Midwifery 39 (2016) 20–26

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw

# Clinical handover practices in maternity services in Ireland: A qualitative descriptive study

Gerard Fealy, PhD, MEd, RGN (Professor of Nursing and Associate Dean for Research, Innovation and Impact)[a,*], Deirdre Munroe, MHS, RGN, RM (Lecturer in Midwifery)[b], Fiona Riordan, MSc, MPH, BSc (Research Assistant)[c], Eilish Croke, MBA, BNS, RGN (Programme Manager for the National Clinical Programme for Acute Medicine)[d], Celine Conroy, MSc, PGDip, RGN (National Programme Manager for Sepsis)[e], Martin McNamara, EdD, MA, MSc, MEd, RGN (Dean of Nursing and Head of School)[a], Michael Shannon, PhD, MBA, RGN (Programme Director)[f]

[a] UCD School of Nursing, Midwifery and Health Systems, University College Dublin, Ireland
[b] School of Nursing and Midwifery, University of Limerick, Ireland
[c] Department of Epidemiology and Public Health, University College Cork, Ireland
[d] Health Service Executive, Dublin, Ireland
[e] Ireland East Hospital Group, Donnybrook, Dublin 4, Ireland
[f] Institute of Leadership, Royal College of Surgeons in Ireland, Bahrain Campus, Ireland

ARTICLE INFO

*Article history:*
Received 29 December 2015
Received in revised form
10 April 2016
Accepted 25 April 2016

*Keywords:*
Handover
Clinical
Practice
Maternity
Care
Interview
Focus group
Ireland

ABSTRACT

*Objective:* the objective was to examine and describe clinical handover practices in Irish maternity services.
*Design:* the study design incorporated interviews and focus group discussions with a purposive sample of healthcare practitioners working in Irish maternity services.
*Setting:* five maternity hospitals and fourteen co-located maternity units.
*Participants:* midwives, obstetricians and other healthcare professionals, specifically physiotherapists and radiologists, midwifery students and health care assistants working in maternity services.
*Findings:* the study participants provided nuanced and differentiated accounts of clinical handover practices, which indicated a general absence of formal policy and training on clinical handover and the practice of midwifery and medical teams holding separate clinical handovers based on their separate, respective needs for transferring information and clinical responsibility. Participants spoke of barriers to effective clinical handover, including unsuitable environments, lack of dedicated time and fatigue during duty shift clinical handover, lack of supportive information technology (IT) infrastructure, and resistance of some staff to the adoption of new technologies to support clinical handover.
*Key conclusions:* whether internal and external to clinical handover events, the barriers to effective clinical handover represent threats to patient safety and quality of care, since effective clinical handover is essential to the provision of safe quality care.
*Implications for practice:* clear and effective communication between collaborating professionals within maternity teams is essential.



## Introduction

Clear and effective communication between collaborating professionals within maternity teams is essential, since a woman's care will typically involve multiple transitions between different care settings and different clinicians (Kings Fund, 2012). Effective clinical handover is especially important when care is escalated from a lower to a higher level (Cantwell et al., 2011; Department of Health, 2014). Clinical handover should take place in ideal circumstances with reference to timing and location and duty shift clinical handover should take place with sufficient protected time (British Medical Association [BMA], 2004; Department of Health (South Australia), 2013), in a suitable physical environment (BMA,

* Corresponding author.
*E-mail address:* gerard.fealy@ucd.ie (G. Fealy).

http://dx.doi.org/10.1016/j.midw.2016.04.011
0266-6138/

2004), and be free from interruptions and distractions (BMA, 2004; Joint Commission and WHO, 2007; Royal College of Surgeons of England [RCSE], 2007). In addition, the setting for clinical handover should have ready access to supplementary clinical information, such as lab reports, X-rays and so forth (BMA, 2004, Department of Health (Western Australia), 2013). Official bodies also recommend that clinical handover should comprise a written proforma, complemented by face-to-face verbal handover, (BMA, 2004; Department of Health (South Australia), 2013). Despite the guidelines of official bodies, several reports have indicated that failures in communication processes may have been contributory factors in maternal deaths (Lewis, 2004; West Midlands Perinatal Institute, 2010; HIQA, 2013) and infant death and injury (Joint Commission and WHO, 2007).

