



Clinical Handover

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Outline

- Why Focus on Handover
- Definition of Handover
- Situational Awareness
- Resources to Implement Handover Improvements
- Patients Involvement in Handover
- Improving the Handover; Change Process

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Why focus on Handover?

- Over 8.2 million admissions to Aus hospitals annually (AIHW, '08)
- Victoria: 6.9% of 979,834 admitted patients episodes incurred an adverse event (Ehsani '07)
- In the subset of patients who stayed 24 hours, **19.6%** had an adverse event (Ehsani '07)
- Direct cost of adverse events: **\$2 billion/yr** (Ehsani '07)
- Systematic Review of adverse events: **44%** preventable (deVries '08)
- Communication problems responsible for **11%** of preventable adverse events (Wilson '99)
- The importance of the right information being given and understood by the right people at the right time is key to ensure patient safety during the handover process (ACSQHC '09).



Pt Safety; From Learning to Action (QH'11)

- 78% of reported clinical incidents in 2008/9 in Qld did NOT result in patient harm
- 95% of reported clinical incidents were Severity Assessment Code (SAC) 3 (minimal or no harm)
- At 27%, communication failure is the leading contributing factor for SAC 1 (death or likely permanent harm) clinical incidences



Barriers to Effective Handover (Manias '08)

- **Content omissions and errors**
- **Incomplete or unclear communication**
- **Lack of a shared understanding**
- **Interruptions and distractions**
- **Effect of hierarchy and power (defensive handovers)**
- **Lack of training**
- **Busyness**

Poor Handover (Schoen '07)

- **Poor coordination of care**
- **Delays in treatment**
- **Duplication**
- **Conflicting advice**
- **Wasted time**
- **Adverse events**

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WHO High 5s (<http://www.who.int/patientsafety>)

- World Alliance for Patient Safety
- Aims to achieve significant sustainable and measurable reduction in the occurrence of 5 patient safety problems over 5 years in 7 countries (Australia, Canada, Germany, the Netherlands, NZ, UK, USA)
- Mechanism to implement innovation and develop standardized operating protocols
 1. **Managing concentrated injectable medicines**
 2. **Assuring medication accuracy at transitions in care**
 3. **Communication during patient care handovers (Australia the lead)**
 4. **Performance of correct procedures at correct body sites**
 5. **Improved hand hygiene to prevent health care-associated infections**

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Clinical Handover

- Transfer of responsibility and accountability for patient care from one provider or team of providers to another (NPSA, 2004, cited by AMA, 2006)
- Implies communication of patient information (both historical and likely future)

Other Purposes (several authors)

- Mentoring junior staff members
- Socialising newcomers into the culture
- Provide a forum for developing group cohesion
- Teaching and training
- Help to develop situational awareness

