Victoria's initiatives to improve clinical handover

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Victorian Quality Council

February 2007

Victoria The Place To Be

THE VICTORIAN QUALITY COUNCIL Safety and Quality in Health

Victorian Quality Council

- Was established in 2001 as an expert strategic advisory group to lead the safety and quality agenda for Victorian health services
- Is a Ministerial Advisory Council
  - has 29 council members appointed by the Minister for Health
- Works to a three year strategic plan covering key areas of health care safety and quality
  - has a management team supporting its work
- Develops practical resources, tools and strategies to assist health services improve safety and quality

VQC 2005 –2008 Strategic Plan

Key Result Areas (KRA):

1. Enhance Leadership in Healthcare Quality and Safety
2. Reduce Harm in Healthcare

VQC Strategic Plan – Workplace Culture

Objectives	Proposed actions
Enhance continuity of care through clinical staff handover	Develop communication tools to assist in clear and effective clinical handover.
Enhance leadership in safe and effective staffing	Develop a broad framework for supporting staff to provide safe care including: induction, supervision, credentialing and development.

Project development

Recognition of

- complexity of clinical handover
- variety of different types of handover
- different agendas for different groups
- few evidence based solutions available

Underpinning project development

- need for a consultative approach with input from a broad range of stakeholders

Progress

Clinical Handover Information Sheet – Feb 2006

Aim

– To provide a summary of the current understanding of patient safety issues related to clinical handover

Content

– Why is clinical handover a challenge?

– What are the barriers to effective clinical handover?

– What can be done to improve clinical handover?

- Leadership
- Resources
- Organisational structures
- Use of IT

Clinical Handover

February 2006

A Challenge for Patient Safety

"Clinical handover refers to the transfer of information from one health care provider to another when:

- a patient has a change of location of care, and/or
- when the care of a patient shifts from one provider to another".

(Australian Council for Safety and Quality in Health Care – May 2005)

This discussion focuses on shift-to-shift handover; however, many of the principles are transferable to other clinical handover situations.

Why is clinical handover a challenge?

- Effective clinical handover requires good communication. If the handover is inadequate there may be delays in a patient being reviewed and in test results being followed up. Ineffective handover may lead to a failure to appreciate key aspects of a patient's condition or care when decisions are being made. These factors may result in an adverse outcome for the patient.
- Sentinel Event Program Annual Reports, Health Service Inquiries and Coroner's recommendations all highlight communication issues between staff as a contributory factor in the occurrence of adverse events. These reports have specifically targeted the need for improvements in clinical handover.
- Whilst the importance of good clinical handover has been recognised internationally, there is limited research to guide the development of best practice standards.

What are the barriers to effective clinical handover?

- Lack of standardisation of clinical handover processes within organisations.
- Lack of training in effective clinical handover, communication and teamwork skills.
- Lack of time to prepare for handover.
- Lack of time to provide or receive a detailed handover.
- Limited policy development regarding clinical handover within organisations.
- Changing workplace practices leading to reduced continuity of care and increasing number of handovers.

What can be done to improve clinical handover?

Leadership:

- Development of an organisational policy for clinical handover
- Development of specific accountabilities and performance indicators for clinical handover
- Appropriate resource allocation.

Resources:

- Time allocated in roster to prepare for and provide or receive handover
- Daily involvement of senior clinical staff to:
  - Provide leadership
  - Offer an educational focus
- Specified staff to attend handover, multidisciplinary where possible
- Formalised processes for Consultant to Consultant handover
- Training provided in communication, clinical handover and teamwork skills.

Organisational structures:

- Specific time for handover, "quarantined" except for emergencies
- Specific location for handover
- Clinical handover must have an explicit, practical, minimum criteria including:
  - Predetermined format and structure
  - Standardised handover sheet
  - Confidentiality of information.

Use of IT:

- Access to radiology and pathology results
- Intranet based patient list / Consultant contact details / after hours cover.

Please email patricia.mcgarrity@dhs.vic.gov.au with ideas about further work needed regarding clinical handover.

