

Letter to the Editor

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ISBAR handover in clinical practice

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Dear Editor,

Discussed in this letter are the results from a prospective analysis of clinical handovers received by a plastic surgery registrar over the course of six working shifts.

Good clinical handover is a vital part of practicing safe and effective medicine.¹ The most common format for clinical handover is the ISBAR (Introduction, Situation, Background, Assessment and Recommendation) guide. Use of ISBAR ensures important clinical information is relayed to the clinician, providing safe and accurate communication. The objective of this study was to evaluate the conformity to the ISBAR clinical handover among clinicians, and identify which areas of the clinical handover are most commonly missed.

All clinical calls to a plastic surgery registrar at a major tertiary hospital over a period of six working days were prospectively analysed. A point was awarded for each ISBAR category met, with a maximum score of 5. Statistical analysis was performed using SPSS.

In total 104 calls were identified. Of these, only 16 (15 per cent) handovers included all ISBAR information. The median number of ISBAR categories being met of 3 (out of 5), and the mean number of ISBAR categories being met was 3.45 (95 per cent CI: 3.14–3.75). Exactly 50 per cent of calls were made from the emergency department team, with GPs accounting for 4 per cent, and the remainder of calls from other specialties (46 per cent). The majority of calls were made by JMOs (57 per cent), with consultants calling 8 per cent of the time, and registrars 35 per cent of time. There was no statistical difference between the quality of JMO and registrar handovers (p-value 0.38). Consultant handovers were not statistically compared to JMOs/registrars due to the low number of handovers received from that medical seniority cohort. The most common ISBAR criteria to be missed in handover were background (missed in 50 per cent of handovers) and recommendation (missed in 56 per cent of handovers), with introduction and situation observed most frequently (85 per cent). Assessment was included in 65 per cent of handovers.

In conclusion, this study demonstrates that doctors do not include all ISBAR information in the majority clinical handovers (75 per cent), with background and recommendation most likely to be missed. No statistical difference was observed between medical seniority groups.

Sincerely,

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References

1. Moore M, Roberts C, Newbury J, et al. Am I getting an accurate picture: a tool to assess clinical handover in remote settings? BMC Medical Education. 2017;17:(213)1–9.