



SAFER Handover in Obstetric Anaesthesia

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Introduction

- Clear handover of patients in obstetric anaesthesia is essential in provision of safe continuity of care. A national survey has shown that utilising a formalised handover can reduce likelihood of critical incidents(1).
- The aim of this quality improvement project was to investigate the handover process in a local obstetric unit and provide a structure to improve patient safety.

Methods

- Data regarding the handover process was collected over 7 days in July 2022, including whether the safety brief was performed, handover location and whether every labour ward patient was handed over.
- Following this, a poster was designed to initiate a structured handover process (Fig1). This "SAFER"(2) poster was displayed in the handover room and obstetric theatre.
- Data was then collected over 7 days in both September and November 2022 to assess improvement in the handover process.



Fig 1: SAFER Handover Poster

Results

- Between July and November, days whereby handover took place in the handover room increased from **86%** to **100%**.
- Prior to initiation of the poster, every patient on labour ward was handed over **71%** of the time increasing to **100%** in November.
- The "SAFER" approach was never used in July, increasing to 71% in September and 57% in November.
- Proportion of days whereby trainees' learning outcomes were addressed increased from **71%** in July to **100%** in September.

Conclusion

- Utilisation of the SAFER poster provides a clear structure for the handover process in obstetric anaesthesia.
- The "SAFER" approach ensures that key points are highlighted and all patient safety concerns are addressed.
- This project showed an improvement in use of the SAFER acronym, allowing a collaborative approach to handover between shifts, thereby improving patient care.

1. Sabir N. Yentis S.M. Holdcroft A. A national survey of obstetric anaesthetic handovers. *Anaesthesia*. 2006; 61: 376-380

2. Dharmadasa A. Dean M. Lucas D.N.et al. SAFE handovers in obstetric anaesthesia. *Int J Obstet Anesth*. 2011; 20: 192