



# IMPLEMENTATION TOOLKIT FOR CLINICAL HANDOVER IMPROVEMENT

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AUSTRALIAN COMMISSION ON  
SAFETY AND QUALITY IN HEALTHCARE



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This document and the Toolkit Resource Portal can be downloaded from the ACSQHC website:

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## » KEY

### » LESSON LEARNT

Information and recommendations based on others who have implemented clinical handover

### » HELPFUL RESOURCES

Ideas and tools to assist with various stages of implementing clinical handover improvement

### » DID YOU KNOW

Points of interest relevant to clinical handover improvement

# INTRODUCTION



# » CHAPTER 1

## INTRODUCTION

THE NATIONAL SAFETY AND QUALITY HEALTH SERVICES STANDARDS AND THE OSSIE GUIDE TO CLINICAL HANDOVER IMPROVEMENT ARE IMPORTANT REFERENCES TO REFER TO WHEN WORKING THROUGH THIS TOOLKIT, THESE DOCUMENTS CAN BE FOUND ON OUR WEBSITE



Welcome to the Implementation Toolkit for Clinical Handover Improvement for planning and the implementation of clinical handover improvement.

The Toolkit is a *how to guide* for managers and clinicians reviewing and implementing local clinical handover processes. The Toolkit supports the structured processes and principles for handover detailed in the OSSIE Guide to Clinical Handover Improvement and articulated in the National Safety and Quality Health Service Standard for Clinical Handover. The Toolkit has been adapted to be used in all health care settings.

The OSSIE Guide to Clinical Handover Improvement released in 2010 provides the detailed research based change management framework for the structured processes and principles for clinical handover improvement. For a detailed explanation of the change management phases please refer to the OSSIE Guide to Clinical Handover Improvement, available from the Australian Commission on Safety and Quality in Health Care's website:  
and in this Toolkit's Resource Portal.

Further information about the National Safety and Quality Health Service Standards can be found at:

The Toolkit will provide you with:

- Tools to undertake an analysis of the current clinical handover practices within your clinical area or institution
- Tools to identify any problems associated with or areas of improvement for clinical handover
- Tools to project manage locally driven planning, implementation and evaluation of a clinical handover improvement project that also aligns with the National Safety and Quality Health Service Standard for Clinical Handover
- Examples of clinical handover techniques
- Education resources
- Marketing resources

- A Toolkit Resource Portal including additional background reading and resources for clinical handover improvement.

How to use this Toolkit:

- First, read and become familiar with the National Safety and Quality Health Service Standard for Clinical Handover
- Second, read through the OSSIE Guide to Clinical Handover Improvement and this Toolkit
- Third, choose the information most relevant to your context
- Fourth, download the relevant resources from the Toolkit Resource Portal
- Fifth, use the project planning resources to help you plan and implement your clinical handover improvement solution.

### » LESSON LEARNT

The Australian Commission on Safety and Quality in Health Care has funded and developed resources to assist with clinical handover improvement. These included a literature review, a guide to handover improvement (OSSIE Guide to Clinical Handover Improvement) and a selection of 14 practical tools for handover, developed through a pilot program and an external evaluation of the National Clinical Handover Initiative Pilot Program. All of these resources and tools are accessible on the Commissions website.

### » DID YOU KNOW

Clinical handover is more than just a transfer of information. Clinical Handover is defined as:

*"The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis."*



# PLANNING



# » CHAPTER 2

## PLANNING

### 1. ESTABLISHING A COMPELLING CASE FOR CHANGE

Effective clinical handover can reduce communication errors between health professionals and improve patient care delivery and patient safety. Poor or absent clinical handover can have extremely serious consequences for patients. It can result in delays in the provision of a diagnosis or treatment, tests being missed or duplicated and can lead to the wrong treatment or medication being administered.

The scale of this problem is not small. Communication problems are a major contributing factor in 70% of hospital sentinel events, with an increasing risk of adverse and sentinel events occurring each time a patient is transferred between units, physicians and teams. Millions of handovers occur annually in the Australian healthcare system, including when clinicians change shifts, when patients are transferred between wards or health services or during the process of admission, referral and discharge.

Information transferred between healthcare providers should include all relevant data, be accurate, unambiguous and occur in a timely manner. This information enables actions to be taken to provide the care that a patient needs.

Establishing a compelling case for change is a key task in any improvement initiative. Improvement efforts take time, effort and resources and may have significant workforce implications so it may be difficult to convince others that it is necessary to change the current practices. Starting with small steps towards change is likely to encourage enthusiasm among staff and facilitate further change.