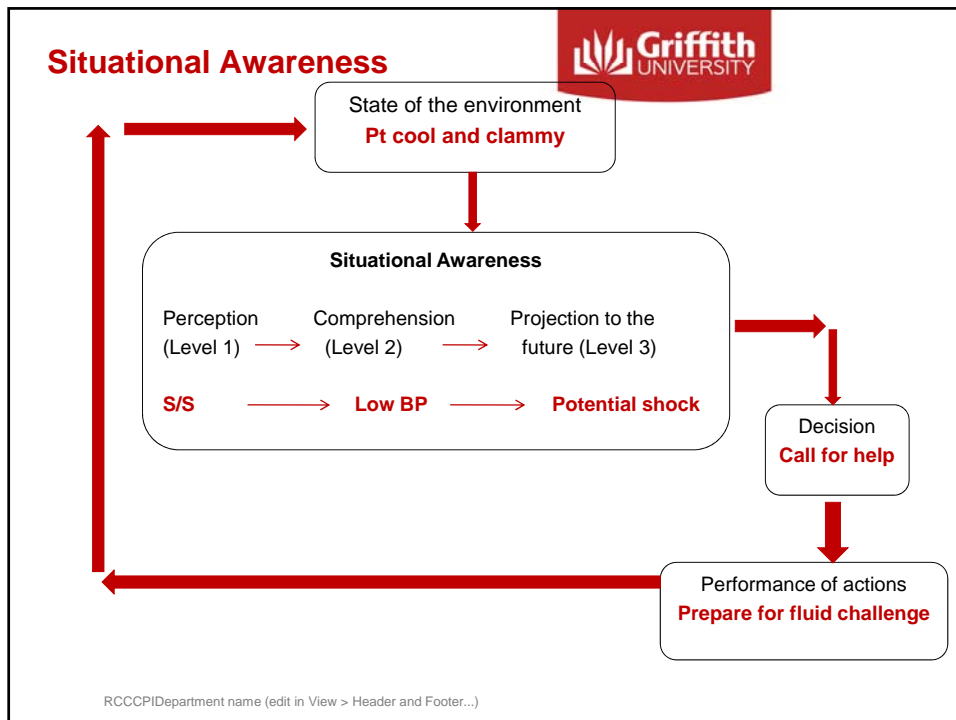
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Situational Awareness (Endsley '95)

- An individual's awareness and understanding of information that is relevant to their current environment and task
- 'Making sense' of information or events
- Precursor for effective decision making and performance
- Level 1 = **perception** of critical factors in the environment
- Level 2 = **comprehension** or understanding what these factors mean
- Level 3 = **prediction** of what will happen in the future

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Nursing Handover

Griffith UNIVERSITY

- Accurate information during handover is key to ensure patient safety (WHO '08)
- Variation in patterns of communication and content during nursing handover (Kerr '02)
- Nurses' participation during handover varies according to their status in the nursing hierarchy, their level of expertise and their experience (Manias '00).

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Forms of Nursing Handover

Nurses have led the way in recognising the importance of handover

Verbal (staff room) (O'Connell '01; Davies '06)

- unreasonably lengthy
- often includes non-essential or irrelevant information (gossip etc)

Audio-taped (Dowding '01; McKenna '97)

- retrospective
- treatment oriented information rather than providing focus and direction for forward planning
- less time consuming because of fewer interruptions
- No/limited opportunities for clarification

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Bedside Handover



Benefits	Limitations
reduces the amount of time spent in the office chatting	time consuming/resource intensive
patient centred, collaborative care (patients better informed)	medical jargon may be daunting for patients
opportunities for just in time teaching	patient involvement will undermine the clinician-patient relationship
improves accuracy	careless conversations at the bedside that may disturb patient confidence

Details about our bedside handover research will be presented later today



Bedside Handover Findings (interview data; Chaboyer '10)

- Patients feel part of the handover process and have input into their care.
- More accurate information is communicated.
- Better understanding of patients' conditions is gained.
- Patients are visually 'seen' sooner in the shift.
- Seeing patients can prompt recall of important events and issues.
- Continuity of care is improved.
- Improves communication among staff at change of shift.
- More opportunities for teaching and modelling behaviours.
- Can be less time-consuming.

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Patient Perspective of Bedside Handover (McMurray '11)

- 10 medical patients in 1 metropolitan hospital
- Honours student completed a study of family's perspective

Theme	Description
Acknowledging pts as partners	By sharing information, pts legitimate rights to information were acknowledged
Amending inaccuracies	At times, pts were able to correct misinformation and provide up-to-date information
Passive engagement	Some pts only wanted to listen; others would only contribute if explicitly asked
Handover as interaction	Active encouragement of pts encouraged a two-way, collaborative exchange of information

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Patient and Family Centred Care

- Movement to promote patients as partners (Sahlsten '07)
- Family centred care: family is the most important aspect of one's psychological and physical health (Bruce '02)
- Three key elements: (Hutchfield '99)
 - » mutual respect
 - » collaboration
 - » support

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Final OSSIE Guide to Clinical Handover Improvement.pdf - Adobe Acrobat Pro

File Edit View Document Comments Forms Tools Advanced Window Help

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AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, whenever and whenever care is provided, it is of high-quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high-quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

Guiding Principles

These three principles describe how this Charter applies in the Australian health system.

- Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.
- The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
- Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.



What can I expect from the Australian health system?

MY RIGHTS	WHAT THIS MEANS
Access I have a right to health care.	I can access services to address my healthcare needs.
Safety I have a right to receive safe and high-quality care.	I receive safe and high-quality health services, provided with professional care, skill and competence.
Respect I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
Communication I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
Participation I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
Privacy I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other



Resources for Handover Improvement Projects

1. Draft National Standard (Australian Commission Safety and Quality in Health Care)
2. OSSIE Guide
3. NSW and SA Resources
4. Electronic Tools

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Draft National Safety and Quality Health Service Standard 6 - Clinical Handover (CH) (ACSQHC draft)

The intention of this Standard is to:

- Ensure there is timely, relevant and structured clinical handover that contributes to safe patient care.

Criteria for the CH Standard are:

- **Governance and leadership for effective clinical handover**
- **Effective clinical handover processes**
- **Patient and carers involvement in clinical handover**

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Standard 6 - Clinical



Handover (CH) (ACSQHC draft)

- 1.1 Developing and implementing an organisational system including a **policy** on structured clinical handover that is relevant to the healthcare settings and specialities and includes the use of agreed tools and guides.
- 1.2 Ensuring there **are structured processes** for clinical handover that are documented.
- 2.1 Regular **monitoring and evaluation** of the agreed structured clinical handover processes, including:
 - in collaboration with **clinicians, patients and carers.**
- 2.2 Implement a robust organisation-wide system of reporting, investigation and change management to **respond to any clinical handover incidents.**
- 3.1 Developing and implementing mechanisms to include **patients and carers** in the clinical handover process that is relevant to patient care and the healthcare setting.

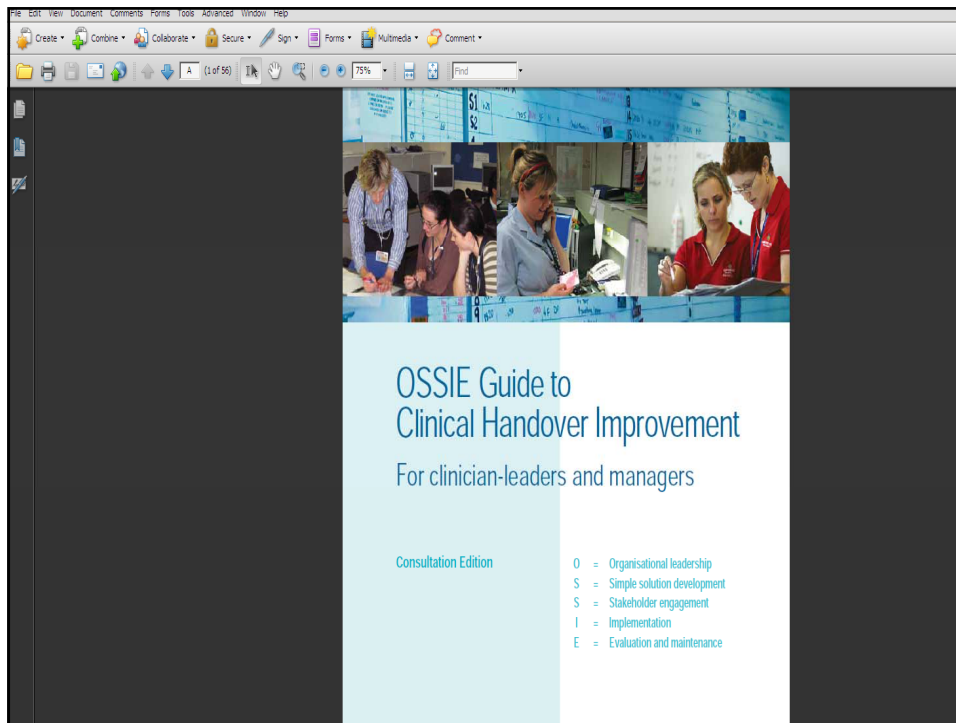
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OSSIE Guide to Clinical Handover Improvement