Further Information

www.safetyandquality.org.au

www.bma.org.uk/ap.nsf/Content/Handover

The Victorian Quality Council
Safer, better care throughout Victorian health care services
www.health.vic.gov.au/qualitycouncil

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Clinical Handover Information Sheet

- Outcomes
  - Lots of interest in clinical handover!
  - Great work being done but in isolation
  - Fortunately clinicians are interested in
    - sharing the work they are doing
    - learning what others are doing
- Decision

  To survey health services to identify
    - ideas about clinical handover projects
    - main areas of concern

Clinical Handover Survey

1. In your opinion, what types of clinical handover are problematic for your organisation? Tick all that apply.

☐ Ambulance to Emergency Department
☐ Emergency Department to ward
☐ Shift to shift
☐ Interdisciplinary
☐ Intra hospital
☐ Interhospital
☐ Acute to subacute
☐ Acute to community (including residential)
☐ Subacute to acute
☐ Community to hospital
☐ Subacute to community
☐ Other (please specify) ______________________________

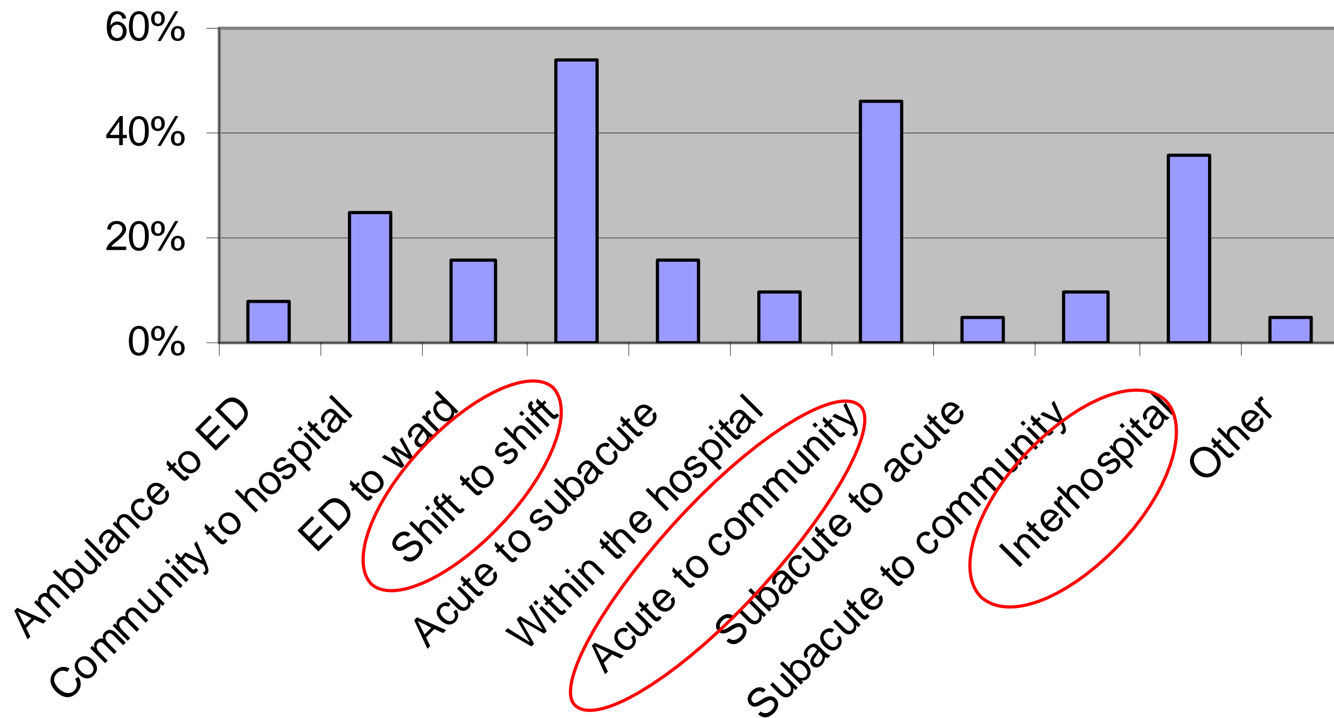
2. What range of activities have you undertaken to improve clinical handover? Tick all that apply.

