Background A rigorous medical handover system in a hospice is essential to ensure patient safety as well as quality and continuity of care especially in the face of changing work patterns of hospice doctors. A General Medical Council survey (2011) highlighted a lack of formal handover arrangements among palliative medicine trainees.

Aim To review current medical handover system of weekend handover stickers (HSts) and to identify examples of good hospice medical handover practice.

Method Weekend medical HSts were audited at two Northamptonshire hospices, which share an on-call rota. Feedback from doctors exploring usefulness of HSts was obtained. To identify other hospice medical handover models, literature review, palliative care forums and informal discussions with hospice doctors at regional meetings were used.

Results Ninety-eight weekend HSts were audited. Background medical details and weekend management plan were recorded in 98% and 93%, respectively. Although HSts were useful, documented information was variable and did not always contain necessary details to inform complex decisions involving life-prolonging and life-sustaining treatments in addition to the psychological, emotional and spiritual factors influencing clinical manifestations of the dying. Occasionally HSts were complemented with poorly documented verbal handovers. The audit highlighted the need for descriptive information to address the question “what to do in the event of deterioration”. Though a few electronic handover systems in other hospices were identified, the common underlying theme was the need for a standardized medical handover system.

Conclusion Handover does happen among hospice doctors, albeit in a different format to that of acute medical specialties. Though our weekend handover stickers are used regularly, effective ways to capture information to inform complex decisions need to be identified. The new electronic health record systems being rolled out in Northamptonshire will need to incorporate the facility to extract such information.