For your clinical handover improvement initiative to be successful, staff need to understand the rationale for change. This process involves gathering information about local experience to construct a compelling case for change. Providing data to clinicians about their own practices is a powerful way to convince clinicians of the need to change.

#### » LESSON LEARNT

*“A major barrier to implementing clinical handover was scepticism about whether there was in fact a problem with clinical handover processes already in place. Without acceptance that there was a problem, it was difficult to persuade clinicians to invest time and energy in the change.”*

External Evaluation of the National Clinical Handover Initiative Pilot Program

The case for change to improve clinical handover is likely to vary for different stakeholder groups. Information that supports the case for change should be tailored so it is of direct relevance and or benefits to different target groups. For example the benefits of improving clinical handover for:

- *Patients* might include that their specific health risks are identified and monitored, they are involved in and aware of their plan of care. There is reduced repetition of tests, decreased number of medication errors and decreased unnecessary time delays in diagnosis treatment and care
- *Clinical staff* might include decreased duplication of effort, concise communication with other staff, clear allocation of staff roles, higher staff morale and more confidence in giving and receiving patient handovers. There is a reduction in errors and adverse events caused by miscommunication at handover
- *Senior management* might include compliance with the National Safety and Quality Health Service Standard for Clinical Handover. A reduction in adverse events, reduced costs due to minimising duplication of effort and resources and improved time efficiencies.

#### » HELPFUL RESOURCES

## 2. ENLIST INFLUENTIAL LEADERS AND CHAMPIONS

This guide is designed primarily for use by a clinical team working together to implement a clinical handover improvement project. However, the significance of executive leadership in providing the vision for patient safety, and the structure and support mechanisms for implementation cannot be overlooked.

Leadership by senior clinical and management leaders and champions, whether key individuals or teams, is crucial to success of a handover improvement initiative. Leadership can be provided in a number of ways including: provision of resources, changing rosters to support handover, personal involvement in projects, and promotion of the project with groups and individual clinicians.

### » LESSON LEARNT

*"You will need some executive sponsorship or leadership within the organisation and those executive sponsors don't have to be there at every meeting but they need to be there and make themselves visible and when you have a problem you know you have a straight door to them and you can go see them and say these things are stopping us, there are obstacles in our way we can't make the changes that we have that common vision and goal for and we need you to step in and they will be there."*

Principal Consultant, South Australia  
Department of Health

*"The lack, or withdrawal of senior clinical leadership and support was a major challenge and this contributed to withdrawal of participation or projects not being able to reach their objectives."*

External Evaluation of the National Clinical  
Handover Initiative Pilot Program

## 3. FORM A PROJECT TEAM

Successful implementation of a handover improvement project requires a team approach. Relationships and collaboration that support the handover improvement project are a key enabling factor for change. While key individuals play an important role in driving the change, they still require both senior managers and clinicians across the organisation to provide leadership and support.

Responsibilities of the project team will include:

- Identifying, consulting, and engaging key stakeholders
- Assessing organisational readiness
- Assessing barriers and enablers
- Assessing current handover practices to identify priority areas for implementation
- Working with executive leaders to address barriers
- Providing guidance, direction and support to the teams at the point of care
- Negotiating appropriate allocation of resources (time, staff and finance)
- Implementation – including piloting and spread
- Evaluating process and outcome measures on an ongoing basis
- Working with the executive leaders to monitor progress
- Report issues in implementation to executive
- Working with the executive leaders to sustain and spread improvements.

The team will require sufficient representation from all relevant areas of the organisation and health care specialties to enable an understanding of the clinical environment, and some power and authority to enable implementation through the relevant levels of the organisation. The level of representation will vary depending on the location of and scope of the handover improvement. In larger facilities, teams may need to be established at both organisational management and clinical levels.

Remember to consider that some team members may be involved in multiple improvement projects at one time. If improvements to handover are to be successful, quarantined time for the project will be required.



## » LESSON LEARNT

*"Successful leadership of change was usually a team approach, comprising an influential leader who is a well networked, credible, respected clinician with a strategic view; a persistent and well respected project manager to drive the change day to day; substantial "bottom up" involvement of clinicians and administrative staff and collaborative engagement with local organisations and national groups where relevant."*

External Evaluation of the National Clinical Handover Initiative Pilot Program

*"It's about clinicians going to work with clinicians, allowing them to solve their own problems rather than the top down approach really seems to work."*

Director, Safety and Quality, Western Australia Country Health Service

## » LESSON LEARNT

*"Engagement enables patients to be partners in their own care. It has been shown that engaging with patients has a number of benefits. These include patients providing valuable information that may not be known to nursing staff such as tests that have or have not occurred, drugs that have or have not been given and being able to correct inaccuracies in their health care."*

Director, School of Nursing and Midwifery – Gold Coast, Griffith University

### Patient engagement in the project team

Having a patient representative on the project team can help a facility to understand the role of patients in health care improvement work and safety initiatives, and enable the project team to model a consumer-centred and culturally appropriate approach to patient safety.

