

# Hospital pharmacist clinical handover: a snapshot of current communication practice in the electronic era

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## INTRODUCTION



- Clinical handover (CHO) can be defined as the transfer of professional responsibility and accountability for some or all aspects of a patient's or a group of patients' care to another person on a temporary or permanent basis.
- Poor clinical handover between pharmacists can lead to patient harm. Clinical handover between pharmacists lacks standardisation and reliable measurement tools, potentially compromising medication safety.
- The introduction of an extended weekend pharmacy service created a need for a standardised approach to pharmacist CHO. To address this need, a pharmacist CHO electronic database created and implemented along with CHO work instruction for weekend and planned leave. This database has an interface which allows multiple users to view and enter handover data. (Refer to Fig. 1 and Fig. 2)

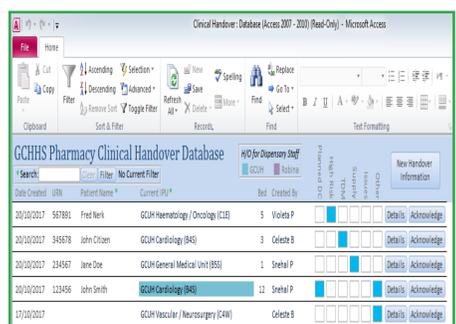


Fig. 1 Screenshot of electronic database home page

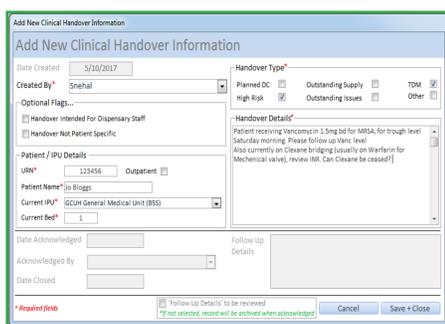


Fig. 2 Example of adding a new CHO into the electronic database

## AIM

- To determine current pharmacist to pharmacist CHO practices.
- To implement CHO database and assess the uptake of the electronic CHO database.

## METHOD



## RESULTS

- Based on the 41 survey responses, verbal CHO was the most common form of handover (76%) followed by use of the electronic CHO database (63%). (Refer to Fig. 3)
- The CHO database was mainly used on weekends including before and after the weekend to give/receive handover. Only 11 pharmacists reported having used the database prior to planned leave.

## ACKNOWLEDGEMENT

We would like to thank Nathan Zipf (Senior Pharmacist, GCH) for creating the electronic handover database.

## RESULTS cont...

- 73% pharmacists indicated that we should continue to use CHO database. Table 1 shows quantitative analysis of usage of CHO database during the first six months of implementation.

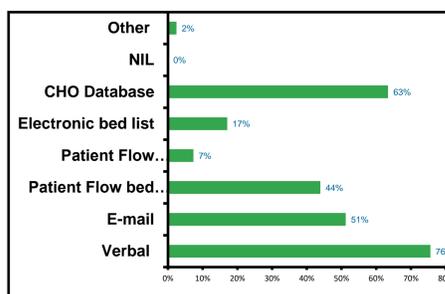


Fig.3 Survey result of how currently pharmacists handover

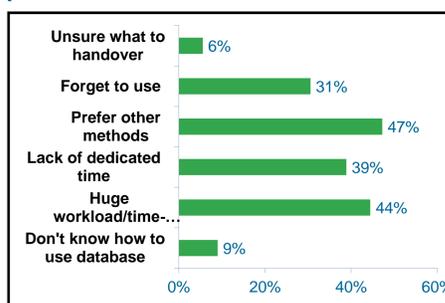


Fig. 4 Survey results of barriers to using the CHO database

## Table .1 Analysis of CHO database post implementation

Total number of CHO entries	636
Average CHO entries per week	24
Number of CHO entries on weekend	366
Median time to respond in days	1.2

## Content of handover

•Planned discharges	197
•Outstanding issues	196
•High risk medications	34
•Therapeutic drug monitoring	20
•Other	99
•Combination of above	61

## DISCUSSION

- Many questions related to the most effective method of pharmacist CHO remain unanswered by current literature and this study was first to provide insight into CHO between pharmacists at the tertiary hospital.
- Multiple types of handover are used which could potentially cause issues with patient safety. Australian Commission on Safety and Quality in Health Care suggests that only one tool to be used to update CHO information.
- As shown in Fig 4, the top three barriers to using the database are huge-work load, lack of dedicated time and preference to using other means of CHO.
- Majority of the handover incidents were related to planned discharges and outstanding issues.

## CONCLUSION

- While there is a variation in practice, the uptake of the CHO database has been successful.
- The implementation of CHO database has been a step forward in standardising hospital pharmacist CHO in the electronic era and may contribute to patient safety and continuity of care.
- Suggestions from survey such as interactive stakeholder engagement, education on CHO and updating current work instruction will be implemented to promote CHO practice on weekends as well as weekdays.

## REFERENCES

Australian Medical Association 'Safe Handover: Safe Patients' guideline (2006) and United Kingdom National Patient Safety Agency (2004)  
Jeffcott SA, Evans SM, Cameron PA, et al Improving measurement in clinical handover BMJ Quality & Safety 009;18:272-276