- O** **Organisational leadership**
- S** **Simple solutions**
- S** **Stakeholder engagement**
- I** **Implementation**
- E** **Evaluation and maintenance**

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O - Organisational Leadership

Objectives:

- Prioritise the handover improvement process
- Understand local practice from staff's perspective (data)
- Understand the motivators and barriers to change
- Provide leadership by helping staff to understand the rationale for the change
- Lead through empowerment

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O - Organisational Leadership

- What is current practice? (observations)
 - » What type of handover currently occurs?
 - » When does it occur?
 - » What is the role of patients and families?
 - » Who attends and leads the handover?
 - » How is continuity of patient care assured during handover?
 - » Is the handover documented and what is its relationship to the patient record?
 - » What other roles does the handover have?
 - » Is the current handover efficient and effective?
 - » Is there a standard format for the handover information?
 - » Are tools used to assist with the handover preparation and process?

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S - Simple Solutions

Objectives:

- Ensure the standardised handover solution is patient and practice centred
- Engage clinicians in the design including the process and content
- Engage clinicians in the design of any information tools

Principles:

- Handover requires preparation: Allocating staff for continuity of patient care, Nominating participants, time and venue, Obtaining relevant documents
- Handover needs to be well organised: Elect a leader and ensure all participants are together
- Handover should provide environmental awareness: alerts, attention to safety issues
- Handover includes the transfer of accountability and responsibility for patient care:
- Various tools

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Examples of tools (ACSQHC '10)

ISBAR	ISOBAR	SHARED
Introduction	Identity	Situation
Situation	Situation	History
Background	Observations	Assessment
Assessment	Background	Risk
Recommendations	Agree to a plan	Expectations
	Read back	Documentation

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S – Stakeholder Engagement

Objectives:

- Ensure stakeholders understand the objectives of the project and their roles
- Empower staff to participate
- Ensure sustainability through ongoing commitment to process improvement

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I - Implementation

Objectives:

- Develop a plan for the implementation
- Deliver education and training
- Pilot and potentially revise the new handover solution
- Develop innovative activities to ensure successful implementation

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E – Evaluation and Maintenance

Objectives:

- Develop an evaluation framework
- Develop tools to evaluate the impact of the new process
- Develop strategies to disseminate the evaluation results
- Develop strategies for ongoing education and improvement
- Changing clinicians' behaviours is not easy

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Safe clinical handover NSW HEALTH REDESIGN
- Key principles for safe and effective handover

Clinical handover is the effective
Transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.

★ **Does your process for clinical handover meet these standard key principles?**

- Leadership:** Nominates a leader at each clinical handover.
- Valuing handover:** Set the expectation that clinical handover is valued and an essential part of daily work. Ensure staff are available to attend for the handover of all patients relevant to them.
- Handover participants:** Identify and orient handover participants. Involve them in regular review of clinical handover processes.
 - Whenever possible, patients and carers should be recognised and included as handover participants.
- Handover time:** Set an agreed time, duration and frequency for clinical handover to occur.
 - It is highly recommended that, where possible, strategies are defined to reinforce punctuality.
- Handover place:** Set a specific location for clinical handover to occur.
 - Preferably, clinical handover occurs:
 - Face to face
 - In the patient's presence, where appropriate (bedside handover).
- Handover process:** Outline the clinical handover process.
 - Standardised Protocol:** Develop process maps, scripts and cues for how clinical handover occurs each and every time. Your standard protocol should:
 - Clearly identify the patient, you and your role
 - State the immediate clinical situation of the patient
 - List the most important and recent observations
 - Provide relevant background/history to the patient's clinical situation
 - Identify assessments and actions that need to occur
 - Identify times/pace and requirements for transition of care
 - Promote the use of the patient record to ensure check information
 - Ensure documentation of all important findings or changes of condition
 - Ensure comprehension, acknowledgement and acceptance of responsibility for the patient by the clinician receiving handover.



