

ISBAR revisited: Identifying and Solving BARriers to Effective Handover in Interhospital Transfer

Project Team

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Summary

Interhospital transfer (IHT) is an everyday part of clinical practice where poor communication risks patient safety contributes to adverse outcomes. Information from the Hunter New England Incident Management System confirms this and, consistent with national and international experience, show that there is opportunity for improvement.

This project assesses the role of a standardised format for communication in improving clinical communication. The ISBAR framework (Introduction, Situation, Background, Assessment, Recommendation), a recognised tool for standardising information transfer in clinical handover will be studied in a pilot area and used to assist in clinical handover of patients transferred between the Maitland Hospital and the John Hunter Hospital, Newcastle.

The planned project design is a prospective observation and intervention study. There will be four phases to the project:

- an establishment phase to introduce the project,
- a development phase to characterise existing handover practices and consult with clinicians on how to improve the process,
- an implementation phase to test the subsequently developed standardised format for handover communication, and
- an evaluation phase to evaluate the effectiveness of the implemented solution, disseminate the findings and assess the wider transferability of the solution.

The early stages of the project indicate that the proposed project and resultant suite of tools to enhance clinical handover in interhospital transfer is likely to have a high degree of acceptability among health practitioners; be easy to implement and sustain across the rural-metropolitan interface (particularly in the transfer of the high risk patient) and be an effective patient safety solution easily translatable to other healthcare settings (including the public/private sector interface and the interface with community-based services).