## Example project plan for the implementation of clinical handover improvement

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|                      | • Develop a brief, initial statement of the problem that will capture people’s interest  
• Provide the supporting information or evidence that will be most persuasive for each of the specific groups who need to support the project. Different brief summaries of the case for change may need to be provided for each target group  
• Find evidence that change can bring improvement  
• Specify why it is important to do something about this now – identify the tension/urgency for change | Information to ‘make the case’ may include:  
• Specific cases where poor handover has resulted in patient harm  
• Problems with staff relationships or confidence resulting from poor handover practices  
• Examples of duplication, inefficiency or costs for the organisation resulting from poor handover practices  
• Data that demonstrate the contribution of poor handover to adverse events or increased costs  
• Information from the literature regarding effects of improved handover and examples from similar organisations where handover works effectively  
• Need to comply with organisational or jurisdictional priorities  
• Need for organisations to meet new Safety & Quality standards  
• Availability of support or expertise to support change |
|                      | • Include senior clinicians who are opinion leaders with the groups whose behaviour needs to change  
• Ensure support of senior managers who can assist in gaining the necessary resources to make the project happen  
• Fully involve members of the group whose practice will need to change  
• Ensure leaders & champions will commit their time, effort & support to making change happen  
• Involve people who will work constructively with each other & the project team | • Work with senior managers to make clinical handover an organisational priority  
• Canvass different professional groups for their views on current handover practice to identify those interested in supporting change  
• Ensure that senior opinion leaders from each key professional group involved with handover are represented. Work with them to develop information and strategies that are tailored to meet the styles and needs of each group.  
• Aim to include reporting on progress and outcomes of the clinical handover improvement project in the agenda of important committees and meetings  
• Enlist the support of senior managers to get the resources to make the clinical handover project happen and help overcome organisational obstacles  
• Publicise the proposed changes to handover throughout the organisation in ways that show senior people are strongly committed  
• Identify the networks inside and outside the organisation that could be used to promote the project and ensure some leaders are well |
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| **3. Determine governance arrangements** | • Ensure governance arrangements for the project are consistent with those within the organisation where the project is taking place and at a level where the project will have a strong organisational profile  
• Establish a reporting & accountability framework that is clear to everyone involved  
• Define the roles of each member of the project team and identify clear levels and types of delegation  
• Gain agreement on the way in which any conflict or disagreement will be managed  
• Identify how patient/consumer input will be incorporated into the project  
• If multiple organisations are collaborating, ensure the arrangements applying to each organisation are clear | • Align the clinical handover project with the safety and quality framework of the organisation and with other similar projects  
• Assign clinical handover to the relevant executive sponsor and organisational safety and quality committee  
• Link the project to the organisational quality plan  
• Link the project to a relevant accreditation standard  
• Convene a project oversight group involving key stakeholders and chaired by an influential clinician  
• Clarify and assign project roles, including the roles of consumers and carers, depending on the type of handover that is being addressed  
• Determine the communication channels to be set up between the project group, the responsible committee and the professional and consumer groups involved |
| **4. Establish goals** | • Specify the desired changes and outcomes from the project  
• Identify the group or groups of people whose behaviour will need to change (the target group)  
• Specify the behaviour change that is required  
• Identify the measures that will be used  
• Set an initial target that is likely to be achievable | • Agree the definition of effective clinical handover and how this can best be measured  
• Link desired changes to organisational values and strategic goals  
• Work with stakeholders to develop a rich picture of what improved handover will look like and the desired flow on effects in terms of care processes and outcomes  
• Identify how these effects will be measured using quantitative and qualitative data. These include:  
  o process measures: the extent to which the project effects changes in the way handover is conducted, what is discussed and how |
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|                      | within the resources available  
• Develop a project timeline for goal achievement | responsibility and information are transferred;  
