

# Clinical handover

Results arising from a clinical handover survey circulated to all Victorian public health services

July 2006

## Foreword

*“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)

Clinical handover is a recognised issue in maintaining patient safety. Evidence for this can be found in Sentinel Event Program Annual Reports, outcomes of Health Service inquiries, Coroner’s recommendations and the international literature. Whilst the importance of good clinical handover has been recognised internationally, there is limited research to guide the development of best practice standards. The Victorian Quality Council (VQC) has acknowledged this risk area in its current strategic plan:

### **Goal 2**

*“Support the ongoing development of a workplace culture for all healthcare staff that values teamwork and individual competence in the delivery and continuous improvement of quality and safe patient care”.*

### **Objective**

*Enhance continuity of care through clinical staff turnover.*

Clinical handover is a complex process that occurs in multiple settings, and occurs between and within multiple health professional groups. Identifying the component of clinical handover with the greatest impact on patient safety is challenging. In order to develop a clinical handover project that has a meaningful impact on improving patient safety the VQC has taken a staged approach.

A literature review was undertaken to identify the current understanding of patient safety issues related to clinical handover and potential system improvements. In February 2006, a clinical handover information sheet, outlining generic concepts, was developed and circulated to health services. Feedback from clinicians has demonstrated that there is much interest in this area and a need to undertake further work to identify system improvements.

## The Project

A survey was distributed to all Victorian public health services in April 2006, requesting information about:

- the types of clinical handover that are problematic for the organisation (respondents asked to nominate the three highest priority areas)
- the range of activities undertaken to improve clinical handover
- suggestions for clinical handover project work.

## Methodology

Demographic information was also requested:

- Profession
- Health service category.

Health services were sent five surveys and were requested to seek opinions from:

- Directors of Nursing
- Directors of Medicine
- Directors of Allied Health
- Directors of Emergency Department
- Directors Aged Care / Community Services.

This report will outline the results obtained from the clinical handover survey.

## Clinical Handover Survey

1. What is your area of responsibility? Please tick the most appropriate category.
 

<input type="checkbox"/> Nursing	<input type="checkbox"/> Medical
<input type="checkbox"/> Allied Health	<input type="checkbox"/> Other (please specify) _____
  
2. How would you describe your health service? Please tick the most appropriate category.
 

<input type="checkbox"/> Metropolitan	<input type="checkbox"/> Regional
<input type="checkbox"/> Rural	<input type="checkbox"/> Other (please specify) _____
  
3. What is the name of your organisation (optional) \_\_\_\_\_
  
4. In your opinion, what types of clinical handover are problematic for your organisation? Please tick the **three** priority areas for your organisation.
 

<input type="checkbox"/> Ambulance to Emergency Department	<input type="checkbox"/> Acute to community (including residential)
<input type="checkbox"/> Community to hospital	<input type="checkbox"/> Subacute to acute
<input type="checkbox"/> Emergency Department to ward	<input type="checkbox"/> Subacute to community
<input type="checkbox"/> Shift to shift	<input type="checkbox"/> Inter hospital
<input type="checkbox"/> Acute to subacute	
<input type="checkbox"/> Within the hospital (please specify) _____	
<input type="checkbox"/> Other (please specify) _____	
  
5. What range of activities have you undertaken to improve clinical handover? Tick **all** that apply.
 

<input type="checkbox"/> Organisational policy	<input type="checkbox"/> Performance indicators
<input type="checkbox"/> Allocation of resources	<input type="checkbox"/> Multidisciplinary involvement
<input type="checkbox"/> Alterations to rosters	<input type="checkbox"/> Standardised format
<input type="checkbox"/> Involvement of senior clinical staff	<input type="checkbox"/> Defined time for handover
<input type="checkbox"/> Training in clinical handover skills	<input type="checkbox"/> Communication training
<input type="checkbox"/> Specific location for handovers	<input type="checkbox"/> Use of information technology
<input type="checkbox"/> Other (please specify) _____	
  
6. What clinical handover project would you like to see conducted that could be supported by the Victorian Quality Council?
  
7. Are you happy to share information with other organisations about the clinical handover work you are undertaking (refer to Q 5)?
 

<input type="checkbox"/> No
<input type="checkbox"/> Yes .....please provide Name: _____
Contact number: _____

Thank you for taking the time to complete this form

Please return the completed survey in the attached envelope by **Friday 12 May 200**

## SUMMARY OF RESULTS

### Return Rate

Whilst a list of suggested respondents was provided to health services, smaller health services would not necessarily have all positions outlined. As a result the maximum number of returns is difficult to identify but 435 has been selected (15 metropolitan, 72 regional and rural health services, 87 x 5). There were 193 responses, giving a response rate of 44%. This was an encouraging response and reflects the interest and concerns of staff regarding clinical handover.

