

AUSTRALIAN COMMISSION ON  
SAFETY AND QUALITY IN HEALTH CARE

Building handover tools and  
knowledge with the WHO  
Patient Safety Alliance

Dr Christine Jorm

*Senior Medical Advisor*

Mr Bryce Cassin

*Manager, Clinical Safety and Quality Programs*

# Overview

- WHO Patient Safety Alliance & High Fives
- What tools are currently being developed?
- What knowledge is emerging about handover?

# High Fives initiative

- The World Health Organization Collaborating Centre on Patient Safety, the World Alliance for Patient Safety and the Commonwealth Fund
- Seven-country project implementing five solutions intended to prevent avoidable catastrophic events in hospitals.

1. **Handover errors**
2. Wrong site/wrong procedure/  
wrong person surgical errors
1. Continuity of medication errors
2. High concentration drug errors
3. Effective hand hygiene

# Taking the lead on clinical handover

- The Australian Commission on Safety and Quality has agreed to be the **lead technical agency** for the High Fives Initiative to address clinical handover 'errors'
- Australia has agreed to develop a **standard operating protocol with a detailed specification of tools** to improve a range of clinical handover scenarios
- A series of **pilot projects** will be developed, with an emphasis on identifying current successful initiatives and developing these into product that can be successfully transferred to multiple settings.

# What the WHO initiative involves

- Comprehensive project managed approach
- Participation from all states & territories
- 10 or more pilot sites for common handover scenarios
- Measurement, spread, communication & evaluation
- Ongoing monitoring to ensure sustainability
- International positioning - white papers & journals

# Common handover scenarios

- Nursing change of shift report
- JMO handover to after hours medical cover
- Transfer of care between hospital teams
- Transfer of care to GP
- Transfer of care between facilities
- handover in specific clinical situations (eg, management of the deteriorating patient)

# Handover support

- Electronic health record applications to enhance communication and information:
  - discharge summary
  - medication chart
  - e-witnessing of test results
  - communication of critical test results
- Team training in communication skills:
  - graded assertion

# Role of the Commission

- Leverage national learning from current local handover initiatives
- Look for opportunities to add value to existing and future state & territory initiatives
- For example, enhance a state-wide hospital initiative so that it is able to:
  - incorporate the state's private hospitals (together with a comprehensive evaluation)
  - work with GPs on transfer of patient information

# State and Territory action 2007

|     |  |   |   |                                 |
|-----|--|---|---|---------------------------------|
| TAS | Hospital handover guidelines & manual  | Nursing handover - rural                  | e-projects to support info transfer:<br>Range of notifications to GPs |                                 |
| WA  | 3 projects - between shifts on medical ward; between clinicians in ED; e-summary from ICU to GP                  |   |   | e-handover to GP from ED        |
| NT  | EHR pilot of central health record and point-to-point e-messaging  |   | Shift from paper to e-witnessing of investigation results             |                                 |
| QLD | State-wide pilot projects: inter-hospital; ward: ward DR +RN; whole of hospital; dept; DR:DR; RN:RN; tools       |   |   | e-liaison medication system     |
| NSW | State-wide collaborative: Medical & Nursing + e-support (includes SBAR)  |   | Deteriorating patient   | Communication training          |
| VIC | Awareness raising info   | State-wide survey                         | Workshop  | Pilot project                   |
| ACT | PDSA project approach to Hospital RN:RN; RMO:RMO; and ED handover - continuous transfer not just shift start/end |   |   |                                 |
| SA  | Content & model of nursing handover  | After hours: Coordinator<br>Standard SBAR | EHR solutions to support info. transfer                               | Teamwork Training (using STEPP) |

# Circumventing 'Redisorganisation'



# Working with the WHO 2007-2008

- Standardised approach to handover communications
- SBAR (situation, background, assessment, recommendation)
- Allocate sufficient time and limit interruptions
- Read-back, check-back , and teach-back steps
- Patient info available to whole team, patient & family
- Information to next provider on discharge
- Staff composition to ensure effective communication
- Redesign patient care processes to make handover a systematic part of care delivery process
- Utilise technology to improve handover effectiveness

What tools  
are currently  
being  
developed?

