

SYNOPSIS

Title: Bridging the Shift Gap: An Audit on Doctor Handover Compliance

Introduction:

Effective clinical handover during doctor shift changes is a fundamental aspect of patient safety, ensuring the seamless transfer of key patient information between medical teams. In many hospitals, handover practices remain informal, inconsistent, or poorly documented, increasing the risk of miscommunication, missed interventions, or medico-legal implications. Preliminary observations at Wockhardt Hospital, Nagpur, suggest variability in how handover documentation is maintained, particularly regarding critical parameters such as clinical events, procedure details, and signatures.

This proposed clinical audit will aim to assess current doctor handover practices in inpatient wards, identify documentation gaps, implement corrective measures, and evaluate the impact of these interventions through a follow-up audit. The findings will inform strategies to standardize and improve handover documentation, thereby enhancing care continuity and safety.

Research Question:

Can structured interventions improve compliance with standardized doctor handover documentation in inpatient hospital settings?

Aim:

To evaluate and improve the compliance of medical teams with handover documentation protocols through a structured clinical audit and targeted interventions.

Objectives:

- To assess the current status of doctor handover documentation across selected inpatient wards.
- To identify gaps in documentation across key parameters such as time of handover, clinical events, procedures, and dual signatures.
- To implement corrective actions including training, SOP reinforcement, and visual reminders.
- To conduct a re-audit to evaluate improvement in compliance post-intervention.
- To recommend sustainable practices for ensuring high-quality handover documentation.

Hypothesis:

Targeted interventions such as staff training, SOP reinforcement, and visual prompts will significantly improve the compliance of doctors with handover documentation protocols.

Methodology:

Study Design:

Retrospective observational audit with a two-phase approach:

Phase 1: Initial audit to assess current compliance

Phase 2: Re-audit after implementation of interventions

Study Setting:

Wockhardt Hospital, Nagpur – Inpatient wards (Level 4 and Level 5)

Study Duration:

March 10, 2025 to May 31, 2025

Initial Audit: March 20 – April 25, 2025

Re-Audit: May 1 – May 20, 2025

Study Population:

Doctor handover records of admitted inpatients during shift transitions

Sample Size:

Phase 1: 212 handover files (covering 636 shift entries)

Phase 2: 100 handover files (covering 300 shift entries)

Inclusion Criteria:

Handover forms of admitted in-patient floor patients during shift changes (morning, afternoon, and night)

Exclusion Criteria:

- OPD, ICU, and emergency department cases
- Incomplete or missing handover sheets
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Study Tool:

A structured audit checklist based on hospital SOPs will be used. The 14 parameters include documentation of:

- Clinical events
- Pending investigations and reports

- Procedure/consent
- Medication and diet changes
- Discharge planning
- Time of handover
- Giver and taker doctor signatures

Data Collection and Analysis:

Manual review of handover sheets will be conducted in both phases. Data will be entered into an Excel sheet for analysis. Compliance will be calculated using the formula:

$$\text{Compliance \%} = (\text{Number of Compliant Entries} \div \text{Total Entries}) \times 100$$

Descriptive statistics will be used to compare compliance levels before and after interventions. Parameters will be categorized as “Good” (>80%), “Moderate” (60–80%), or “Poor” (<60%).

Planned Interventions:

- Between the audit phases, the following interventions will be implemented:
- Hands-on training sessions for RMOs and residents
- Reinforcement of SOPs through visual displays in doctor duty areas
- Use of checklists and reminders for mandatory fields
- Emphasis on dual doctor signatures and time stamping

Ethical Considerations:

- Patient data will be anonymized.
- The audit will not involve direct patient interaction.
- Institutional permission and ethical clearance will be obtained prior to data collection.
- Findings will be used solely for quality improvement purposes.

Expected Outcome:

The study is expected to reveal documentation deficiencies in current handover practices and demonstrate measurable improvement in compliance after low-cost interventions. This would validate the importance of structured SOPs and accountability in improving the handover process.

Implications of the Study:

Findings from this audit will help in institutionalizing best practices for clinical handovers. The improvements can lead to safer patient care, reduced errors during transitions, and better legal documentation. The methodology and results may serve as a model for replication in other hospital departments or institutions.

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