### Results

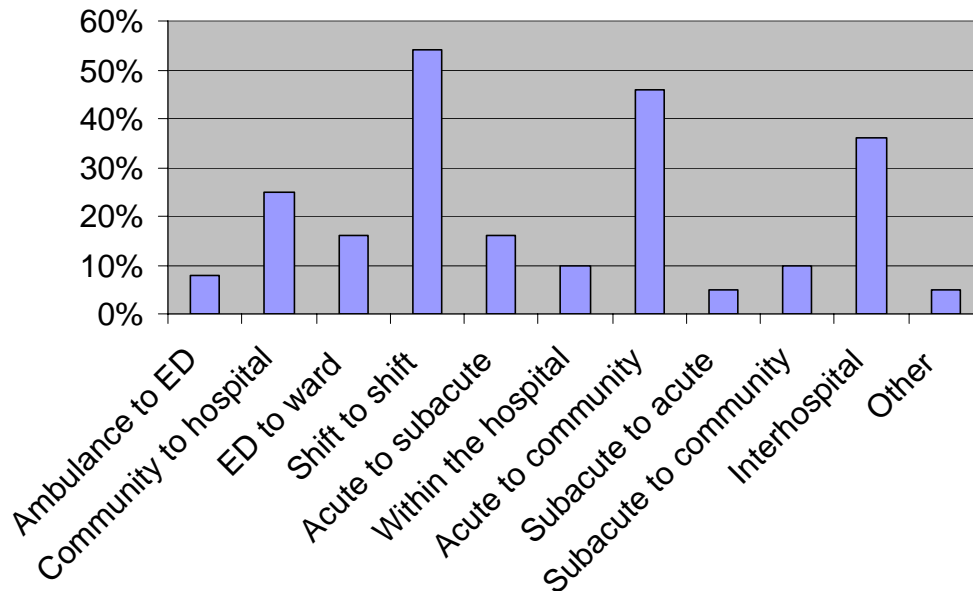
#### A. Types of clinical handover seen as problematic

##### Overall results:

Table 1 – Demographic data

	<b>Overall response</b>	<b>Allied Health</b>	<b>Nursing</b>	<b>Medical</b>	<b>Other</b>
Area of responsibility	44% return rate	10%	63%	19%	6%
<b>Type of health service</b>					
Metropolitan	27%	37%	22%	40%	38%
Regional	15%	21%	12%	30%	
Rural	55%	37%	68%	30%	62%

