

STANDARD OPERATING PROCEDURE:

MEDICAL HANDOVERS UHS - RSCH

Medical Handover Times & Venues:

- 0800hrs in Acute Medicine Consultants' Office Level 4
- 2000hrs in the Level 4 OPD Foyer

MET Huddle Times & Venues:

- 0830hrs in EACU Level 5 Doctors Office
- 2030hrs in the Level 4 OPD Foyer

Hospital at Night Meeting:

- 0200hrs in Psychiatric Assessment Room in ED

Leadership of the Medical Handovers:

- Morning: On-call Medical Consultant leads allocation of take patients
Medical SPR after all patients have been allocated
- Night: On-call Night Medical SPR

Attendees:

- Medical Handovers are to be attended by all members of the on-call day and night teams
- Acute take Consultants, Frailty Consultants, AAU consultant to attend morning handover

Registering attendance:

- Ensure sign-in on handover proforma (available at the handover meetings and to be kept in EACU Doctors' office during the day for the rest of the shift to allow middle-of-the-day and late doctors to sign, this is then to be brought to the Night Handovers by the Medical SpR and handed over to the Night Medical SpR)

STANDARD OPERATING PROCEDURE: MEDICAL HANDOVERS UHS - RSCH

Morning Handover Take List: By 07:45hrs, the white board should be updated by the Night Medical SpR. The handover list is to be printed and brought to the Morning Medical Handover by night Clerking SHO. Click 'Reports' in the top right-hand corner, select 'All' then 'Run Report'. Do not forget to remove non-stay patients to avoid wasting paper.

- Meeting starts at 08:00. The on-call Medical Consultants will confirm patients are allocated appropriately for PTWR

Night Handovers:

- By 19:45hrs, the white board should be updated by the Day Medical SpR as it will be used to handover the take patients during the Night Handovers. Remove all non-stays and attach outstanding jobs to the 'Plan' box for ease of actioning.
- Meeting starts at 20:00. Ward cover doctors should first handover sick patients (SBAR format) and *urgent* outstanding jobs on the wards. This should be done succinctly, one by one in front of the team as a whole rather than on a 1-to-1 basis to ensure that all members of the night team are aware and involved.
- Night ward cover:
Zone 1: Courtyard, Gastro L9A, L11E&W, Resp wards, L8AE&W, Bristol/L8T
Zone 2: COTE, Haem/Onc, Trafford, Stroke, Lewes, Albion
- Acute Take Handover (using Whiteboard list); Day Med SpR (s) to handover to Night SpR (s):
 - Priority patients waiting to be seen
 - Sick patients on the take list, location and escalation plans
 - Patients with outstanding jobs - allocate these to corresponding members of the team covering Clerking and AAU
 - Remaining patients if anything of note or to be aware of

STANDARD OPERATING PROCEDURE:

MEDICAL HANDOVERS UHS - RSCH

Key points

- Only *urgent* Outstanding jobs for night team need handing over - to include a brief summary, task to be done & actions on task
- Sick patients (SBAR) and those with potential to deteriorate should be highlighted - use of Patient Track to find patients with high EWS scores is highly advised
- Patients from MET calls during the day are to be highlighted to night team and vis-à-vis to the day team following the night shift

Distraction avoidance during Medical Handovers:

- There should be one voice at a time and all paying attention. All questions should be asked respectfully and any learning points discussed with consideration to our colleagues
- Any calls/bleeps during the handover should be replied to asking for a call back at 0830/2030hrs if non-urgent
- Alternatively, switch board can be asked to direct all non-urgent bleeps to one of the SHO bleeps only for the duration of the Medical Handovers

MET team meeting

- Allocation of roles for the day team should occur at 0830 and 2030 hours - any learning points to be discussed here
- In attendance should be members of the acute take team who will be involved in the emergency calls, CCOT, Site Manager, Night Practitioners, ICU, Anaesthetics
- Roles clearly allocated to each team member as per medical handover proforma to avoid over crowding.
- To accommodate the event of 2 MET calls going off simultaneously, a second team should be agreed on to go to the second emergency call should this occur at the same time/shortly after the first. This team should comprise the 2nd Med

STANDARD OPERATING PROCEDURE: MEDICAL HANDOVERS UHS - RSCH

- SpR or second most senior member of the team, another designated SHO and another F1.
- If a MET call occurs during Morning or Evening Handovers, the second most senior member of the team and one F1 are to attend with CCOT while the Med SpR proceeds to handover

Acute floor meeting (RSCH) at 08:45 hrs in the Psychiatry assessment room on Level 5 to be attended by the Med SpR of the day- this will be an avenue to discuss patient flow

2am Hospital@Night Touchbase Meeting:

Location: Level 5 Psychiatry assessment room (ED). If in use, Level 4 OPD foyer can be used

Aim: To foster communication across the multidisciplinary team at night, to discuss unwell patients as an MDT and also the welfare of all members and staff working at night

Attendees: Medical team, CCOT, Site Manager, Night Practitioner(s)
ED representative Consultant/SpR, ICU SpR/SHO, Anaesthetic SpR/SHO, Surgical Team Representative SpR/SHO

Duration: 10 minutes

Led by: Med SpR (or any member of medical team present)/CCOT/CSM/NP

Outline of the huddle:

- Introductions
- Sick/deteriorating patients
 - Acute take
 - Ward (medical & surgical)
 - CCOT
- Site update (bed situation, staffing concerns)

STANDARD OPERATING PROCEDURE: MEDICAL HANDOVERS UHS - RSCH

- Welfare check of staff, highlighting any members that needs support & facilitating this
- Meeting close

Link to sign in form for Hospital at Night meeting: <https://forms.gle/3gW2vUZuSCA7rqwv8>