Patient concerns and their insights about handover need to be explored and their role in handover considered. The effectiveness of handover communication may be enhanced by the participation of patients, carers and family members. Consumer centred care involves the active participation of patients, consumers and carers in the planning, delivery and evaluation of care, and the design of the health system.

Consumers can be involved in the project team in a number of ways, for example:

- Hospital consumer representatives or advisory committees
- Patient liaison officers
- Local consumer groups / representatives
- Surveying / consulting patients
- Through bedside handover.

## 4. DETERMINE GOVERNANCE ARRANGEMENT AND DEVELOP A PROJECT PLAN

Once the project team has been established, the governance arrangements for the project need to be determined and agreed upon. This includes the establishment of a reporting and accountability framework for the project and clearly defining project team member's roles and lines of communication.

An early part of the project should include the development of an over arching project plan to guide the project team. The following points should be considered when developing the project plan:

- 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 within the resources available
- Develop a project timeline for goal achievement.

## 5. ALLOCATE RESOURCES TO THE PROJECT

Organisation leaders will need to consider the resources that will be allocated to implementation of the plan. For the handover improvement process to be successful, sufficient resources need to be allocated to all stages of the project, including evaluation and ongoing maintenance. Being clear at the outset will enable the project team to plan implementation strategies in accordance with available resources.

Resources fall into the category of human, fiscal and physical requirements – and each impact on the other. In order to fully see change in practice, time will be one of the most significant resources required. If appropriate human and fiscal resources are not allocated to implementation, then the time needed for implementation will be longer. It is recommended that you allow at least **12 months** for implementation of a handover improvement project.

### » LESSON LEARNT

*“The implementation of a program is going to take much longer than we originally thought. We thought we will create a new form, give a one hour talk and maybe throw out a couple of lollies to the junior doctors and say go, do it. I think it is going to be a bit more than that, it'll take 6 months before you see any change and 12 months really and you have to commit a lot of resources to that.”*

Hospitalist, Ryde Hospital, Using Tools to Improve Handover Workshop attendee

*“We were a small team with a small amount of resources but have been able to achieve a great deal and set a path for the future.”*

Director, Safety and Quality, Western Australia Country Health Service

## 6. ASSESS CURRENT ISSUES

An organisation or facility may be agreeable to undertaking change or improvement work, but may not be willing to assimilate a particular innovation or idea. Similarly, an organisation may be enthusiastic initially, but the environment may not be able to sustain change over time. Thinking and planning for sustainability at the commencement of a project is important if positive results from the initial phase are to be sustained in the long term.

A context that is receptive to change will have certain components that include strong leadership, clear vision, good management relations, and effective data capture systems. These same components will increase the likelihood that implementation efforts will be successful and sustained. In some cases, implementation strategies will need to be adapted to reflect the environmental readiness for change. For example, if the staff do not believe in the value of the need to implement handover, or in patient involvement, consideration will need to be given as to how this might be overcome.

It is also important to consider that staff may experience change fatigue. If staff perceive the initiative to be a short term ‘flavour of the month’ priority for senior management they will not engage in the process and this will impact on the likelihood of sustaining a change to practice.

### » HELPFUL RESOURCES



## 7. IDENTIFY BARRIERS AND FACILITATORS TO CHANGE

Barriers to implementation can exist at a number of levels – the initiative itself, the individual (negative beliefs about change), the organisation (absence of adequate resources), and the broader environment (lack of professional organisation support). It is important to gain a good understanding of the barriers to change in order to develop effective implementation strategies.

A common barrier to implementing handover is scepticism about whether there is a problem with the handover processes already in place. Developing a compelling case for change is important at both the local clinical and at organisational management levels. Demonstrating a connection between handover and patient safety can be an effective approach to making the case for change.

Successful implementation of a handover improvement project requires an environment and context that is conducive to change. Some common organisational and project characteristics that enable or hinder successful implementation of handover improvement include:

1. Tailoring a tool or process for the specific handover environment, which is practical and an improvement on current practice
2. An organisational environment that is supportive and favourable to the change. The reason for change is clearly articulated, and the change is made an organisational priority and embedded into routine processes and structures
3. Successful change is driven by influential people, including clinical and non clinical leaders, key stakeholders and end users. A project manager who has dedicated time within their role to drive the change on a day to day basis is a key factor for success
4. Demonstrable and positive outcomes resulting from the change e.g. adverse events data showing reduction in patient harm, staff perceptions of improved efficiency and communication, role clarity and confidence levels.