### Clinical Handover Survey Results (All health services) Problem Areas



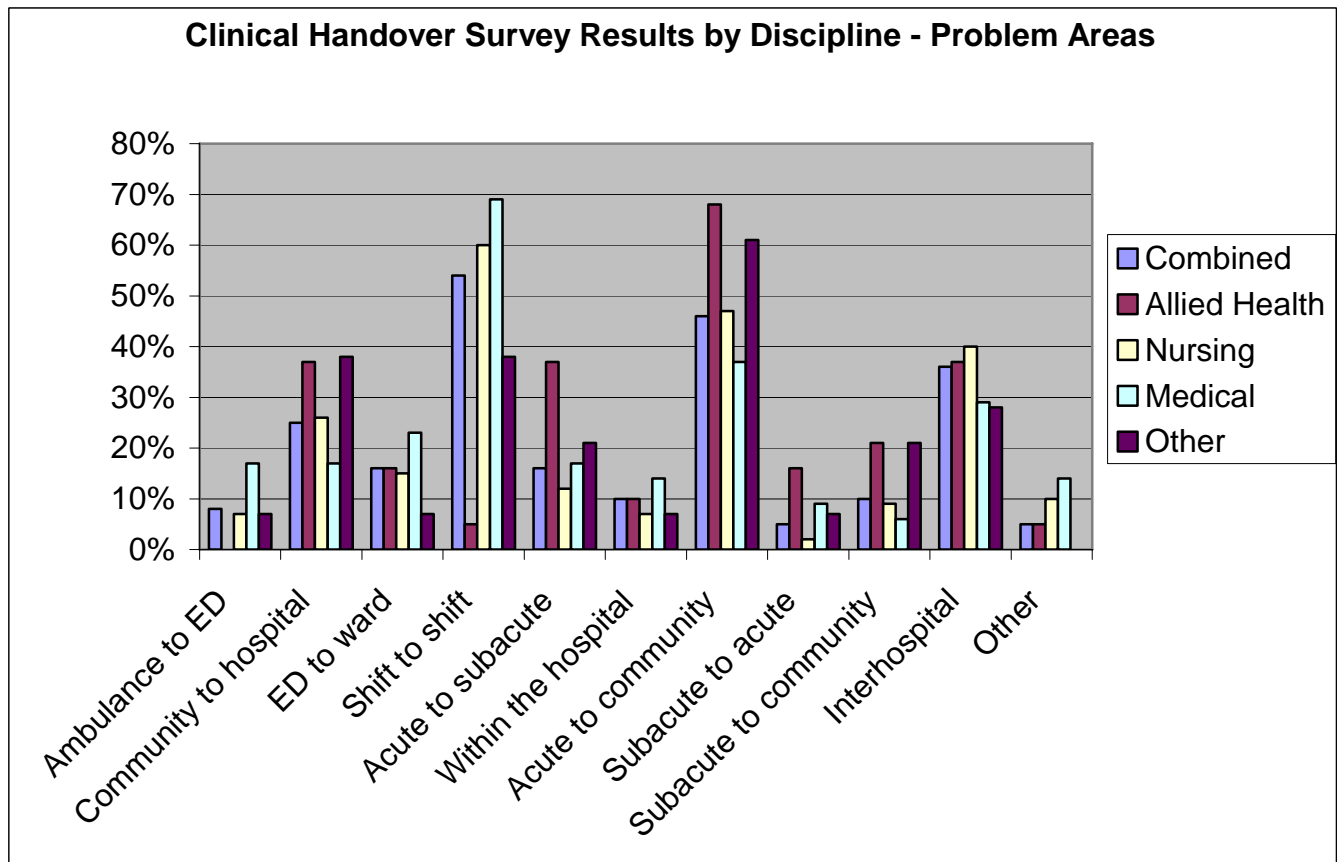
#### Problematic areas

1. Shift to shift
2. Acute to community
3. Interhospital

**Discussion:** The results clearly demonstrate the three areas seen as problematic with regards to clinical handover.

## Response by Discipline

Demographics – Refer to **Table 1**



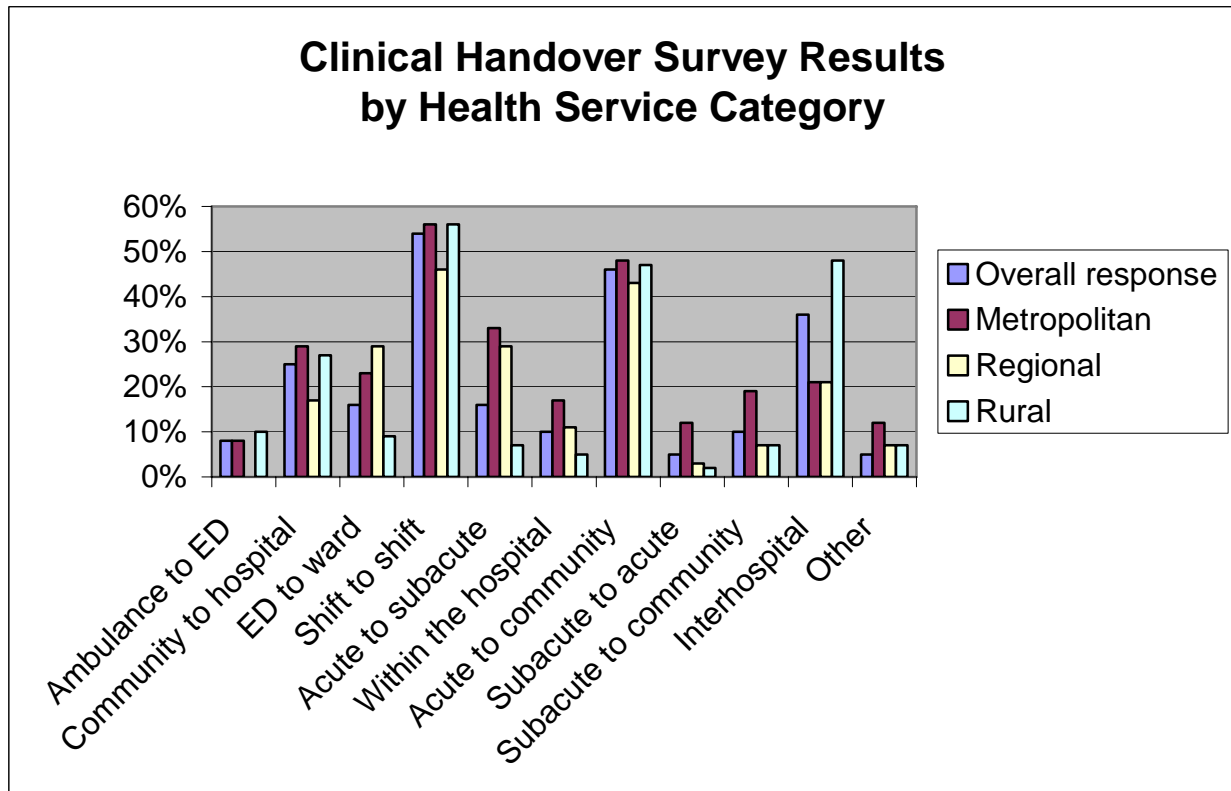
### Problematic areas

- Allied Health
  1. Acute to community
  2. Community to hospital
  3. Subacute to acute / interhospital
- Medicine
  1. Shift to shift
  2. Acute to community
  3. Interhospital
