Morning Handover Process

Welcome to CTU! We hope you enjoy your time with us. As a clerk or junior resident, you play an integral role in the CTU Teams and are involved in morning handover. This is how our morning handover runs:

1 dedicated handover room (3H40); 1 teaching room (3H36)
- There are two handover times – an early (7:15 am) and late (7:35 am) time. These alternate depending on an odd/even schedule:

**Odd days – Team 1** (early team) 7:15 am; **Team 2** (late team) 7:35 am
**Even days – Team 2** (early team) 7:15 am; **Team 1** (late team) 7:35 am

On the first day of the rotation, before teams have been assigned: all residents/clerks will meet at 7:15 am in 3H40.

Schedule:
**Please print off a list from the clinical sharepoint site on the ward prior to arrival**

Room 3H40 (0715): The outgoing SPR (senior pediatric resident), JPR (junior pediatric resident)/off-service resident and clerk will meet in the handover room with the early team to handover the new patients on their team and overnight issues. This should take no more than 20 minutes (total).

Guide to presenting new consults:
- Spend 2 to 3 mins for each patient and discuss:
  - Name, age, main presenting complaint(s)
  - Brief history of most important pertinent positives/negatives
  - Relevant past medical history
  - Brief summary of objective findings (physical examination, investigations)
  - Admitting diagnosis & plan

Guide to present team issues (done by junior residents covering the team pager overnight):
- Briefly state overnight issue(s) and management
- Inform the team of any issues that need follow-up or task(s) that were handed over the night before
- If there are no overnight issues or follow-up, simply state “No issues” or skip the patient

At 0735: The outgoing SPR, JPR/off-service and clerk will meet with the other team (late team) to discuss the new patients on their team and overnight issues.

**Note:** The JPR should be presenting patients first – they will need to leave to provide handover to Heme Onc & Team 3 (will be present in 3H40 at approximately 0750.)

Room 3H36 (0735):
The team that has already received handover (early team) will meet in Room 2 for the teaching session.

Guide for teaching (discussion about a clinical case that came in overnight/topic of interest):
- Salient clinical features
- Diagnosis and differential diagnosis for the patient
- Acute treatment options and brief long-term management goals (evidence-based, if possible)
Morning Handover Process

This new handover process is contingent on punctuality, including arriving in the morning (with lists printed) and efficient handover.

AM Handover Summary:

<table>
<thead>
<tr>
<th>0715</th>
<th>0735</th>
<th>0750</th>
<th>Between 0750-0900</th>
</tr>
</thead>
</table>
| *On first day of rotation, all residents/clerks meet at 0715 in 3H40* | 3H40: Team 1 (Even day) or Team 2 (Odd day) will receive handover on new cases and overnight issues  
- Junior pediatric resident should present first  
3H36: Other team can meet if arrive early. | JPR hands over to HemeOnc/Team 3 | SPR hands over to GI |

| 3H40: Team 1 (Even day) or Team 2 (Odd day) will receive handover on new cases and overnight issues  
- Junior pediatric resident should present first  
3H36: Team that has already handed over will meet for teaching session |
Afternoon Handover Process

Welcome to CTU! We hope you enjoy your time with us. As a clerk/resident, you play an integral role in the CTU Teams and are involved in afternoon handover. This is how our afternoon handover runs:

1 dedicated handover room (3C10)
- There are two handover times – an early (4:40 pm) and late (5:00 pm) time. These alternate depending on an odd/even schedule:

Odd days – **Team 1** (early team) 4:40 pm; **Team 2** (late team) 5:00 pm
Even days – **Team 2** (early team) 4:40 pm; **Team 1** (late team) 5:00 pm

Schedule:
**The incoming overnight team will print off their own lists at 4:30 pm – the handover lists should be updated by this time**
Room 3C10 (1630): The overnight JPR (junior pediatric resident)/SPR (senior pediatric resident) will receive handover from Heme Onc and Team 3.
Room 3C10 (1640): The early handover team will meet to give handover to the overnight team’s SPR, residents and clerk.
Room 3C10 (1700): The late handover team will meet to give handover to the night residents/clerk.
Room 3C10 (1730): Senior receives GI handover

Guidelines for giving handover:
Please use the IPASS format (listed on the handover sheets as well)

<table>
<thead>
<tr>
<th>I</th>
<th>Illness Severity</th>
<th>Stable, “watcher,” unstable</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Patient Summary</td>
<td>Summary statement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Events leading up to admission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital course</td>
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<tr>
<td></td>
<td></td>
<td>Ongoing assessment</td>
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<tr>
<td></td>
<td></td>
<td>Plan</td>
</tr>
<tr>
<td>A</td>
<td>Action List</td>
<td>'To do list</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Time line and ownership</td>
</tr>
<tr>
<td>S</td>
<td>Situation Awareness and Contingency Planning</td>
<td>Know what’s going on</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan for what might happen</td>
</tr>
<tr>
<td>S</td>
<td>Synthesis by Receiver</td>
<td>Receiver summarizes what was heard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asks questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Restates key action/to do items</td>
</tr>
</tbody>
</table>
**Afternoon Handover Process**

Note: “Late handovers” with the incoming off-service resident and clerk (at ~ 1930) will occur in ER consult room whenever possible.