☐ Organisational policy
☐ Allocation of resources
☐ Alterations to rosters
☐ Involvement of senor clinical staff
☐ Training in clinical handover skills
☐ Specific location for handovers
☐ Specific inclusion requirements
☐ Performance indicators
☐ Multidisciplinary
☐ Standardised format
☐ Defined time for handover
☐ Communication training
☐ Access to results
☐ Other (please specify) ______________________________

3. What clinical handover project would you like to see conducted that could be supported by the Victorian Quality Council?

Areas identified as problematic - Overall results

A Victorian Quality Council presentation



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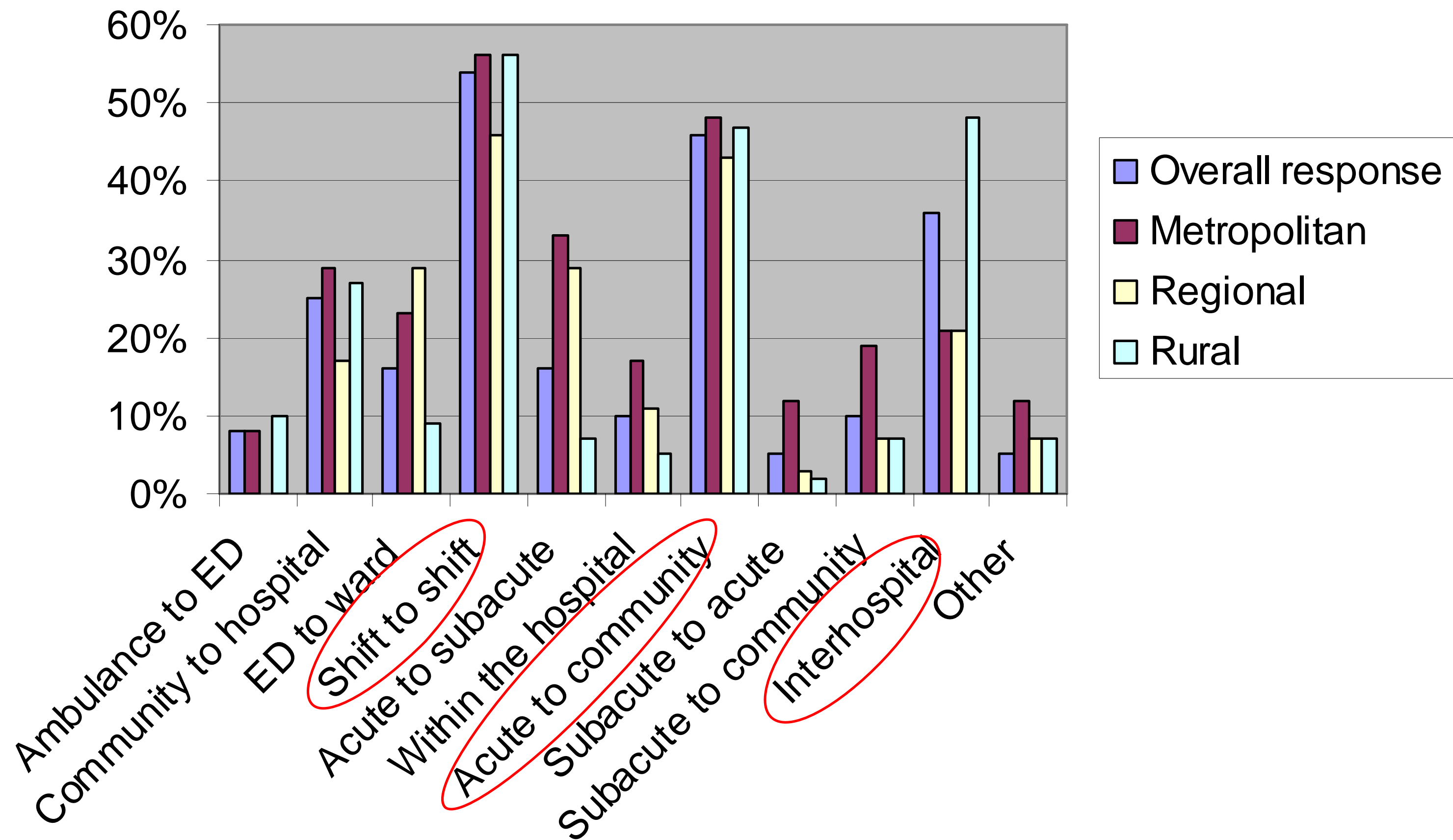
Problematic areas by health service type

