Clinical Handover
Standard 6

Network Meeting
September 2013
Governance and Leadership

Clinical Handover Working Group established – interdisciplinary (including GPs), cross campus and consumer representation to oversee a comprehensive and integrated approach across Alfred Health

Handover situations identified as key priorities for targeted improvements were:

- Shift to shift
  - Pilot Bedside Handover across 4 areas
- Transfers and discharge.
Clinical Handover Processes

- Comprehensive gap analysis and mapping exercise were undertaken to identify handover practices across all units.
- Resulted in a defined handover structure, development of handover tools and minimum dataset.
- Informed by evidence (OSSIE Guide) and internal gap analysis.
- Handover Checklist undertaken by medical, nursing, allied health.
- Feedback to local areas led to further improvements e.g. Ensured 3 IDs added to Patient Lists (ITS support).
Clinical Handover Processes

Policies and Guidelines include:

- Clinical Handover Policy
- Clinical Handover Guideline
- Transfer and Discharge Guideline

Education:

- E-learning package
- Face to face forums identified barriers and improvement opportunities and facilitated education
- Orientation packages updated to include handover information, e.g. HMO Handbooks, Generic Nursing Orientation Manual
- ISBAR lanyard tags
Evaluation and Monitoring

Process and outcome KPIs

• Observational and documentation audits (use of tools, minimum content, patient identifiers, ISBAR)

• KPI reports at Executive level and on CPU Portal are
  – Number of completed S30 transfer forms in the medical record
  – Number of patients with completed discharge summaries

Additional KPIs

• % of ISR 1 and 2 handover incidents investigated

• Number of complaints where issue with handover has been identified

• Bi-monthly monitoring and reporting of all handover incidents, data/information used in an ongoing way to inform improvements
Riskman incidents relating to handover of care - by month

- Ward - ward or ward - dept (ED/OR/ICU/Radiology etc)
- Shift to shift (any discipline)
- Between medical teams (referral / transfer of care between teams)
- Between disciplines (e.g. medical and nursing)
- Between Alfred Health campuses
- Between Alfred Health and community

Number of incidents per month

- Clinical Handover Working Group established
- TQC implemented
- ED to Ward Handover process review
- Education commenced
- Revised ED to Ward Handover Process implemented
- Changes to HITH After Hours model. New handover Process to be implemented
Complaints data by quarter Jan 2012- June 2013

Number of complaints per quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>Q1 Jan-Mar</td>
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<td>Q2 April-June</td>
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<td>Q3 Jul-Sep</td>
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<td>Q4 Oct-Dec</td>
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<tr>
<td>Q1 Jan-Mar</td>
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<tr>
<td>Q2 April-June</td>
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</tbody>
</table>
Medical Observation Handovers – April to June 2013

Medical observation handovers by Clinical Unit and number of handovers observed

- Trauma: 24
- General Medicine: 10
- Orthopaedics: 40
- Cardiology and Heart Failure: 15
- Gastroenterology: 1
- Alfred Emergency: 26
- Psychiatry First Floor: 29
- BES: 6
- Clinical Lead: 34
- Combined ACG, 1, 2, 3: 20

Alfred

Caufield
Medical Observational Audits Results April to June 2013

Principles of Handover

- Did all participants arrive before handover commenced? 62%
- Did handover commence at the designated time? 76%
- Did handover occur at the set venue? 100%
- Was the person giving handover identifiable? 100%
- Was the person receiving handover identifiable? 99%
- Identity - were three identifiers used? 35%
- Situation * 99%
- Background * 99%
- Assessment 59%
- Request 94%
- Was ISBAR used to structure communication? 97%
- Was a handover tool used to collect handover information? 70%
- Handover was not interrupted 95%
Nursing Observation Audits – April to June 2013

Nursing Observational handovers by clinical area and number of patient handovers observed

