A Framework for Clinical Handover

Sara Hatten-Masterson & Marnie Griffiths
Project Team
Clinical Handover

- Clinical Handover relates to and is defined as “the 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”.

Why does it matter?

• Safety – “right care for the right person at the right time”!
• Safety – nurses, midwives and doctors!
• Outcomes including length of stay.
• Complaints
• Claims
Queensland

- Queensland data 2005-2006: communication failure contributed to 20% of all reported public hospital sentinel events.

- Staff to staff communication failure was a sub-category in 13.7% of all sentinel events

So Far at Mater:

- 2006 development of SHARE
- Clinical Handover Initiative: SHAREing Maternity Care – Clinical Handover between VMO’s and Midwives February 2008 to February 2009.
- 2009 expand use of SHARED as a framework across Mater Health Services.
Effective Handover Attributes

- Face to face communication
- Sufficient time
- Common language & standardised approach
- Forms and checklists
- Narrative understanding and representation
Project

- Project aim – “Develop, test and implement a framework for clinical handover”
- Project covered the following critical points in care:
  - Transfer of information between the nurse/midwife and VMO when a change in the patient’s condition occurs *(Phone Handover)*;
  - Handover from recovery nurse to ward nurse/midwife post c-section *(Recovery Room Handover)*.
Mater Mothers Private Hospital
Unique relationships

The birth of John Glenn
Maternity care

- Women may be admitted directly from home or a VMO’s private rooms.

- VMO and midwife reliant on an exchange of information occurring. This enables informed decisions around a woman’s care to occur.

- This exchange of information may occur face to face but more commonly occurs via telephone.
The SHARED Framework for Clinical Handover outlines and explains the essential components of clinical handover.

These components are essential for the provision of safe and effective healthcare.

The SHARED Framework assists clinicians to participate in comprehensive, appropriate and safe clinical communication irrespective of clinical setting.
Key Learning

- SHARED is a guide, and should be used to support local development of meaningful tools and processes.
- **Who are you?**
  - Name
  - Designation
  - Location

- **Why are you communicating?**
  - Reason for admission/phone call
  - Change in condition

- **Who are you communicating about?**
  - Patient name
  - Diagnosis specific information
Important information relevant to patient’s current presentation.

- Antenatal/obstetric
- Medical
- Surgical
- Psychosocial
- Recent treatments, responses and events
Relevant to current presentation; observations, tests, assessments & their results.

- Results
- Blood tests
- X rays/scans
- Observations
- Condition severity
Relevant & important information to keep the patient safe.

- Allergies
- Infection control
- Literacy/cultural
- Drugs
- Skin integrity
- Mobility/falls
What needs to be done?
- Plan of care

In what timeframe & by whom?
- Patient
- Midwife/nurse
- VMO

Anticipated responses & outcomes
- Expected outcomes
- Discharge plan

“Speaking Up For Safety”
- Escalation
Important & relevant information written in the appropriate clinical record.

- Progress notes
- Care paths
- Electronic systems/databases
Support Tools
At every clinical handover, ensure you have...

- **Situation**: Why you are communicating. Who you are communicating about.
- **History**: Important information relevant to patient’s current presentation.
- **Assessment**: Relevant to current assessment, observations, tests, assessments and finding.
- **Risk**: Important and relevant information to keep the patient safe.
- **Expectation**: What needs to be done in next assessment and procedure. As well as anticipated responses and outcomes.
- **Documentation**: Important and relevant information written down in appropriate clinical record.
I SHARED with .................................................................at............hrs on ....../....../20......
signed (name, initial and designation) ........................................................................................................
Phone Handover Guide

Framework for communicating a critical situation, or change in patient condition

Before calling the Doctor:
1. Assess the patient
2. Review the chart and identify who you should call
3. Read the most recent progress notes, care path & assessments from the previous shift
4. Have available when speaking to the Doctor the end of bed chart and the Matrix "Labour and Delivery Summary"

- Identify the situation you are calling about
- Identify yourself – name, designation & where you are
- Identify your patient

- Any relevant history – obstetric/antenatal, medical, surgical, psychosocial
- Anything from the current admission including any treatments, responses and events

- Your assessment
- Recent vital signs, trends and/or anomalies
- Recent tests and results – bloods, urine etc.
- Response to any treatment or intervention so far

- Be aware of any risk the patient has
- Allergies
- Infection control
- Medications

- What do you and your patient expect to happen
- What does the VMO expect to happen
- By whom and by when

- Know what to do or who to speak to if any of these expectations aren’t met

Complete an “I have SHARED” sticker and place in the progress notes. Document the specifics of the communication including information you provided and any outcomes including drugs, plan of care, review or follow up etc.

All telephone orders must be written and read back to the Doctor, drug orders must be heard and signed by two RN’s or RM’s.
Implementation

• Three month timeframe
• Information Package
• Education Sessions & Learning Package
• Clinical Support - face to face
  - telephone
  - resource supply
• Bimonthly Newsletter to VMOs
Measurement

- Staff Satisfaction Survey
- Patient Satisfaction
- Clinical Incident Data
- Chart Audit
Staff Satisfaction

• Purpose of the clinician survey was to measure satisfaction with current clinical handover practices and to inform the development and refinement of support tools and the approach to intervention.

• The initial survey identified that in general staff were satisfied with the current state of phone handover. However a number of issues were raised.
Survey Comments

- Quality of handover is inconsistent and dependent on person providing information;
- A systematic approach or use of tools would be helpful;
- Appropriate information not always provided;
- Difficulty communicating with the people directly involved in patients care.
Results

• Following the implementation of SHARED, the clinician satisfaction survey identified that the majority of respondents were aware of the SHARED framework and its support tools, and found SHARED helpful.
Patient Satisfaction

Press Ganey Continuous Survey

• “Communication between the doctor and nurses regarding your care”;

• “How well staff worked together to care for you”.

Mater
Exceptional People. Exceptional Care.
Results

Reflective of patient perception:

- Post implementation improvement of satisfaction by 6.9 mean score points for “How well staff worked together to care for you”.

- Priority Index from 10th to 19th
Clinical Incidents

• Literature suggests:
  – “that less than 10% of actual adverse event occurrences are reported, in traditional incident reporting systems and less than 30% in an anonymous reporting system”[1]
  – Increased awareness and knowledge may in fact increase rates of reporting (due to increased awareness not increased incidents).

Chart Audit

• Based on clinical handover documentation from February to May 2008 and September to November 2008

Categories of Interest
• Preterm Pre-labour Rupture of Membranes,
• Threatened Premature Labour,
• Stillbirth, Hypertension,
• Antepartum and Postpartum Haemorrhage,
• Fetal Distress
Results

• Criteria assessed:
  – Assessment
  – VMO contacted
  – Conversation referenced
  – Legible
  – Date
  – Time
  – Signature
  – Designation
  – Surname printed

• Increase from 13% to 24% of (adequate documentation) post SHARED implementation.

• Most improved were legibility, time documented and signature.
Key Learning

• Relevant measures may not be obvious and allow enough time for change.

• Observational study provides significant information around processes.
Project Extension

- Special Care Nursery - end of shift handover
- Mater Mothers Hospital - Public Hospital
  - birth suite shift change handover
- Mater Adults - ED transfer of patients to ward
  - end of day medical handover
- Mater Private Adults - end of shift handover
  - PACU to ward handover
  - MCVU to ward handover
  - phone handover
Key Learning

• Everyone will want this at the same time!
Questions

It's QUESTION TIME!!
Activity

- Each group has a maternity patient Scenario;
- Develop a template using SHARED and populate with appropriate information;
- Deliver the handover.