



Internal Medicine Patient Handover Protocol


ANH/Internal Medicine/PRT/03/Vers.01
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Institution Name: Al- Nahdha Hospital

Document Title: Internal Medicine Patient Handover Protocol

Approval Process

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Acronyms:

HO	House Officer
SHO	Senior House Officer
MO	Medical Officer
SMO	Senior Medical Officer



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1. Introduction

Handover of care is one of the most perilous procedures in medicine, and when carried out improperly can be a major contributory factor to subsequent error and harm to patients. Good communication is essential between all doctors to protect the safety of patients when shifts are introduced. For above reasons it is important to have a handover protocol in the medical department at Al Nahdha Hospital.

2. Scope

This guideline is applicable to staff in the internal medicine department of Al Nahdha Hospital, which includes Juniors staff (interns, HO, SHO), Seniors Staff (Specialists, Senior specialists, consultants & senior consultants), and the on-call team at Al Nahdha Hospital which consists of:

2.1 Intern.

2.2 First on call (MO, SMO).

2.3 Second on call (Specialists).

2.4 Third on call (Senior specialists, consultant & senior consultant).

3. Purpose

To provide written guidance for medical doctors to ensure good handover is given to the on-call team as per this guideline.

4. Definitions

Handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.



5. Procedure

5.1 Morning hand over (sign in) in the weekdays, weekend & public holidays. Hand over period is daily and carried out at 7:30 am every day.

5.2 In the week days the venue will be seminar room .In the weekend and holidays it will be in the internal medicine wards.

5.3 Morning hand over is run as the following:

5.3.1 Senior person to lead the hand over.

5.3.2 First on call or the intern should present in details the following:

5.3.2.1 Any new admission under medical department.

5.3.2.2 Any internal referral from other department need medical further discussion or follow up.

5.3.2.3 Any pending case at emergency department seen by on call team and waiting for admission or further investigations.

5.3.3 First on call or intern need to have over any update about inpatients.

5.3.4 On call team need to discuss any issue happen during on call time and they think it need departmental action.

5.4 Afternoon hand over (sign out) the weekdays:

Hand over cover period is daily and is carried out at 1:45 pm every day /venue; seminar room. It is run as the following steps:

5.4.1 Senior person to lead the hand over.

5.4.2 All patients must presented in summary according to the ward & the bed number.

5.4.3 Presented doctor should focus on pending issue like blood investigation, images, referral to other department or hospitals.

5.4.4 Presented doctor should mention if blood investigations need to be collected next day.

5.4.5 Medical doctors who covers emergency & other department referral should presented new admission, any pending cases at emergency & if there is referral case under other departments need to be followed by on call team.

5.4.6 In weekends and public holidays:

5.4.6.1 In the weekend and holidays first on call will hand over new admissions, update about the patients in the wards and any referred patient need follow up to the on call team.



6. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Dr. Yahya Al- Siyabi	Oct/2019
02			
03			
04			
05			
Written by		Reviewed by	Approved by
Dr. Yahya Al- Siyabi		Head of Internal Medicine	Hospital Director



7. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Eggins, S. and Slade, D., 2015. Communication in clinical handover: improving the safety and quality of the patient experience. <i>Journal of public health research</i> , 4(3).			