At least one or more of these characteristics is required to drive a successful change in handover processes. Conversely, the absence of any of these enablers will make it more challenging to implement a handover improvement initiative.

A simple way of assessing the barriers and facilitators to change in your organisational environment is by undertaking a SWOT analysis. Involvement of the whole clinical team would be of benefit in assessing barriers and facilitators. SWOT stands for Strengths, Weaknesses, Opportunities and Threats, and will help to identify potential risks or issues that will affect implementation and strategies to mitigate these risks prior to implementation. This information will help to inform your implementation plan.

### » LESSON LEARNT

*“One of our strong recommendations is to really think through what you need to do and you need to do it to the most detail level you can so you can anticipate the threats and challenges that might come up in response to that.”*

Staff Specialist, Hunter New England Area Health Service



## 8. IDENTIFY PROJECT STAKEHOLDERS

Stakeholder engagement at all levels of the organisation is essential to leading change. Once the project team is established, the team will need to begin to identify key stakeholders both internal and when relevant, external to the organisation that may assist or impede implementation. Stakeholders should be identified from the outset of the project and included in all phases of the change management process. More details on how to engage stakeholders are provided in Chapter 5 of this Toolkit, 'Stakeholder engagement.'

Who are the project stakeholders?

Project stakeholders include individuals or groups who are interested in or may be affected by, either directly or indirectly, the handover improvement project.

For example:

- Financial support or funding body
- Advisory group members
- The support team  
e.g. heads of departments and managers
- All clinicians
- Aboriginal and Torres Strait Islander representatives
- Culturally and Linguistically Diverse representatives
- Patients and carers
- Other stakeholders.

### Planning checklist

TASK	DATE COMPLETED
Prepare a compelling case for change	
Establish a project team	
Gain executive level support	
Determine governance arrangements	
Develop a project plan	
Allocate resources for the project	
Assess the organisational readiness to implement	
Identify barriers and facilitators to change	
Develop a project time line	
Identify project stakeholders	

# ORGANISATIONAL LEADERSHIP



# » CHAPTER 3

## ORGANISATIONAL LEADERSHIP

The Organisational leadership phase begins once a team has been established and resources are identified. Different or tailored project teams and solutions might be required for different wards or clinical areas within the same organisation.

### 1. ANALYSE CURRENT ISSUES

You should not implement change purely for the sake of change. Within some areas of your facility, there may be excellent examples of handover practice that are already occurring. These should be noted and celebrated. In other cases, it may be that some processes need only slight adaptation in order to meet the *Principles of Handover* (described in the 'Simple solution development' phase of this Toolkit) and articulated in the National Safety and Quality Health Service Standard for Clinical Handover (Action 6.2.1).

The main point of analysing current issues is to learn about the way in which handover is practiced, identify and celebrate good practice, and identify areas that may need to be improved or changed. Gaining a thorough understanding of your current handover practices can help to minimise or eliminate unintended consequences that might arise when implementing the improved process.

Several of the National Clinical Handover Initiative Pilot projects developed tools to evaluate their current handover practices. These tools which include techniques to interview clinicians and to observe and video handover practices may be helpful not only to establish a compelling case for change but to also learn about the current handover practices in your institution.

#### » LESSON LEARNT

*"The HELiCS reflexive video review of handover presented persuasive information and evidence to support practice change reporting both attitude and behaviour change as a result of clinicians observing their own perspectives on patient care."*

External Evaluation of the Clinical Handover Pilot Program

#### » HELPFUL RESOURCES

Using tools to evaluate quality of inter-professional clinical handover

HELICS as a tool for ongoing observation, improvement and evaluation of clinical handover – Case Studies

ISBAR revisited: Identifying and solving barriers to effective handover in inter-hospital transfer – Project Toolkit

OSSIE Guide to Clinical Handover Improvement

### 2. COLLECT BASELINE DATA AND UNDERTAKE A RISK ASSESSMENT

The collection of local baseline data will support the case for change to improve clinical handover. Useful information could include specific cases where handover had resulted in harm and data demonstrating the contribution of poor handover to adverse events or inefficiencies. Undertaking a risk assessment on the data obtained will assist the team to determine current problems with handover and potential risks of current practice for patient safety.

