

Clinical Guideline for the Management of: Handover of Care

A Clinical Guideline recommended

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|---|--|
| For use in: | Maternity Services |
| By: | All Maternity staff |
| For: | All Maternity staff |
| Division responsible for document: | Women and Children's |
| Key words: | Handover, care, checklist |
| Name of document author: | Sue Holland, Rosie Goodsell, Joanna Keable, Rebecca Goodenough |
| Job title of document author: | Sue Holland Health and Safety and Risk Manager Rosie Goodsell, Joanna Keable, Rebecca Goodenough, Practice Development Midwives |
| Name of document author's Line Managers: | Ann Walker and Frances Fraser |
| Job title of author's Line Manager: | Head of Midwifery |
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This guideline has been approved by the Maternity Guidelines Committee as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes. The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or mis-application of this document.

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Version and Document Control:

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| 4.1 | 04/04/2022 | Extension granted. | Sue Holland Rosie Goodsell Joanna Keable Rebecca Goodenough |
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Quick reference

This Guideline is to be used by all health care professionals who handover care to another healthcare professional, in relation to all women/patients/neonates. In all areas of maternity to include between shifts, transfer of care and prior to breaks in care between health care professionals.

Objective/s*

To describe the process for ensuring that there is an effective system in place for handover of care between health care professionals involved in the care of childbearing women and babies.

Rationale*

Effective communication is recognised as central to promoting patient safety and reducing the number of serious clinical incidents (Institute of Medicine, 2000: Haig et al 2006,).

Good communication among professionals is essential. This must be recognised by all members of the team looking after a pregnant woman whether she is low risk or high risk (Saving Mothers Lives 2011).

An effective working relationship between the multidisciplinary team and a clear organisational structure for midwives and medical staff with explicit and transparent lines of communication is crucial to ensure optimum care for women and babies.

Handover of Care

SBAR

The SBAR could be based on:

Situation – e.g stage of labour, in theatre, epidural, oxytocin, from recovery.

Background- e.g. parity, age, BMI, blood group, allergies, obstetric, medical, anaesthetic and lifestyle history, child protection/ mental health, language barrier; special needs/requests including women who will decline blood and blood products.

Assessment e.g. MEOWS, palpation, VE, contractions, progress of labour, fetal heart rate and or CTG classification, bladder care, risk factors, fluid balance, birth plan, neonatal issues, BF, initial checks.

Recommendation e. g. current plan, client discussion, risk/management plan documented, care next to be given, documentation.

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Processes to be followed*

| | Process | Documentation | Staff responsible |
|--|--|---|--|
| Delivery Suite and Midwifery Led Birthing Unit (MLBU) | | | |
| Handover between co-ordinators | At each change of shift the coordinators will handover to each other | Co-ordinators Handover Tool Appendix 2 | Coordinator in charge (or deputy if duties do not permit) |
| One to one handover of care by Midwives | Each individual midwife will hand over the care of their assigned women using the SBAR to the next midwife. The midwife giving and receiving information should sign the SBAR | SBAR sticker Appendix 1 | Individual Midwives |
| Obstetric staff | Handover of activity within the Maternity unit to the oncoming ST7 and team | | ST7 Senior Obstetrician |
| To Blakeney | The midwife responsible for transferring a woman or a woman and baby should use the Maternity Risk Assessment Handover in the postnatal notes, and SBAR sticker. The midwives giving and receiving information should sign the neonatal notes and the SBAR | The Maternity Risk Assessment Handover (in postnatal notes) SBAR sticker Appendix 1 | Individual Midwives |
| One to one handover of care by Midwives, to Cleo or MLBU | Each individual midwife will hand over the care of their assigned women using the SBAR to the next midwife. The midwives giving and receiving information should sign the SBAR | SBAR sticker Appendix 1 | Individual midwives |

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| | Process | Documentation | Staff responsible |
|-------------------------------------|--|----------------------------|---------------------|
| Blakeney and Cley Obstetrics | | | |
| Between shifts | The Midwife responsible for women under her care should complete the electronic handover tool with relevant information pertaining to the women she is caring for on that shift. She will give verbal handover to the oncoming team of midwives who each have their own copy of the completed electronic tool. | Electronic tool | Individual midwives |
| To Delivery suite | When transferring women back to delivery suite use the SBAR. The midwives giving and receiving information should sign the SBAR. | SBAR sticker Appendix 1 | Individual midwives |

Delivery Suite, Blakeney, Cley, MLBU, NICU

1000 and 2200 Safety huddle to be attended by all ward areas. The safety huddle has been highlighted as improving safety and communication amongst teams. The evidence suggests that having a brief huddle in the same place at the same time prevents safety issues and concerns. The aim is to understand safety issues, flow and quality of care across the unit and provide solutions amongst the MDT. Attendance is mandatory

Documentation column- Safety huddle form – appropriately numbered Appendix

Staff responsible- Shift coordinator

Maternity Assessment Unit (MMAU)

| | | | |
|---------------------|--|----------------------------|----------|
| Shift to shift | Verbal handover from one midwife to another | | Midwives |
| MMAU to other areas | SBAR sticker. The midwives giving and receiving information should sign the SBAR | SBAR sticker Appendix 1 | Midwives |

