survey showed that our colleagues had positive attitude towards clinical handover. Senior input on patient management was welcomed by most colleagues. Electronic platform/tool, when available, should be user-friendly and not created extra workload. Based on the survey results, we plan to develop a new structured Senior-led face-to-face clinical handover system in the department.