A Victorian Quality Council presentation



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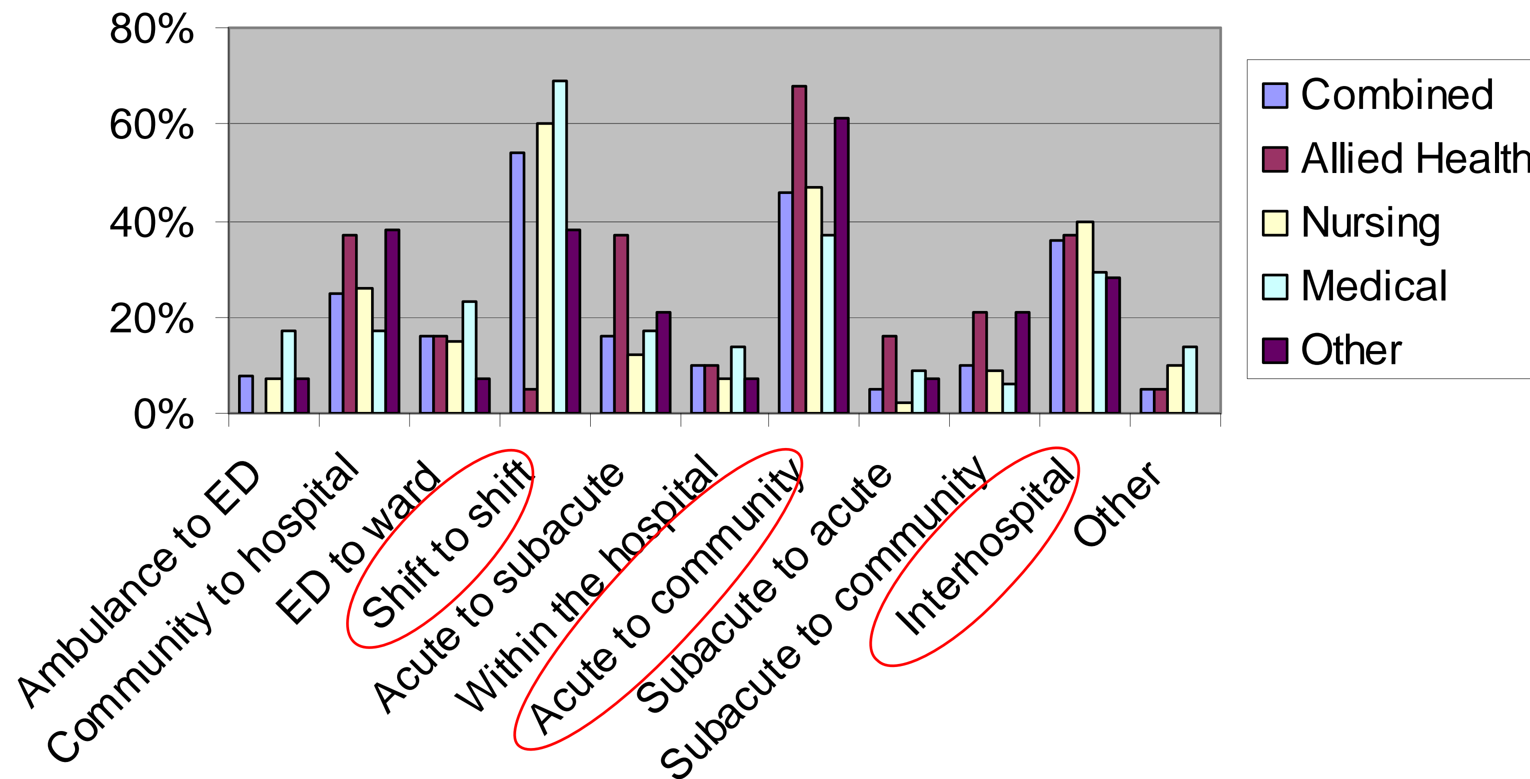
Problematic areas by discipline



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Project ideas

Project Concept
Training in clinical handover skills
Training in clinical handover communication skills
Development of clinical handover training toolkit
Training in clinical handover content
Standardised clinical handover format
Standardised interhospital clinical handover
Guidelines for clinical handover
Generic organisational policy
Standardised Performance Indicators
Bedside handover
Sharing of information regarding clinical handover
Use of Information Technology

