

Email Handover in Psychiatry in NHS Fife: First Cycle Audit and Survey Results



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Background: Handover is an essential part of communication in clinical practice to ensure continuity of care and patient safety¹, and is one of the key responsibilities of doctors². In NHS Fife Psychiatry department, an out-of-hours email handover inbox is utilised to ensure timely and effective clinical handover between the geographically distinct main three hospital sites (Stratheden, Whyteman's Brae and Queen Margaret hospitals).

This allows for urgent clinical tasks and important information to be relayed from the day teams at these sites to the on-call team, which consists of a long day (9am to 9pm) doctor and second on-call ("24-hour") doctor. The long day doctor then hands over to the night doctor (9pm to 9am), who in turn hands over to the day teams in the morning. Local guidance states that handover should be completed regardless of whether there are tasks to hand over.

Discussion: Overall, the email handover system in Psychiatry was felt to work effectively, though suboptimal handover completion rates were observed across all sites. A majority of survey respondents felt that a standard email template would be useful. It is important to acknowledge that only 8 junior doctors responded to the survey and greater participation would have been ideal.

Opinions gathered from the survey revealed that some thought the email handover was 'generally very effective', while others thought it could be 'dangerous' to rely upon. Suggestions for improvement included a structured template, use of a shared drive instead of email, and a blended system of email plus verbal handover.

Intervention: The results of this audit will be presented to the local department. A standard email handover template will be designed and implemented for use.



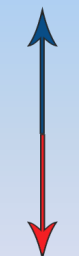
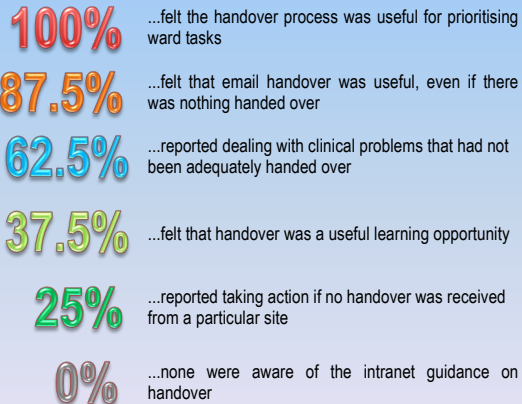
Methods: Data from the out-of-hours email inbox was analysed over a period of 6 months to evaluate whether handover was completed consistently during weekdays. Junior doctors in the Psychiatry department were surveyed for their perspectives.

Specialty	Ward	Handover (%)
General Adult Psychiatry	Ward 2, QMH	67.52%
	Lomond, STH	46.5%
	Ravenscraig, WBH	57.32%
Older Adult Psychiatry	Wards 1/4, QMH	51.59%
	Murview/Elmview, STH	52.87%
Learning Disability	Lynebank hospital	21.66%

Results: Email handover completion rates are shown in tables above and below.

Long day to night doctor handover	45.21%
Night doctor to day team handover	81.28%

Eight responses were received to the survey on handover. Results are shown in graphics below.



Conclusions: Email handover in the Psychiatry department is effective and helpful. There is scope for a more systematic approach and this will be explored with the design of a standard template. Handover is an often missed opportunity for learning. The results of this audit will be fed back to the department.

References

1. Merten H, van Galen L S, Wagner C. (2017) Safe handover. BMJ, 359 :j4328 doi:10.1136/bmj.j4328
2. General Medical Council. (2019). Domain 3: Communication partnership and teamwork. Available at: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-3---communication-partnership-and-teamwork/>