#### » LESSON LEARNT

*"The power of this data in our organisation as we were trying to get ready for change... these findings have been shared across the organisation in management meetings as well as clinical meetings. What it has led to is a great deal of inter-professional engagement in discussions in wanting a better way forward and feeling within this organisation that we can do this which I think was not necessarily there a few years ago."*

Director of Clinical Governance Hunter New England Area Health Service

#### » HELPFUL RESOURCES

Types of handover map e.g. Clinical Handover matrix (NSW Health)

### 3. IDENTIFY OTHER SAFETY AND QUALITY INITIATIVES

It is important to integrate the change process into existing processes and structures, and ensure it complements other safety and quality initiatives that are already taking place in the organisation.

Clinical handover projects can be strengthened by leveraging off other safety and quality initiatives taking place in the organisation, or broader system level initiatives. For example, linking your handover improvement project with the introduction of the National Safety and Quality Health Service Standards may help to embed the project in the organisation's broader safety and quality plan and gain buy in from senior management.

#### » LESSON LEARNT

*"I didn't understand much about other quality improvement projects beyond my own department of improving the processes we used in anaesthetic and recovery nurses. It was a huge learning curve for me, I learnt there was a clinical governance unit, I figured out what they did, met the people, and at an organisational level it turns out there are all sorts of projects going on that affect what we do in the operating suite that I previously had no idea about."*

Clinical Nurse Specialist, Clinician Champion,  
The Alfred Hospital

#### Organisational leadership checklist

TASK	DATE COMPLETED
Identify what your handover processes are	
Develop a flow chart mapping your current handover processes, identifying; where and how they occur and who is involved, points in the patient journey where handover occurs, identify risks and gaps to prioritise for improvement	
Collect baseline data from documentation, reports, observations or interviews	
Do a risk assessment and develop strategies to reduce the identified risks	
Review the organisations current handover policy and content	





# SIMPLE SOLUTION DEVELOPMENT



# » CHAPTER 4

## SIMPLE SOLUTION DEVELOPMENT

Handover should be conducted in a standardised format, including a documented clear structured process and transfer of relevant patient information, accountability and responsibility. In order to achieve that, we should design or adopt standardised approaches that fit into local practice. The following four principles articulated in the National Safety and Quality Health Service Standard for Clinical Handover (Action: 6.2.1) and the OSSIE Guide to Clinical Handover Improvement provide guidance for developing a structured process for handover improvement.

### Preparing for handover

- Staff need to be allocated specific roles during handover to ensure continuity of patient care and reduce disruptions
- Nominate all key participants including incoming and outgoing team members, a clearly specified time for handover and an appropriate venue for handover
- Obtain all the relevant documents before handover begins. For example, documentation/e-tools for handover prepared handover sheets, progress notes, test results.

### Organising the relevant workforce members to participate

- Make sure all participants have arrived before commencing handover
- Handover of patients should be supervised by a clearly designated leader. The role of leader is usually allocated to the most senior clinician present.

### Being aware of the clinical context and needs

- Handover should include notification about patients who require significant levels of attention or immediate care; who could deteriorate or are deteriorating; or who present occupational safety issues
- Information should be provided at handover about the condition of the work environment that may impact on safety

- Potential patient movements and staffing numbers should be highlighted so incoming teams can devise plans to manage their workloads.

### Participating in effective handover resulting in transfer of responsibility and accountability for care

- Handover of individual patients must be achieved through a standardised content delivery (minimum data sets) for individual patient handover, which emphasises the transfer of responsibility and accountability. For example, through use of handover mnemonics such as SBAR, ISBAR, ISOBAR, iSoBAR, SHARED. There is no evidence that any mnemonic is better – that is, more able to ensure patient safety – than another. The choice of handover mnemonic should be fit for purpose for the local context.

#### » HELPFUL RESOURCES

National Safety and Quality Health Service Standard for Clinical Handover  
OSSIE Guide to Clinical Handover Improvement

### 1. FLOW CHART YOUR CURRENT HANDOVER PROCESSES AGAINST THE PRINCIPLES OF HANDOVER

Develop a flow chart of the current handover processes in the clinical setting that the improvement process will be implemented in based on the assessment of your current practice carried out in the 'Planning' phase of this Toolkit. Comparing the current handover processes with the Principles of Handover will allow you to identify the areas of handover that are currently performed well, any existing gaps in the process and areas where improvements can be realised.

Clinical handovers can vary in a number of ways, including:

- Situation – at shift change; when patients are transferred inter – and intra-hospital; during patient admission, referral or discharge

- Method – face-to-face; via telephone; aided by electronic handover tools
- Venue – at the patient's bedside; in a common staff area; at a hospital or clinic reception.