SBAR report to physician about a critical situation

|          |  |
|----------|--|
| <b>S</b> | <p><u>Situation</u><br/>           I am calling about &lt;patient name and location&gt;.<br/>           The patient's code status is &lt;code status&gt;.<br/>           The problem I am calling about is _____<br/>           I am afraid the patient is going to arrest.</p> <p>I have just assessed the patient personally:</p> <p>Vital signs are: Blood pressure _____ / _____, Pulse _____, Respiration _____ and temperature _____</p> <p>I am concerned about the:<br/>           Blood pressure because it is over 200 or less than 100 or 30 mmHg below usual<br/>           Pulse because it is over 140 or less than 50<br/>           Respiration because it is less than 5 or over 40.<br/>           Temperature because it is less than 96 or over 104.</p>   |
| <b>B</b> | <p><u>Background</u><br/>           The patient's mental status is:<br/>           Alert and oriented to person place and time.<br/>           Confused and cooperative or non-cooperative<br/>           Agitated or combative<br/>           Lethargic but conversant and able to swallow<br/>           Stuporous and not talking clearly and possibly not able to swallow<br/>           Comatose. Eyes closed. Not responding to stimulation.</p> <p>The skin is:<br/>           Warm and dry<br/>           Pale<br/>           Mottled<br/>           Diaphoretic<br/>           Extremities are cold<br/>           Extremities are warm</p> <p>The patient is not or is on oxygen.<br/>           The patient has been on _____ (l/min) or (%) oxygen for _____ minutes (hours)<br/>           The oximeter is reading _____ %<br/>           The oximeter does not detect a good pulse and is giving erratic readings.</p> |
| <b>A</b> | <p><u>Assessment</u><br/>           This is what I think the problem is: &lt;say what you think is the problem&gt;<br/>           The problem seems to be cardiac infection neurologic respiratory _____<br/>           I am not sure what the problem is but the patient is deteriorating.<br/>           The patient seems to be unstable and may get worse, we need to do something.</p>  |
| <b>R</b> | <p><u>Recommendation</u><br/>           I suggest or request that you &lt;say what you would like to see done&gt;<br/>           transfer the patient to critical care<br/>           come to see the patient at this time.<br/>           Talk to the patient or family about code status.<br/>           Ask the on-call family practice resident to see the patient now.<br/>           Ask for a consultant to see the patient now.</p> <p>Are any facts needed:<br/>           Do you need any tests like CXR, ABG, EKG, CBC, or BMP?<br/>           Others?</p> <p>If a change in treatment is ordered then ask:<br/>           How often do you want vital signs?<br/>           How long do you expect this problem will last?<br/>           If the patient does not get better when would you want us to call again?</p>   |

# Situation, Background, Assessment, Recommendation (SBAR)

## Situation

- Identify patient
- Brief description
- Primary diagnosis
- Relevant co-morbidities