Effective clinical handover can be achieved through explicit clinical handover procedures and supportive work environments (Siemsen et al., 2012) and by educating staff on the importance of information transfer in ensuring patient safety (Sharit et al., 2008). Transferring information in a standardised way may also improve the effectiveness of clinical handover (Arora et al., 2005; Bost et al., 2012; Siemsen et al., 2012; Klim et al., 2013). Reported barriers to effective clinical handover include a lack of a formal policy for clinical handover (Health Foundation, 2011; Siemsen et al., 2012), a failure to schedule adequate overlap time between duty shifts (Health Foundation, 2011), and a lack of training in clinical handover (Horwitz et al., 2006; Health Foundation, 2011).

Established as part of the Patient Safety First Initiative by the Irish Department of Health, the National Clinical Effectiveness Committee (NCEC) is a Ministerial committee with a remit to prioritise and quality assure national clinical guidelines to the level of international methodological standards. In late 2014 the Committee published guidelines for clinical handover for use in maternity services following a tragic maternal death, in which poor communication processes were implicated (Health Information and Quality Authority [HIQA], 2013; Health Service Executive, 2013). The development of the clinical guidelines was supported by evidence from a systematic review of literature, expert opinion and a field study incorporating interviews and focus group discussions to ascertain clinical handover practices in maternity services (Fealy et al., 2014). The field study was conducted during mid to late 2014. In this paper we report some key findings from the interviews and focus group discussions.

## The study

### *Aim*

The aim was to examine and describe clinical handover practices in Irish maternity services, in order to provide baseline evidence for the development of national clinical guidelines on clinical handover.

### *Design*

In order to generate differentiated descriptions of clinical handover practices, we conducted a series of individual interviews and focus group discussions with healthcare professionals working in all nineteen maternity hospitals and units in Ireland. We also conducted two focus groups among a purposive sample of women who attended the Irish maternity services; the findings of these are reported elsewhere. An experienced registered midwife, acting in the role of Research Midwife and supported by a Research Assistant, conducted the interviews and focus groups.

### *Participants*

Participants within each hospital were purposively sampled. We identified prospective interviewees, including obstetricians, radiologists and directors of midwifery, from the hospitals' websites and recruited interviewees by direct written invitation. The participants in the focus groups were midwives, recruited indirectly through their respective directors of midwifery.

### *Ethical considerations*

All data collection procedures were granted ethical approval from the first author's institutional review board (LS-14-15-Fealy) and all 19 of the sites granted access to the study participants on the basis of this ethical approval. Access to participants for focus groups and interviews was negotiated locally through senior personnel, including directors of midwifery and medical directors. All participants were provided with a written information sheet and signed a consent form prior to taking part in the study. All data transcripts were anonymised.

### *Data collection*

We conducted interviews and focus groups over a 12-week period in mid to late 2014. The participants were recruited from across all 19 of the maternity hospitals and co-located maternity units in Ireland, i.e. all sites were represented in the sample. The nineteen sites were made up of five large stand-alone maternity hospitals located in large metropolitan centres and fourteen maternity units, co-located in tertiary care general hospitals situated in large regional towns throughout the country. The hospitals ranged in size from c.210 beds to units with fewer than 30 beds. Each interview and focus group lasted between 30 and 60 minutes. We conducted each interview and focus group using a combination of open-ended and targeted questions, drawn from a topic guide informed by the literature on clinical handover practices. This ensured that discussions were directed towards the participants' experiences of clinical handover and related practices and was aimed at enhancing the validity of the findings.

**Table 1**
Focus groups and interviews.

| Interview | Grade | No. of events | No. of participants |
|---|---|---|---|
| | Director/Assistant Director of Midwifery | 6 | 6 |
| | Consultant obstetrician | 3 | 3 |
| | Specialist registrar | 3 | 3 |
| | Radiologist | 1 | 1 |
| | Medical student | 1 | 1 |
| | Health and social care professionals* | 4 | 4 |
| | Theatre nurse | 1 | 1 |
| | Healthcare assistant | 1 | 1 |
| **Sub-total** | | **20** | **20** |
| **Focus group** | **Grade** | **No. of events** | **No. of participants** |
| | Midwifery student | 2 | 18 |
| | Staff midwife | 2 | 15 |
| | Clinical midwife managers | 2 | 12 |
| | Mixed grade midwives | 3 | 21 |
| | Obstetric Clinical Advisory Group | 1 | 9 |
| **Sub-total** | | **10** | **75** |
| **Overall total** | | **30** | **95** |

* physiotherapists and radiologists.