Clinical handovers can also take place in the presence or absence of the patient and carer.

### » LESSON LEARNT

*"The real task is pulling together these different sources of data and coming up with a local solution to clinical handover in those contexts."*

Professor of Nursing, Deakin University

## 2. DESIGN AN IMPROVED HANDOVER SOLUTION

When developing an improved handover solution you need to consider the individual context of the clinical setting that the solution will be implemented in, while still ensuring the handover process adopts a standardised approach. This concept of 'flexible standardisation' allows for appropriate variation in practice while using a set of standardised processes and content delivery for handover. The most effective handover solutions are practical and simple improvements to an identified problem, which ease existing time pressures, reduce stress to staff and are supported by senior management.

Some common characteristics of successful handover solutions include:

- 'Fit for purpose' – a solution developed that is perceived by users to be an appropriate tool for handover which enables clinicians to perform their job in a more efficient and effective way and does not involve unnecessary people, steps or requirements
- An efficient use of resources and staff time – solutions that are an efficient use of resources will garner senior management support and strengthen the success of the solution
- Benefits the organisation in terms of improved care processes for staff and for the care provided to patients.

Specific consideration is required when implementing electronic handover solutions. Electronic solutions can introduce specific risks which should be understood and addressed prior to implementation.

Lessons from the South Australia Department of Health and University of South Australia and UTAS *Safe Tools for Electronic Clinical Handover* and the *Safety and Quality Evaluation of Electronic Discharge Summary Systems* provide specific valuable additional guidance for the development of electronic solutions.

### » LESSON LEARNT

#### Flexible standardisation

*"The Western Australia Country Health Service developed an adaptation of the mnemonic SBAR, iSoBAR, for inter-hospital transfers. iSoBAR expands on the four steps of SBAR to encompass the transfer of accountability and responsibility required at handover by substituting the "assessment" and "response" steps of SBAR with "Agree to a plan" and "Readback". iSoBAR also incorporates two additional steps, 'identify' to ensure that both the clinician and patient are identified and "observation" to ensure all recent vital signs and clinical assessments are handed over. iSoBAR was considered suitable in this setting because staff felt under pressure when handing over clinically deteriorating patients. iSoBAR is now being used across the Western Australia Country Health Service for a range of handovers."*

#### External Evaluation of the National Clinical Handover Initiative Pilot Program

*"We realised imposing ISBAR without flexible adaptation to our local setting was fraught with difficulty and danger so we undertook to have a series of focus groups at the sending hospital and a series of one on one interviews to determine from the clinicians who are going to be using this tool and the essential elements for their purposes."*

Staff Specialist, Hunter New England Area Health Service

### » HELPFUL RESOURCES

OSSIE Guide to Clinical Handover Improvement

Electronic Discharge Summary Systems Self-Evaluation Toolkit

A Guide for the Safe Use of Electronic Clinical Handover Tools



### 3. DEVELOP TOOLS TO HELP IMPLEMENT THE SOLUTION

A range of tools were developed by the National Clinical Handover Initiative pilot projects to aid implementation of their standardised handover solution. These tools may be adapted to suit your handover solution or new tailored tools can be developed.

#### » HELPFUL RESOURCES

**ISBAR:** Identifying and Solving Barriers to Effective Handover in Inter-Hospital Transfer – Case Studies

**iSoBAR:** for Inter-Hospital Transfers  
– In Safe Hands improving clinical handover in Australia using iSoBAR as the structured communication tool DVD

**SHARED:** SHAREing Obstetric Care – Clinical handover between VMOs and Midwives – Resource Guide

**SBAR:** The PACT Program Communication Training and Team Training to Support Handover – SBAR Communication Tool

**ISOBAR:** Nursing and Medical Handover in General Surgery, Emergency Medicine and General Medicine – Minimum Data Set



#### Simple solution development checklist

TASK	DATE COMPLETED
Design an improved handover solution	
Check that your clinical handover solution meets the principles of clinical handover articulated in the National Safety and Quality Standard for Clinical Handover (Action: 6.2.1)	
Develop information tools for the new and improved process e.g. posters, memory aids and guidelines	

# STAKEHOLDER ENGAGEMENT



# » CHAPTER 5

## STAKEHOLDER ENGAGEMENT

We work in teams in health care. Many people assist us, frontline clinicians, in providing the environment necessary to deliver care. Stakeholder engagement from the beginning of the project is essential. We must make sure that all relevant people collaborate and are involved in clinical handover improvement to make the best use of resources and to maintain our effort to improve clinical handover.