• outcome measures of the impact on patient care in the areas of safety, appropriateness, continuity and person centeredness of care (see Step 10). |
|                      |          | • Set realistic targets for:  
  o The implementation and sustainability of a small scale pilot  
  o Rollout of the new handover approach across all relevant areas of the organisation |
| 5. Analyse current issues | • Describe the current situation and the problem with current tools & practices  
• Identify the stakeholders  
• Map the processes involved  
• Identify the barriers and drivers to change. | • Establish current baseline performance in terms of the clinical handover outcomes wanted  
• Describe current handover practice in detail – how, when and where does it take place, who is involved, who provides leadership, how long does it take, what information is exchanged, are electronic systems used? what documentation is there?  
• Ensure all stakeholders view the proposed change to clinical handover as useful & necessary – if not, revisit the compelling case for change  
• Identify barriers and drivers to change with key individuals, brainstorming with a small group, running a focus group, surveying staff, observing clinical practice in action.  
• Barriers to changing handover practice may include:  
  o clinician factors (e.g. awareness, attitudes, motivation, knowledge, skills)  
  o patient factors  
  o team or care processes (e.g. clarity of roles & responsibilities, workload, team interactions)  
  o organisational or system factors (e.g. policies, staffing, resources, culture, physical environment)  
• Drivers to change will include:  
  o Involving a clinician with a pre-existing interest in or experience with improving handover  
  o Emphasising the fit for purpose nature of the handover approach  
  o Linking the desired improvement to the organisational values  
• Ensure the differing perspectives of all people or organisations involved in the handover are identified |
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| 6. Develop the plan for change | • Further define specific goals and set targets for change  
• Select appropriate process & tools for the environment, the information to be communicated and the stakeholders involved  
• Identify how measurement of change will happen  
• Develop strategies to address barriers & enhance drivers for change, ensure strategies are tailored to the identified barriers  
• Identify expertise and project team required  
• Allocate budget and resources  
• Plan process change:  
  o Develop concrete short term plan for the pilot  
  o Identify location & length of pilot  
  o Identify critical points, timelines and deadlines  
  o Plan for sustainability and spread  
• Plan people change:  
  o Identify specific ways that opinion leaders can practically contribute to and promote the project  
  o Ensure affected staff are fully involved in pilot planning and implementation and evaluation  
  o Training and information  
  o Develop marketing | • Find ways to ensure that the proposed change to handover practice is fit for purpose, practical and viewed as an improvement by staff  
• Select the handover tool and approach based on best fit for the environment, the purpose of improving handover and what specifically is to be achieved, keeping it as simple as possible:  
• Engage opinion leaders in the choice of tool  
• Scan external information (such as the ACSQHC website, jurisdictional websites, professional colleges and associations, other similar organisations) on relevant handover tools and approaches (be aware that some jurisdictions and organisations have mandated tools and approaches)  
• Decide if the handover situation and desired results support the use of a generic tool such as ISBAR, or an adaptation of this, or a home grown tool designed for a specific handover situation  
• Convene a persistent and committed leadership and implementation team with a dedicated project leader  
• Develop a budget considering rostering changes, training, handover tools and materials, marketing materials  
• Enhance drivers and reduce barriers by:  
  o Emphasising the ‘fit for purpose’ and practical nature of the new handover tools and approach  
  o Making handover an organisational priority  
  o Ensuring influential leaders are involved, including a well networked, credible, respected clinician for each professional group  
  o Appointing a persistent and well respected project manager to drive the change day to day  
  o Substantial “bottom-up” involvement of clinicians and administrative staff and collaborative engagement with local organizations and national groups where relevant  
  o Planning for quick wins – a tangible demonstration of the advantage of change in the short term such as time saving, streamlined process, better information exchange  
• Plan for sustainability and spread: |
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|                      | strategy | o Identify the links to organisational structures and processes and other safety & quality priorities  
|                      |          | o Develop easy to identify, use and remember tools, reminders and training materials  
|                      |          | o Include potential for sustainability and spread in PDSA cycle evaluation  
|                      |          | o Select a handover approach that will be easily adaptable to other parts of the organisation  