Key Principles (NSW Health '09)

Principle	Description
Leadership	nominate a leader for each handover
Value handover	set the expectation that handover is essential and valued and that all staff are available for handover
Handover participants	identify and orient (whenever possible include pts and family)
Handover time	set an agreed time, duration and frequency
Handover place	set a specific location (preferably face to face and in the pt's presence when appropriate)

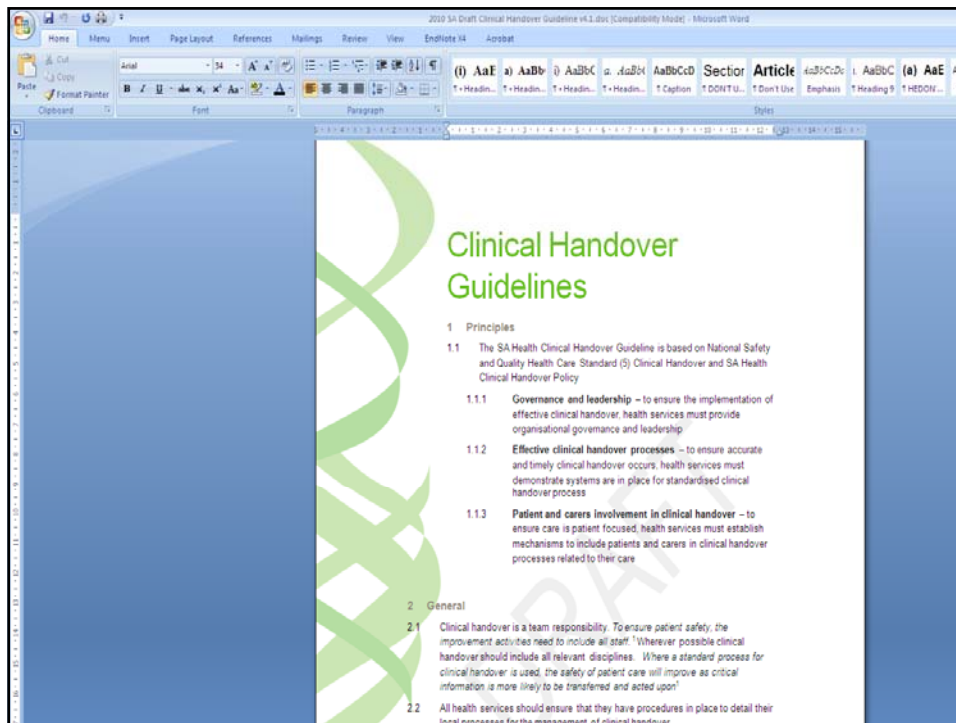
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Handover Process: Standardised Protocol (NSW Health '09)

1. Clearly identify the patient, you and your role
2. State the immediate clinical situation of the patient
3. List the most important and recent observations
4. Provide relevant background/history
5. Identify assessments and actions
6. Identify timeframes and requirements for transition of care
7. Promote the use of pt record for cross-checking
8. Ensure documentation of all important findings or changes in condition
9. Ensure comprehension, acknowledgement and acceptance of responsibility for the patient
10. Document the handover