### 1. DEVELOP A STAKEHOLDER ENGAGEMENT STRATEGY AND COMMUNICATION PLAN

Miscommunication is a real risk to the success of the project. The team needs to consider which communication strategies will be most useful to meet the needs of various stakeholders at different levels of the organisation. It is important that stakeholders are engaged at all phases of the project and receive regular updates from the project team regarding progress of the project.

A well thought out and multi-method communication plan will help to keep stakeholders at all levels of the organisation informed about the project, while providing the appropriate amount and type of information for each stakeholder group. For example, clinical staff may have limited access to computers so email may not be an appropriate method of communication for this group. It is also important to also ensure that the communication plan includes processes for keeping patients and consumers informed on the progress of the project.

#### » LESSON LEARNT

*"Sell it as a positive experience, promote the potential outcomes and over communicate if anything to ensure staff are aware of the project and happenings."*

Project Coordinator, Epworth Hospital

*"Most of my work in terms of selling this project to everyone was having 5 minute chats in the corridor with people who would stop and say how's your project going, what's this, what's that, standing around waiting for handovers to come in was standing around chatting to everybody about this is what we are doing, this is how we are doing it...it is listening to people and keeping them informed."*

Clinical Nurse Specialist, Clinician Champion, Alfred Hospital





## 2. DEVELOP MARKETING TOOLS TO ENGAGE STAKEHOLDERS

Marketing and promotion of the tools, solution and handover improvement project is integral to the spread and sustainability of the change. Developing marketing materials will enable the tools and handover project to be easily recognisable within the organisation, and could also promote interest in the project from external stakeholders.

Examples of marketing and promotion techniques include:

- Education or online learning guides
- Colourful posters, lanyards, end of bed templates, stickers for patient charts, pens and note pads displaying the handover solution or mnemonic
- Regular updates to staff and management at meetings
- Feedback sessions provided to project team and staff on project success.

### » LESSON LEARNT

*"The marketing products had really worked and we had something that was really sticky, staff wanted to get engaged, they were ringing us."*

Director, Safety and Quality, Western Australia Country Health Service

## 3. ENGAGE CHANGE CHAMPIONS

Successful projects are driven by a dedicated person, or team of people, with a relentless drive to overcome barriers and achieve change to practice.

### » LESSON LEARNT

*"Engagement is the key, we are nothing without our team, we are nothing without our colleague clinicians given we are all serving the same objective, the people in our community."*

Director of Clinical Governance, Hunter New England Area Health Service

# IMPLEMENTATION



# » CHAPTER 6

## IMPLEMENTATION

In this phase the project team will implement the standardised handover solution that has been developed in the previous phases.

Successful implementation will require ongoing staff commitment as well as the use of support materials including memory triggers, education materials and information tools. The implementation process should make sure that clinicians receive positive feedback and successes are celebrated with the project team.

### 1. DEVELOP A PLAN FOR IMPLEMENTATION

A well planned approach to implementation will incorporate strategies that motivate and empower staff, and strengthen the workplace environment, to enable staff to engage in handover and change and improve practice if required. The example project plan for the implementation of clinical handover provides one example of how to implement sustainable clinical handover solutions. This example was informed by the findings from the External Evaluation of the National Clinical Handover Initiative Pilot Program. Steps to be considered in the plan for change include:

Process change:

- Develop a short term plan to pilot the solution
- Identify the location and length of the pilot
- Identify critical time lines and deadlines
- Plan for sustainability and spread.

People change:

- Identify specific ways opinion leaders can practically contribute to and promote the project
- Ensure affected staff are involved in pilot planning and implementation and evaluation
- Develop training and information
- Develop a marketing strategy.

#### » HELPFUL RESOURCES

### 2. PILOT THE NEW SOLUTION

Despite all efforts to comprehensively assess the current handover situation, unintended consequences can occur during the implementation phase. You should consider piloting the new processes first and revising the implementation plan using short 'Plan Do Study Act Cycles' as necessary.

When piloting the process you should consider:

1. Choice of clinical area – What ground work will need to be done to prepare the area? What other activities are going on in the unit already? How does this clinical area affect activities undertaken in other clinical areas?
2. Engagement of staff – are there areas in your facility where staff are more likely to embrace the opportunity for improvement and adopt new processes more easily? It may be worthwhile starting in areas where success may be more likely, to demonstrate early improvements or “quick wins”
3. Handover scenarios – in your pilot will you include all types of handovers immediately or only to specific handovers?
4. Meaningful evaluation and revisions – what data will you need to really know your interventions are making a difference? The pilot process should be measured and clearly documented so revisions can be made to the handover process, content and tools if required.