**PM Handover Summary:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1630</td>
<td>JPR &amp; SPR receives handover from:</td>
</tr>
<tr>
<td></td>
<td>- Heme Onc Team 3</td>
</tr>
<tr>
<td></td>
<td>- Team 1 (Odd days) or Team 2 (Even days)</td>
</tr>
<tr>
<td></td>
<td>hands over</td>
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<tr>
<td></td>
<td>Requirements: Lists should be completed by</td>
</tr>
<tr>
<td></td>
<td>1630</td>
</tr>
<tr>
<td>1640</td>
<td>Team 1 (Odd days) or Team 2 (Even days)</td>
</tr>
<tr>
<td></td>
<td>hands over</td>
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</tr>
<tr>
<td></td>
<td>1630</td>
</tr>
<tr>
<td>1700</td>
<td>Team 1 (Even days) or Team 2 (Odd days)</td>
</tr>
<tr>
<td></td>
<td>hands over</td>
</tr>
<tr>
<td></td>
<td>Requirements: Lists should be completed by</td>
</tr>
<tr>
<td></td>
<td>1630</td>
</tr>
<tr>
<td>1730</td>
<td>SPR receives GI handover</td>
</tr>
</tbody>
</table>

Note: If Heme Onc/Team 3 handover is running overtime, the Senior will start handover with the outgoing teams and update the junior.

Note: If a handover team arrives late, they can begin handing over - however, when the other team arrives at 1700, they have the option of starting their handover and the first team will have to wait until the end.
AM Handover Guidelines

7:15 am

There is an Early Team Handover at this time:
Odd Days: Team 1
Even Days: Team 2

Please bring your own printed list! (print on the ward under your own account)

• The overnight JRs (junior residents) & Clerk will present new patients
• Spend 2 to 3 mins for each patient and discuss:
  □ Name, age, main presenting complaint(s)
  □ Brief history of most important pertinent positives/negatives
  □ Relevant past medical history
  □ Brief summary of objective findings (physical examination, investigations)
  □ Admitting diagnosis & plan

JRs present team issues:
□ Briefly state overnight issue(s) and management
□ Inform the team of any issues that need follow-up or task(s) that were handed over the night before
□ If there are no overnight issues or follow-up, simply state “No issues” or skip the patient

7:35 am Teaching Session

Clinical clerk/JR will present a case seen overnight or a topic of interest. Points to include:
□ Salient clinical features
□ Diagnosis and differential diagnosis for the patient
□ Acute treatment options and brief long-term management goals (evidence-based, if possible)

7:35 am Late Team Handover

The Late Team will receive handover at this time:
□ Odd days: Team 2
□ Even days: Team 1
□ Just go to step 1, and finish at 7:55 am!

7:50 am Heme Onc & Team 3 Handover

• Heme Onc Handover & Team 3 at 7:50 am (both incoming residents should be here at this time)
**PM Handover Guidelines**

There is an **Early Team Handover** at this time:
- Odd Days: Team 1
- Even Days: Team 2

The incoming team will print their own lists — please have them updated by 4:30 pm!

### 4:30 pm

#### Early Team Handover

**Heme Onc & Team 3**

- **Heme Onc Handover & Team 3** will give handover to the covering JPR (junior pediatric resident) along with the Senior
- **Please note:** If this handover is expected to take longer than 10 minutes, the JPR will accept the rest of handover outside of the room; Team 1 or 2 will start handover

#### 4:40 pm Early Team Handover

- **The outgoing team will present team handover**
- **Please follow the IPASS format (see right)**

<table>
<thead>
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</tbody>
</table>

- **I:** Stable, "watcher," unstable
- **P:** Summary statement, Events leading up to admission, Hospital course, Ongoing assessment, Plan
- **A:** To do list, Time line and ownership
- **S:** Know what’s going on, Plan for what might happen
- **S:** Receiver summarizes what was heard, Asks questions, Restates key action/to do items

#### 5:00 pm Late Team Handover

**The Late Team** will give handover at this time:
- Odd days: Team 2
- Even days: Team 1

**Please note:** If the early team arrives late for handover, or has exceeded the allotted handover time, their handover will be interrupted by the Late Team Handover at 5:10 pm. The Early Team can resume handover once the Late Team has finished.

### 5:30 pm GI Handover

- **The GI Service** will handover at 5:30 pm to the SPR
- **GI:** please have a handover list printed to facilitate handover