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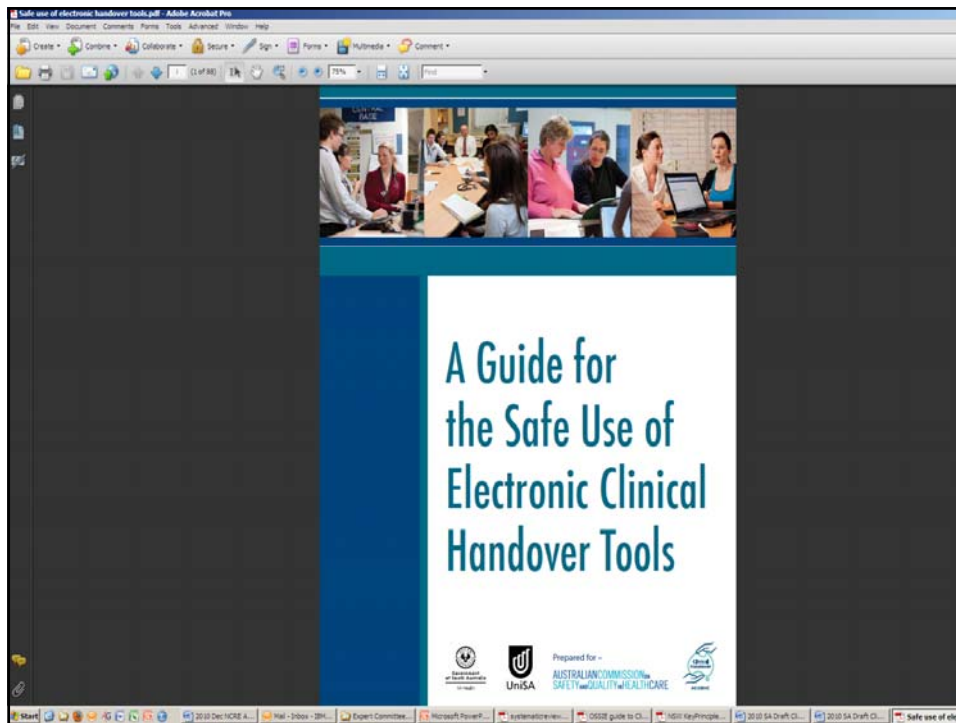


SA Health

Principles

- **Governance and leadership** – to ensure the implementation of effective clinical handover, health services must provide organisational governance and leadership
- **Effective clinical handover processes** – to ensure accurate and timely clinical handover occurs, health services must demonstrate systems are in place for standardised clinical handover process
- **Patient and carers involvement in clinical handover** – to ensure care is patient focused, health services must establish mechanisms to include patients and carers in clinical handover processes related to their care

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Electronic Tools

- On their own, electronic tools are not necessary or sufficient to undertake safe handover
- Clear, well defined handover processes are the first requisite
- Electronic tools support, but don't replace handover

Key Questions related to Electronic Tools

1. Who is responsible for ensuring the data is correct?
2. Does the data have an electronic signature?
3. Checklists for assessing potential tools and ensuring their safe use



Advantages of Electronic Tools (ACSQHC – Thomas '09)

- Can minimise duplication
- Can auto populate a minimum dataset
- Can limit the need to go to various sources for data
- Can avoid duplication of information

Problems with electronic tools (Koppel '05)

- Incorrect patient selection
- Incorrect or omitted patient information
- Redundant information
- Outdated information