Initial project plan – minimum data set

Aim

To evaluate the impact on patient safety of implementing standardised procedures for clinical handover and a **minimum data set** (clinical handover tool)

Method

Implement the clinical handover tool

- Acute medical handover
  - Handover to a covering resident
  - Day to evening / night handover
  - Weekday to weekend handover
- Handover of
  - Sick patients
  - Patients who are anticipated to require a review

Data collection

- Adverse event analysis (interviews following event)
  - Impact on number of avoidable Medical Emergency Team calls
  - Impact on number of cardiac arrests
  - Impact on unplanned admissions to ICU / HDU
- Number of reviews required on patients not handed over
- Number of incident reports related to clinical handover
- Questionnaire regarding appropriateness and efficiency of tool
- Interviews with stakeholders

Clinical Handover Workshop 29 Nov 2006

Aims

- To provide forum for discussion about clinical handover
- To develop draft standardised procedures
- **To develop draft minimum data set**

Presentations

- Coroner's office, setting the scene
- Health service response to Coroner's recommendation re clinical handover
- Health services discussing changes implemented, barriers, development of minimum data set, use of IT

Group work

1. What should health services do to support clinical handover?
2. What procedures / rules / support mechanisms should apply to clinical handover situations?
3. What items are included in the standardised clinical handover content (minimum data set) that **shouldn't** be?
4. What items are not included in the standardised clinical handover content (minimum data set) that **should** be?
   – Draft minimum data set provided

Outcomes

1. What should health services do to support clinical handover?
   - Create Dept of Human Services awareness of the issues
   - Executive and clinical leadership
   - Handover at specific time with resources to facilitate this
     - Room, time, access to pathology and radiology, protected from interruption
   - Funded handover time
   - Organisational policy and guidelines
   - Senior staff involvement
   - Multi disciplinary
   - Key performance indicators
   - Minimum data set
   - Accountability
   - Training included in orientation

Outcomes

2. What procedures / rules / support mechanisms should apply to clinical handover situations?

- Obligated attendance, defined people, organisational expectation
- Escalation policy
- Input valued, respect for peers
- Clear objectives

Outcomes – Minimum data set

Item
Name
Age
Location
UR
Treating Unit
Admission date
*Escalation plan
Working diagnosis
Procedures/date
Results Pending Abnormal
Ongoing management plan (include issues, reason review required, time frame for review)
Resuscitation plan
Alerts (includes allergies, clinical risk factors)
Signature and position
Date

Learnings from Workshop

- High level of interest
- Much concern about the best way forward
- Frustration amongst clinicians that nothing seems to change
- Important input into policy / protocol / minimum data set
- Issues with handover in rural settings differ to regional and metropolitan
- Organisational support is critical

Revised project plan

- Pilot project being revised to increase emphasis on **organisational support** mechanisms - Feb 2007
  - Focus on the development of a set of tools to assist health services in the implementation of safe effective handover
    - rather than on minimum data set
  - Pilot project to evaluate the response to the tools rather than clinical outcomes initially
    - appropriateness and acceptability of tools
    - identify barriers and enablers

Clinical handover tools – to be piloted

- Set of tools developed to assist with clinical handover
  - Framework for conducting clinical handover
    - Generic policy
    - Generic protocol
    - Organisational readiness chart
    - Key performance indicators
    - ‘Minimum data set’

Other work

- Work with rural health services:
  - Identify specific issues
  - Adapt clinical handover tools or develop appropriate tools

Creating innovation and improvement in patient care

Victorian Travelling Fellowship Program

VTFP funded by VQC

- Recipients receive
  - $15000 Year 1 to travel
  - $15000 Year 2 to embed project within health service

Victorian Travelling Fellow:

- Dr Karen McLean, Chief Resident Medical Officer and Fellow in Child Protection, Royal Children's Hospital
- 'Clinical handover: developing a tool to measure patient safety'
  - Exploring interventions and best practice models of care worldwide to design and improve the quality of handover processes
  - Gain insight into barriers to handover and an exploration of methods to achieve sustainable change

www.health.vic.gov.au/qualitycouncil