



AB178. SOH22ABS218. Standardization and implementation of virtual surgical handover

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Background: The fundamental aim of any handover is to achieve the efficient transfer of high-quality clinical information at times of transition of responsibility for patients. Studies have shown that poor handover can be associated with adverse patient events. Due to a change in work patterns, namely shift work, the need for clear, standardized, and safe handover is vital. We aimed to assess adaptation to a new virtual handover format, consisting of verbal and written handover presented daily by the post call registrar to the general surgery department.

Methods: A survey was distributed amongst the General Surgery consultants and non-consultant hospital doctors (NCHDs) that assessed: the level of engagement in daily handover, overall satisfaction with the new virtual handover process, and comparison with previous handover experiences in other hospitals. Re-evaluation and modifications of the standardization will be completed over the next 2-month period.

Results: There was a 54% response rate with the distributed survey. The consultants attended daily while NCHDs tended to join only when their team was on call. The virtual handover process was introduced at the beginning of the coronavirus disease 2019 (COVID-19) pandemic. Reported handover experienced prior to this was verbal (50%); both verbal and written (33%) and written (18%). One hundred percent of those surveyed preferred

the new virtual handover process for reasons including: ease of hand-backs, discussion of overnight problems and issues, and learning opportunity for the junior surgical doctors. Virtual handover also allowed for greater flexibility, easy access and practicality. 83% of the participants agreed that the handover was valuable.

Conclusions: Standardization and implementation of virtual handover has proven to be a viable, safe and efficient option for handover. Ongoing evaluation would be beneficial to further optimize the handover process.

Keywords: Continuity of care; handover tool; surgical signout; standardization; virtual handover

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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