



Clinical Handover Workshop 29 November 2006 Group work – Condensed summary

Bold –denotes major theme from responses

1. What should health services do to support clinical handover?

Government

- **Create DHS awareness of the issue**
- Seek funding for trials

Leadership

- High level support for change
- **Executive and clinical leadership**
- Encourage a culture where the importance of clinical handover is acknowledged and high expectations set
- Handover identified in organisation risk management plan
- Senior staff take responsibility for driving change

IT

- IT support for handover
- **Access to pathology and radiology**
- Computers available in wards

Rooms

- **Dedicated room**
- Dedicated space factored into design of wards

Funding

- **Allocated time that is paid**

Policy

- **Organisational policy and guidelines**

Time

- **Handover to occur at a specific time, rosters to overlap to facilitate this**
- **Time protected from interruptions (except for emergency)**

Staffing

- **Multidisciplinary**
- **Senior medical staff involvement**

Education

- **Provide staff education at induction**
 - Presentations from Coroner's cases
 - Examples of good clinical handover
 - Mentoring
 - Expectations, values, accountability
 - Content
 - Communication skills
- Assertiveness training

Performance Indicators

- **KPIs necessary to determine effectiveness**
- **Accountability – unit heads**
- Build into organisational quality plan
- Feedback results to staff
- Part of staff yearly appraisal

Communication

- Break down barriers between professional groups
- **State wide interaction regarding handover**
- Communicate with universities

Content

- **Minimum data set**
 - **Common tool with flexibility** (*some disagreement about this, but majority want a basic common tool that is flexible*)
 - Checklist of critical information, with allowance for free text
 - Agreed data sets for efficiency
 - Template and modify according to needs
- Record variance from normal pathway

Supports

- **Project officer support/dedicated staff to drive process**
- Local handover group to identify local issues

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

Staffing

- **Multidisciplinary**
- **Obligated attendance, defined people, organisational expectation**
- Senior clinician support and presence

Policy

- **Escalation policy –**
 - Criteria for Consultant notification
- Universal guiding principles
- Identify chain of command
- Expectations of handover stipulated, accountability and responsibility defined
- Objectives clear

Communication

- Use as education
- Support/empowerment of junior staff to make comments, express concern, ask questions

IT

- Access to Pathology/Radiology results
- Access offsite
- Ability to reuse and update data previously entered

Philosophy

- Good orientation to handover processes for all staff at all levels
- No blame approach
- **Needs to be seen as valued**
- **Value input and show respect for peers**
- Focus on client care only – not other issues (social, ward, workforce)
- Goal and time orientated