- Nursing
  1. Shift to shift
  2. Acute to community
  3. Interhospital

**Discussion:** Nursing and medical staff have identified the same areas as problematic. The differing response from Allied Health may reflect lack of 24hour cover.

## Response by health service type

Demographics – Refer to **Table 1**



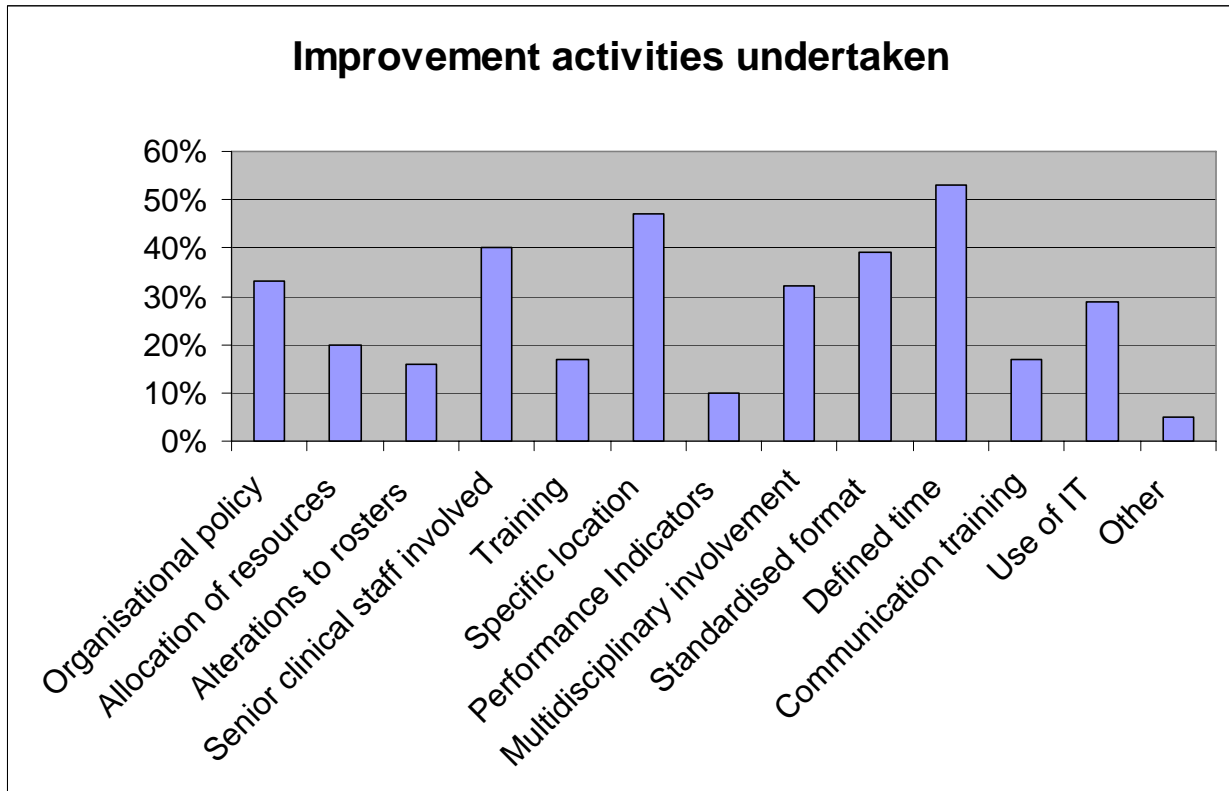
### Problematic areas

- Metropolitan
  1. Shift to shift
  2. Acute to community
  3. Acute to subacute
- Regional
  1. Shift to shift
  2. Acute to community
  3. Emergency Department to ward
- Rural
  1. Shift to shift
  2. Acute to community
  3. Interhospital