Number of patient handovers observed

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of Handovers</th>
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</thead>
<tbody>
<tr>
<td>6 EAST</td>
<td>5</td>
</tr>
<tr>
<td>7 WEST</td>
<td>7</td>
</tr>
<tr>
<td>EMERGENCY ALFRED</td>
<td>30</td>
</tr>
<tr>
<td>OSS-Recovery</td>
<td>4</td>
</tr>
<tr>
<td>3CCT</td>
<td>3</td>
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<tr>
<td>5 EAST</td>
<td>5</td>
</tr>
<tr>
<td>3 EAST</td>
<td>6</td>
</tr>
<tr>
<td>ICU</td>
<td>1</td>
</tr>
<tr>
<td>WARD 2F</td>
<td>8</td>
</tr>
<tr>
<td>6 WEST</td>
<td>11</td>
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<tr>
<td>Fairfield House</td>
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<td>Glenhuntly</td>
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<td>Barina</td>
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<td>AC2</td>
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<td>Rehab C</td>
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<tr>
<td>Rehab C</td>
<td>20</td>
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<tr>
<td>WARD G3</td>
<td>51</td>
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<tr>
<td>WARD F3 - Maternity</td>
<td>16</td>
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<tr>
<td>EMERGENCY SD</td>
<td>9</td>
</tr>
<tr>
<td>WARD G2</td>
<td>9</td>
</tr>
<tr>
<td>Sandringham</td>
<td>9</td>
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</tbody>
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Alfred | Caulfield | Sandringham
<table>
<thead>
<tr>
<th>Principles of Handover</th>
<th>Alfred Health Nursing Handovers April-June 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did all participants arrive before handover commenced?</td>
<td>76%</td>
</tr>
<tr>
<td>Did handover commence at the designated time?</td>
<td>49%</td>
</tr>
<tr>
<td>Did handover occur at the set venue?</td>
<td>93%</td>
</tr>
<tr>
<td>Was the patient /carer greeted at handover?</td>
<td>15%</td>
</tr>
<tr>
<td>Was the patient/carer introduced to oncoming staff?</td>
<td>18%</td>
</tr>
<tr>
<td>Identity - were three identifiers used?</td>
<td>71%</td>
</tr>
<tr>
<td>Situation</td>
<td>98%</td>
</tr>
<tr>
<td>Background *</td>
<td>97%</td>
</tr>
<tr>
<td>Assessment *</td>
<td>97%</td>
</tr>
<tr>
<td>Request</td>
<td>63%</td>
</tr>
<tr>
<td>Was ISBAR used to structure communication?</td>
<td>32%</td>
</tr>
<tr>
<td>Was a handover tool used for handover information?</td>
<td>95%</td>
</tr>
<tr>
<td>Was the patient involved in handover?</td>
<td>9%</td>
</tr>
<tr>
<td>Handover was not interrupted</td>
<td>92%</td>
</tr>
</tbody>
</table>
Did all participants arrive before handover commenced?

Did handover commence at the designated time?

Did handover occur at the set venue?

Was the patient /carer greeted at handover?

Was the patient/carer introduced to oncoming staff?

Identity - were three identifiers used?

Was ISBAR used to structure communication?

Was a handover tool used for handover information?

Was the patient involved in handover?

Handover was not interrupted
Documentation Audits – May 2013

**Medical Task Tracker Handover Tool**

- Is the tool structured in ISBAR format? 100%
- Is the tool organisational? 100%
- Are there documented recommendations for the patient’s ongoing care? 100%
- Is there documentation covering the patient’s assessment / current status? 78%
- Is the past history documented? 78%
- Is the working diagnosis or clinical situation documented? 78%
- Identity - were three identifiers used? * 56%
- Is the name of the person giving the handover documented? 100%
- Is the name of the person receiving the handover documented? 67%

**percentage**
Nursing Handover Tool

- Is the tool structured in ISBAR format? 100%
- Is the tool organisational? 100%
- Are there documented recommendations for the patient's ongoing care? 100%
- Is there documentation covering the patient's assessment/current status? 100%
- Is the past history documented? 100%
- Is the working diagnosis or clinical situation documented? 100%
- Identity - were three identifiers used? * 92%
- Is the name of the person giving the handover documented? #N/A
- Is the name of the person receiving the handover documented? #N/A
Documentation Audits – May 2013

ET & C Handover Tool

- Is the tool structured in ISBAR format? 100%
- Is the tool organisational? 100%
- Are there documented recommendations for the patient's ongoing care? 88%
- Is there documentation covering the patient’s assessment / current status? 88%
- Is the past history documented? 94%
- Is the working diagnosis or clinical situation documented? 100%
- Identity - were three identifiers used? 0%
- Is the name of the person giving the handover documented? 25%
- Is the name of the person receiving the handover documented? 25%

percentage
Documentation Audits – May 2013

Interdepartmental Handover Tool

- Is the tool structured in ISBAR format? 100%
- Is the tool organisational? 100%
- Are there documented recommendations for the patient's ongoing care? 70%
- Is there documentation covering the patient's assessment/current status? 89%
- Is the past history documented? 100%
- Is the working diagnosis or clinical situation documented? 100%
- Identity - were three identifiers used? * 0%
- Is the name of the person giving the handover documented? 10%
- Is the name of the person receiving the handover documented? 10%
Next steps

• Rollout of bedside handover

• Further work required on transfers and discharge
  – Revise nursing discharge plans and medical discharge summary templates
  – Electronic messaging and automated ‘send’ process of discharge summaries to GPs

• Ongoing monitoring and evaluation-continue audits and education
Key Learnings

• Considering sustainability measures from the outset
  – Importance of staff engagement in the change process
  – Flexibility & adaptability of the guideline principles to each clinical context

• Monitoring and evaluation
  – Feedback of audit data in a timely way to local areas to inform improvements