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[510 Improving Trauma & Orthopaedic Handover During a Pandemic: Keeping Patients Safe - A Closed Loop QIP](#)

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Aim: Lack of communication and incomplete handover leads to errors and patient harm. Staffing challenges caused by Covid-19 highlights the necessity for high-quality handover. Our aim was to assess the quality of T&O weekend ward handover and evaluate the implementation of a formal handover document to improve the process.

Method: Junior doctors completed a survey to measure the efficacy and safety of current handover. A formalised written handover document in line with RCS Safe Handover recommendations was created and included in the doctors' inductions. Evaluation was after 5 weeks with post-intervention questionnaires and new doctor rotation feedback.

Results: Prior to introduction of the handover document, 78% stated they were unable to formally handover. 77% experienced incomplete or unclear handover when working on the weekend. Lack of a standard handover process was deemed ineffective and unsafe.

All respondents reported more efficient working with the new process. The perceived safety rating significantly increased from 2.33 out of 5 to 4.23 ($p < 0.0001$). The new cohort of junior doctors rated the safety of handover to be 3.54, showing there is still scope for improvement in patient safety.

Conclusions: The use of standardized handover tools had a positive impact, improving the safety and quality of weekend handover. Workload was prioritized appropriately with improved transfer of information between teams. Covid-19 creates numerous challenges for safe clinical care. Working in unfamiliar environments and last-minute rota changes need to be mitigated by robust handover processes.