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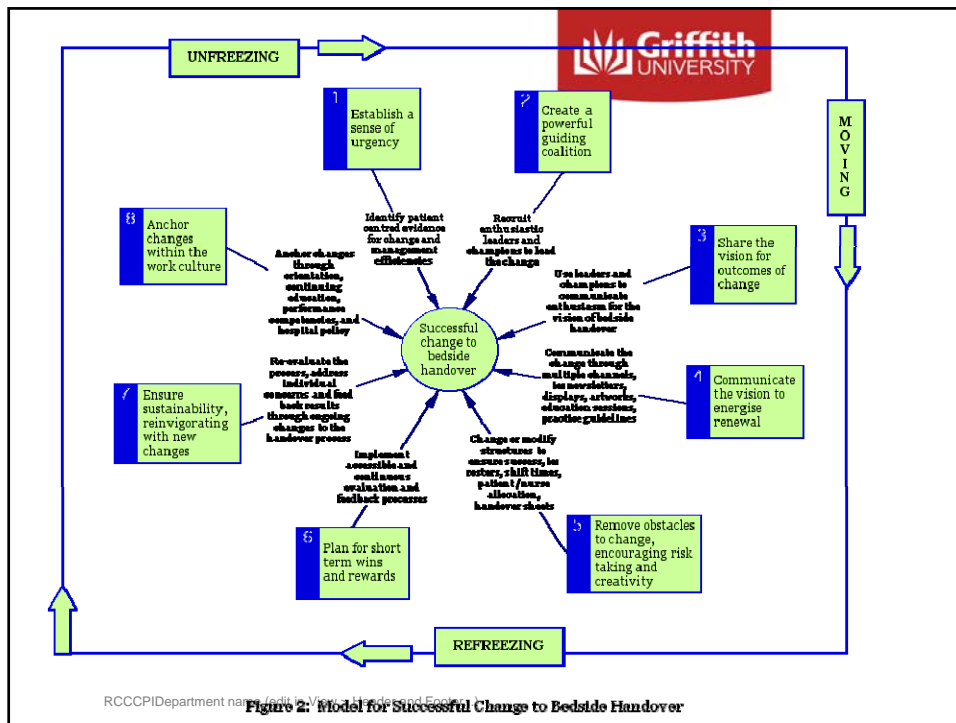


Implementing Bedside H/O: Strategies for Change (in press)

- Secondary qualitative analysis of data collected for the ACSQHC Bedside Handover study
- Lewin ('51) and Kotter ('95) informed us of a model for change to bedside handover, which is consistent with the OSSIE guide

Theme	Description
Being part of the big picture	being part of the change process influences attitudes and understandings
Linking the project to standardisation initiatives	standardisation was highly valued therefore showing how the change process promotes standardisation supported the change
Providing reassurance on safety and quality	ensuring electronic handover sheets were up to date and accurate helped support the change
Smoothing out logistical difficulties	coping with various shift patterns, confidentiality issues required attention etc
Learning to listen	because of face-to-face and with patients, nurses could not 'tune out'

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Innovation

- Process of developing new approaches, technologies and ways of working
- Turns a good idea into something that can be used
- May be breakthroughs, or incremental improvements (refine, review, renew)
- Trying new things brings both successes and failures
- A few other innovations we have been working on in preparation for the new Gold Coast University Hospital (GCUH)

Robotic Exoskeleton



- Capable of boosting human strength by up to 10 times.
- Hoist and other lifting devices contracts for the new GCUH have been cancelled
- Significant savings on wardmens' budget are projected
- **Rostering nurses to the 'robotic' exoskeleton is currently being studied**

Toilet Analyzers



- Toilet has the ability to analyze stool and send a health analysis to a mobile phone
- The unit is available in Japan for just under \$600
- **GCUH order is on hold: Awaiting the next generation that analyses urine as well**



Personal Power Generator



- Towing this pair of rubberized wheels can produce power
- As part of the GCUH eco-friendly approach, all nurses will be issued with a power generator
- **Electricity will be 'sold back' to the Origin Energy grid**



Conclusions

- Miscommunication is a major contributing factor to adverse events
- Handover is an international, national and local priority
- Nursing had led the way in recognising the importance of handover
- Nursing shift-to-shift handover can be undertaken in several ways
- Changing current practice is not easy but there are several resources to support handover improvements
- Bedside handover has the potential to improve the handover content, support staff and reflects a patient centred approach to care
- A shift in the way we think is needed for us to truly accept and value the idea

“If its about me, not without me”

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