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| | Process | Documentation | Staff responsible |
|--|--|---------------|-----------------------------|
| Transfer to Critical Care Complex | | | |
| | Medical and midwifery handover, including details of any clinicians involved from outside the maternity service and the reasons (criteria) for the requested transfer, should be documented but in some circumstances may be verbal. The names of the medical and midwifery staff handing over to the Critical Care Complex staff will be recorded on the Critical Care Metavision system. | Metavision | Medical and Midwifery staff |

| Postnatal Transfer to the community | | | |
|---|---|---|----------|
| From Delivery Suite, MLBU and Blakeney | When transferring postnatal care to the community the midwives should send the mother and baby discharge summaries home with the mother for the midwife (E3). It is the midwives responsibility to ensure that medicom is informed of the discharge who will pass the information on to the community team of midwives. | Mother and baby discharge summary sent home with mother for midwife (E3). | Midwife |
| Antenatal discharge hospital to the community | Woman's details are phoned out by midwives to medicom who pass information to community midwife teams. An antenatal contact sheet is printed from E3 and placed in the handheld notes. | Maternity hand held records and E3 | Midwives |

| Community Transfer from home in labour to hospital | | | |
|---|--|-------------------------|----------|
| Transfer from homebirth setting to hospital | When transferring women into MLBU/delivery suite use the SBAR. The midwives giving and receiving information should sign the SBAR. | SBAR sticker Appendix 1 | Midwives |

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All completed Handover Checklists should be filed in the woman's hospital records

Clinical audit standards

The Maternity Services are committed to the philosophy of clinical audit, as part of its Clinical Governance programme. The standards contained in this clinical guideline will be subject to continuous audit, with multidisciplinary review of the audit results at one of the monthly departmental Clinical Governance meetings. The results will also be summarised and a list of recommendations formed into an action plan, with a commitment to re-audit within three years, resources permitting.

Summary of development and consultation process undertaken before registration and dissemination

The authors listed above drafted this document on behalf of maternity services, who have agreed the final content. During its development it has been circulated for comment to:

Head of Midwifery, Clinical Midwifery Managers, Community Team Leaders, Risk Manager (Women and Children's)

This version has been endorsed by the Maternity Guidelines Committee.

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Appendix 1

| | | | | |
|------------------------------|---|-----------|-----------|-------------------------|
| S B A R | Date and Time Situation | | | BR+ score |
| | Parity | Gestation | BMI | Medical History/Alerts |
| | Obstetric History | | | Allergies: |
| | MEOWS Bladder care Fetal Wellbeing Birth plan? | | | Medication/Risk Factors |
| | What is the plan? | | | |
| | Midwife 1 | | Midwife 2 | |
| Signature | | Signature | | |

Receiver to complete and then repeat back key information to ensure understanding

| | | | | |
|------------------------------|---|-----------|-----|-------------------------|
| S B A R | Date and Time Situation | | | BR+ score |
| | Parity | Gestation | BMI | Medical History/Alerts |
| | Obstetric History | | | Allergies: |
| | Delivery details | | | Medication/Risk Factors |
| | MEOWS Bladder care P/N issue Neonatal issues | | | |
| | What is the plan? | | | |
| Midwife 1 | | Midwife 2 | | |
| Signature | | Signature | | |

Receiver to complete and then repeat back key information to ensure understanding

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Appendix 2

Delivery suite information:

Consultant Obstetrician.....Opel status..... Able to accept IUTYes / No

Medical Induction.....Section list

Emergency trolley checked Yes / No

Sepsis trolley checked Yes / No

Are there any Resuscitaires left to check Yes / No

Messages

NICU information:

Consultant neonatologist Opel staus..... T/C Cots

Blakeney information:

Empty beds..... Possible discharges..... Staff: M/W Staff: MCA.....

MLBU information:

Labourers..... Postnatals No TCI..... Staff: M/W..... Staff MCA:.....

Cleo information:

Empty beds..... Ongoing inductions..... No of women TCI.....

Staff: M/W.....Staff: MCA.....

TCO

| | |
|--|--|
| | |
| | |
| | |

MAU

| <u>Waiting room</u> | <u>TCI</u> |
|----------------------------|-------------------|
| | |
| | |
| | |

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| Rm | Name | P | G | Details | MW |
|-------------|------|---|---|--------------|---------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| pool | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| MW's | | 5 | | MCA's | MAU MW |
| 1 | | 6 | | 1 | 1 |
| 2 | | 7 | | 2 | 2 |
| 3 | | 8 | | | Twilight - |
| 4 | | 9 | | | MCA - |

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Maternity Safety Huddle

Date (dd/mm/yyyy)

10.00 22.00 (circle)

| Area:- | Beds | TCI | Staff | Discharges | Attended |
|----------------|------|-----|-------|------------|----------|
| Delivery Suite | | | | | |
| Blakeney | | | | | |
| Cley Obs | | | | | |
| MMAU | | | | | |
| MLBU | | | | | |
| NICU | | | | | |
| Obs on call | | | | | |

Outliers -

Safety Concerns -

Issues for today -

Review of previous issues -

Announcements -

Plan –

Completed by -

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Appendix 3

| Monitoring Compliance / Effectiveness Table | | | | | | |
|---|--|---|--------------------------------|--|-------------------------------|--|
| Element to be monitored | Lead Responsible for monitoring | Monitoring Tool / Method of monitoring | Frequency of monitoring | Lead Responsible for developing action plan and acting on recommendations | Reporting arrangements | Sharing and disseminating lessons learned and recommended changes in practice as a result of monitoring compliance with this document |
| That handover of care is documented by health care professionals. | Managers and Practice Development Midwives | Record keeping audit | 10 sets of notes per month | Risk Manager | Risk and Governance Committee | The Lead responsible for developing the action plans will disseminate lessons learned via the most appropriate committee e.g. Clinical Safety Executive Sub-Board, Non-Clinical Safety Executive Sub-Board, Workforce Executive Sub-Board, Executive Board or Trust Board. |