## Background

- Current treatment
- Recent changes in condition or treatment

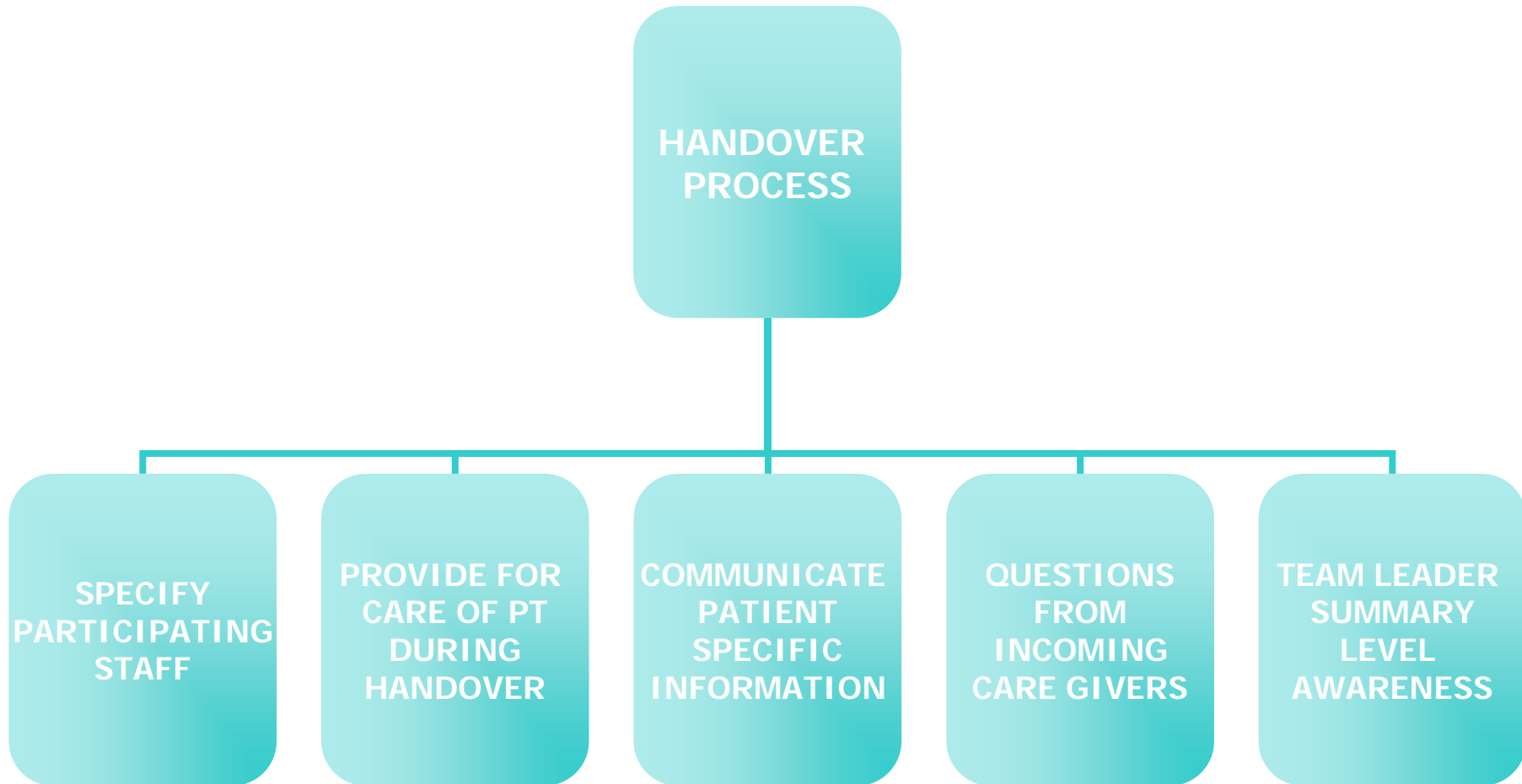
## Assessment

- Current condition

## Recommendation

- What is to be done or anticipated changes in treatment
- Potential changes in condition
- Critical monitoring parameters
- Any questions?

# WHO 'handover specification'



What  
knowledge is  
emerging  
about  
handover?



“Never talk down to patients. I’ll be back to explain why when the big hand’s on the 12 and the little hand’s on the 2.”

# Clinical communication & adverse events

## Clinical Communication

- Complex healthcare impacts on delivery of care
- 19<sup>th</sup> century principles of handover communication
- Reliance on memory and multiple paper documents
- Rely on human effort to make sure things get done
- Myth of teamwork but train in separate silos
- Myth of vigilance as path to safety

## Adverse Events

- Handover 'errors' - proximal or root cause?
- Reliability model: belief 'perfection' is possible
- Resilience model: recognise need to continually adapt

# The predominant 'reliable system' view: ENGINEERED SYSTEMS ARE SAFE - PEOPLE CAUSE ERROR

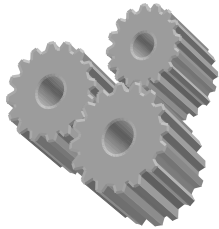
- "Failure in communication accounts for 60% of root causes of sentinel events" (JCAHO)
- "Safe effective clinical care depends on reliable flawless communication" (IHI)
- "Communication breakdowns feature of avoidable harm" (IHI)
- "Solutions intended to prevent avoidable catastrophic events in hospitals" (JCAHO)

# The new 'manage the complexity' view: PEOPLE CREATE SAFETY

- Systems not inherently safe
- Systems are contradictions between multiple goals pursued simultaneously - people have create safety
- Error systematically connected to tools, tasks, and operating environment
- Progress on safety from understanding and influencing these connections

(SIDNEY DEKKER, Journal of Safety Research 2002)

# Two contrasting perspectives



## Engineering machine model

- replace or support humans
- use design, standardisation
- produce protocols



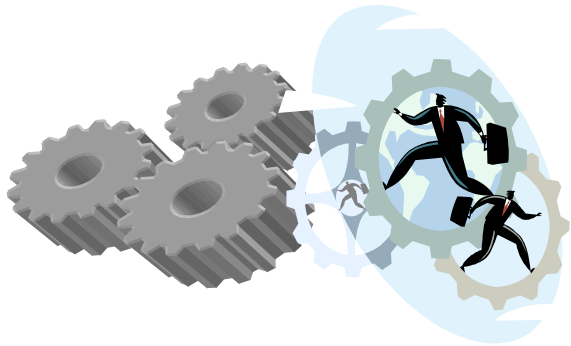
## Practitioners create safety

- observe & learn from human capabilities to adapt
- foster expertise & skill in unpredictable situations
- anticipate response to events

- Both standardisation and adaptation are needed to support clinicians
- Taking the pressure off clinicians will improve safety

CHARLES VINCENT

# Bringing the two views together



The Commission will work to integrate the knowledge and skills gained through state and territory handover initiatives