Introduction
Structured handover can reduce medical errors, improve continuity of care, and prevent communication breakdown. There was a marked variation in quality (frequency & content) of verbal and written handover information being communicated in our local ED at overnight shift change. None of the standardized handover tools, published to date, adequately met our local communication requirements.

Aim Statement
Our aim was to increase the frequency of adequate physician handover at overnight handover by 50% in four months, using a locally developed handover tool.

Project Design & Strategy for Change

Development Phase:
- Published Best Practices
- Inter-professional Focus Groups
- Local Observational Data

Identified Crucial Components of handover in our local ED, specifically for 2 unique populations physically in the ED:
- "ED-VITAL" Patients under active ED care
- "ED-VSA" Patients under care of Consultants

Results

<table>
<thead>
<tr>
<th>Patient Distribution</th>
<th>Patients physically in ED at time of Handover</th>
<th>Patients who were handed over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-intervention Total</td>
<td>160</td>
<td>93 (55%)</td>
</tr>
<tr>
<td>In Active ED Care</td>
<td>112</td>
<td>61 (54%)</td>
</tr>
<tr>
<td>Referred/Admitted</td>
<td>48</td>
<td>32 (67%)</td>
</tr>
<tr>
<td>Pre-intervention Total</td>
<td>159</td>
<td>88 (57%)</td>
</tr>
<tr>
<td>In Active ED Care</td>
<td>98</td>
<td>58 (60%)</td>
</tr>
<tr>
<td>Referred/Admitted</td>
<td>61</td>
<td>30 (49%)</td>
</tr>
</tbody>
</table>

Physician Feedback on Handover Tool & Framework

General Impressions:
- "I use it when receiving handover, to help guide the discussion and justify asking for specific information."
- "It is a great tool to learn the crucial information in handover."
- "I like it—especially the treatment plan. It brings patients into the conversation.""I like that it’s a standardized approach, but it’s too long."

Specific Recommendations for Improvement cycles:
- Ensure "Chief Complaint" is explicatively reinforced.
- Add "home meds ordered" and "consultant forms completed"—these are what I frequently see being incomplete at handover.
- Indicate that "Orders" and "Treatments" should be narrowed down to "pertinent" as it is only those crucial to care that are discussed.

Conclusions
- Structured implementation of a standardized, ED-specific handover tool improved the verbal and documented communication of crucial information at overnight shift change, without significant impact on handover duration.
- An approach which was sensitive to the local context of patient care was important to successful implementation.
- Residents played an important role in improving the handover process—emphasis on education appears to enhance willingness to adopt the standardized process.
- Our approach and handover structure can be easily adapted to any emergency department.