7. Develop the change package

- Develop a package, using a mix of media that informs and supports the implementation of the pilot. The package should include specific, tailored examples and language to target different stakeholders.

- The change package should include information that can be used for meetings, presentations, marketing and training, and include:
  - Data and anecdotes to make the case for change  
  - Benefits of change  
  - Strength of evidence  
  - Examples of where else has this worked  
  - Specific examples for different professional groups  
  - The handover tools and business rules of how they are to be used – a description of the new process, roles and responsibilities of handover  
  - A measurement tool  
  - Marketing materials.

- Use the change package to spread the word regarding the opportunity for improvement and benefits of changing the handover system via meetings, professional networks, newsletters and presentations – ensure as many staff as possible have the opportunity to hear about it through their local communication channels.

- Keep it simple and use both data and anecdotes illustrating where poor handover has adversely affected patients and staff.

- Include examples from other organisations and the literature to illustrate where improvements in handover have achieved:
  - Improved patient care as a result of shared/better understanding between staff, patients and carers  
  - Avoidance and reduction in adverse events related to poor handover  
  - More appropriate and integrated care  
  - Improved staff relations as a result of more effective and efficient communication  
  - Improved staff and patient confidence due
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<td>to a clear understanding of roles and expectations of care implementation and responsibility</td>
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<td>• Use mnemonics, colourful reminders and posters and simple prompts to support marketing and use of the new approach</td>
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<td><strong>8. Pilot the change</strong></td>
<td>• Pilot the change in one part of the organisation using short Plan Do Study Act cycles</td>
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<td>• Establish exactly who needs to do what to make the required change, and ensure that they are equipped to do so</td>
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<td>• Organise the data collection and observation</td>
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<td>• Implement the new approach with regular evaluation and review to tackle and resolve barriers as they arise,</td>
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<td>• Make best use of the drivers for change and identify and celebrate the quick wins</td>
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<td>• Nominate leaders and observers for each handover</td>
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<td>• Tailor training for specific professional and craft groups</td>
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<td>• Ensure those involved are clear and equipped (rostering, physical space, tools and training) to fulfil their new role, and have had the opportunity to develop how the new approach will work ‘on the ground’</td>
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<td>• Ensure there is a handover change champion present at each handover to lead, remind and promote the new way</td>
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<td>• Remove aspects of the ‘old’ way that are not included in the new approach (such as taping, telephone handover, documentation duplication)</td>
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<td>• Observe as many handovers as possible to evaluate the extent to which handover is occurring as per the business rules</td>
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<td>• Collect qualitative and quantitative post data</td>
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<td>• Review progress regularly, seek feedback from stakeholders and remove barriers as they arise</td>
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<td>• Allow time for attitude change to occur</td>
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<td>• Collect qualitative and quantitative ‘pre’ data on the current situation — the process and impact of handover, including:</td>
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<td>o degree to which the current process follows the desired handover principles and practice</td>
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<td>o adverse events and near misses relating to poor handover (may not all be reflective of changes due to problems with attribution)</td>
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<td>o improvements in appropriateness, continuity and person centeredness of care (see step10 for further detail)</td>
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<td><strong>9. Sustain &amp; spread</strong></td>
<td>• Implement the plan for sustaining the new approach at the pilot site and spreading to other parts of the organisation in a phased approach over time.</td>
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<td>• Sustain the changes at the pilot site:</td>
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<td>o Embed in organisational structures, routines and job descriptions</td>
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<td>o Highlight and reinforce the gains in communication effectiveness and the flow on effects for patients</td>
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<td>o Incorporate user feedback to remove the</td>
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<td>bottlenecks and streamline process</td>
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<td>o Link the handover principles/process to other safety initiatives such as recognising the deteriorating patient</td>
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<td>o Spread the new system:</td>
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<td>o Develop organisational policy or procedure linked to policy on handover principles and approach</td>
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<td>o Develop a related competency and embed in staff job descriptions and appraisals</td>
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<td>o Demonstrate the adaptability of the approach to other areas of the organisation</td>
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<td>o Market good news stories on ease of use, practicality and benefits to patients and staff</td>
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<td>o Tap into the change leaders’ and organisational networks and links</td>
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<td>o Communicate the pilot outcomes through formal and informal channels:</td>
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<td>- standard items on organisation-wide and profession specific meeting agendas</td>
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<td>- awards</td>
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<td>Improved handover can positively impact the safety, appropriateness, continuity and person centeredness of patient care. Examples of areas for measurement across these areas involving both qualitative and quantitative data:</td>
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<td>i) Measures of use of appropriate approach, organisational support, adherence to and satisfaction with changed handover processes:</td>
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<td>o Staff understanding and acceptance of handover and communication as a key safety tool</td>
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<td>o Allocated leadership for clinical handover is enacted as per the policy and governance intent</td>
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<td>o Compliance with handover tools, dataset and business rules/principles</td>
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<td>ii) Measures to ascertain the extent to which improved handover has impacted on care processes and created required preconditions for quality care:</td>
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<td>o Patient-specific risks are identified and</td>
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<td>• Care is carried out as planned for each patient</td>
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<td>• Duplication and redundancy in investigations, care and treatment are avoided</td>
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<td>• Shared understanding between treating health professionals, the patient and family regarding the course of care, discharge date and post discharge plans</td>
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<td>• Relevant staff have clarity of responsibility for a patient at any point in time throughout the patient journey</td>
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<td>• Improved staff confidence</td>
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<td>iii) Measures of impact on patient outcome</td>
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<td>• Reduction in errors and adverse events caused by miscommunication, misunderstanding and confusion regarding responsibility for the patient</td>
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<td>• Patients receiving the recommended treatment in the timeframes as recommended at handover</td>
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<td>• No surprises for staff, patient of families during the course of care as a result of poor communication and shared understanding</td>
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<td>• Avoidance of extended length of stay due to problems with coordination and lack of shared understanding</td>
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<td>• Patient complaints and feedback regarding poor care and communication</td>
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<td>• Extent of patient and family involvement in handover discussions.</td>
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