### Discussion

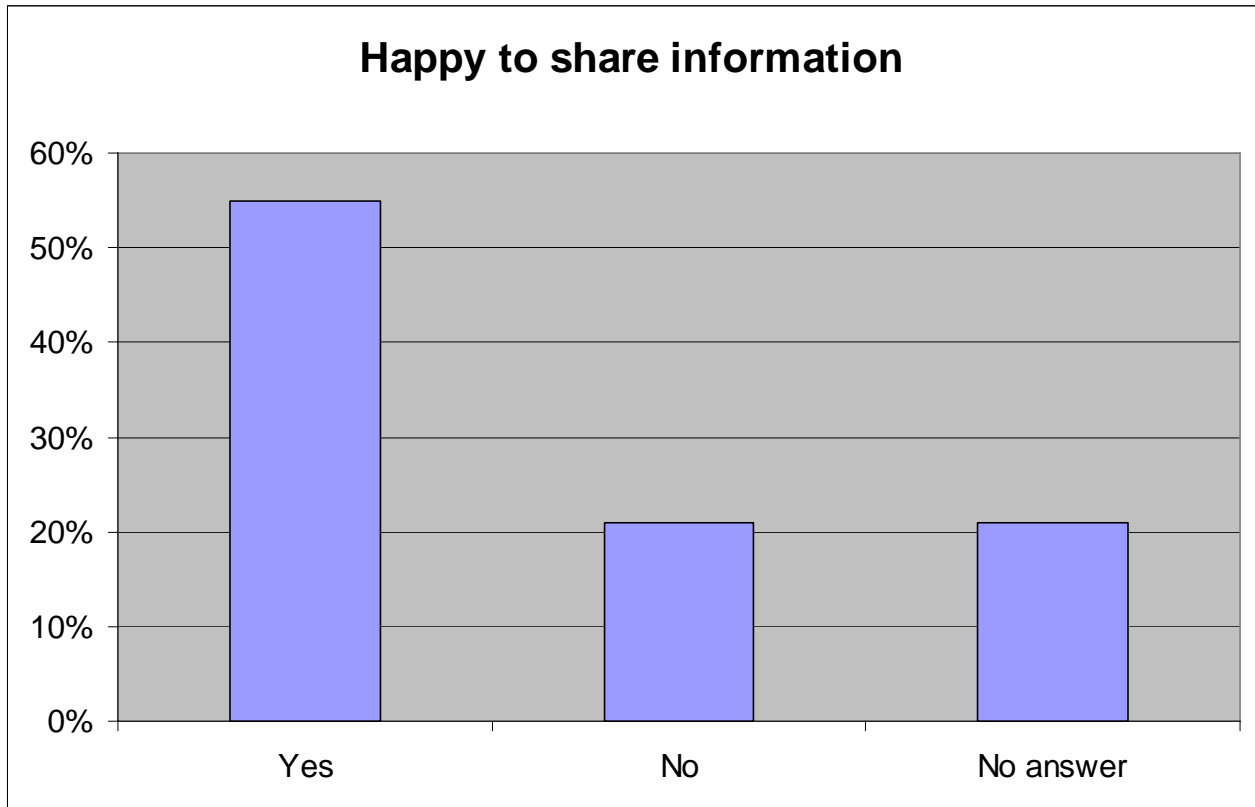
Shift to shift and acute to community clinical handovers are seen as the most problematic across all types of health services.

## B. Range of activities undertaken to improve Clinical Handover



**Discussion:** A wide range of activities has been undertaken by health services in order to improve the effectiveness of clinical handover.

### C. Sharing Clinical Handover information



**Discussion:** 55% of respondents were happy to share information. Reasons why people were not willing to share were not identified.

## D. Suggestions for future projects related to Clinical Handover

Many suggestions were received and have been grouped as follows:

<b>Project Concept</b>
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 format
Guidelines for clinical handover
Generic organisational policy
Standardised Performance Indicators
Bedside handover
Sharing of information regarding clinical handover
Use of Information Technology

**Discussion:** It is thought that there are two main areas identified for project work:

1. Training in clinical handover and communication skills
2. Standardisation of clinical handover format and supporting systems such as guidelines, key performance indicators

### Plans

Project development will now occur and the VQC will update health services via the VQC Newsletter and the website <http://www.health.vic.gov.au/qualitycouncil/>.