### 3. REVIEW AND REVISE THE SOLUTION

Reviewing and revising the handover process during and after the pilot is important to help identify any unintended consequences of the change.

The process of iterative feedback is essential to engage clinicians and maintain their commitment to clinical handover improvement. Iterative feedback allows improvements to respond to changing circumstances, as well as ensuring continual and increasing engagement of clinicians. If you have gathered a good understanding of your current handover processes in the 'Planning' phase then the number of iterative Plan Do Study Act Cycles needed may be reduced.

## » LESSON LEARNT

*"Be relentless, don't give up, don't give in. It's very tempting to... there are a thousand and one reasons why you should give up but don't, stick in there, be a team, be united that you are going to get there. Work out a strategy for contingencies for why you might give up. Creating a new culture doesn't happen over night, this is long-term, this is the thing that happens last."*

Principal Consultant, South Australia  
Department of Health



#### 4. SUSTAIN THE SOLUTION IN THE PILOT SITE

Once the pilot is complete, implementing a plan to sustaining the clinical handover solution is important. Strategies to sustain the change could include:

- Embedding the handover solution in organisational structures, policies and job descriptions
- Highlight and reinforce the gains in improved communication and the flow on effects for patients
- Incorporate clinician and patient feedback to remove bottlenecks and streamline the process
- Link the handover process to other quality and safety initiatives such as recognising the deteriorating patient.

#### 5. SPREAD THE PROJECT TO OTHER CLINICAL SETTINGS

Once the pilot is complete and feedback has been incorporated, implementation strategies should be spread to other clinical settings, units and wards. Part of this process will involve facilitating opportunities for staff from the pilot areas to share their experience of implementation with other units, reporting on what worked well, challenges and lessons learned. In this way, the project can be enhanced so that the most effective interventions are the ones utilised to spread the project to other units and departments. Strategies for spread of the clinical handover improvement could include:

- Develop organisational policy or procedure linked to the handover policy principles and approach
- Demonstrate the adaptability of the approach to other areas of the organisation
- Market good news stories on ease of use, practicability and benefits to staff and patients
- Communicate the pilot outcomes through formal and informal channels, meeting agendas, publications, presentations, newsletters and awards.



## 6. PROVIDE ONGOING EDUCATION AND TRAINING TO NEW AND EXISTING EMPLOYEES

Ongoing training and education for employees is important to help sustain and spread the change over time. You should also link the new clinical handover process to orientation training for new employees and embed the handover process in ward, unit or institution policies.

### » LESSON LEARNT

*"Our training program is a short program... 15 minutes, the idea is that it is opportunistic, find the times that it does not interrupt the day and repeat it, because this isn't about training once and you will be right for the next 25 years, it is about training reinforcement and incorporating into the culture of the organisation and the practice of the business."*

Director of Clinical Governance, Hunter New England Area Health Service

### » HELPFUL RESOURCES

iSoBAR for Inter-Hospital Transfers  
e-Learning Education Tool



### Implementation checklist

TASK	DATE COMPLETED
Develop a plan for implementation	
Pilot the process	
Review and revise the solution	
Create a plan for sustainability	
Spread the project to other clinical settings	
Provide training and education to staff	
Create handover policy	
Embed the handover process in organisational policy	
Promote the project	

# EVALUATION AND MAINTENANCE



# » CHAPTER 7

## EVALUATION AND MAINTENANCE

Developing an evaluation plan is important. Evaluation is a systematic process of understanding whether or not, and to what extent, a project has met or is meeting its objectives. Results from evaluation activities can be used for the purposes of ongoing improvement and can be shared to help build evidence on handover improvement. Evaluation is an important component of any project. An evaluation plan should be an integral part of the planning and implementation and should be managed from the beginning of the project.

### 1. DEVELOP AN EVALUATION PLAN

An evaluation plan needs to be developed to enable the project team to measure the progress and impact of the implementation strategies. Ideally, the evaluation plan will include quantitative and qualitative data to provide a comprehensive understanding of the extent to which improvement is being achieved, and the context under which this is occurring. It will enable the team to know not only what the effect of the improved handover process has on practice, but also how the changes are being received. Evaluation can identify if there are any other positive or negative effects that were not anticipated and also lessons for implementation of future handover improvement projects.

#### » LESSON LEARNT

*"You need quality tools that are useful for evaluating your handover processes ensuring they are safe because your skill mixes change, your personnel change, your environment changes, the complexity changes. The important thing is to come up with tools that are useful for your own environment, a suite, a model about how you might put these together and look at capacity building in terms of who is able to evaluate practice."*

Professor of Nursing, Deakin University

### 2. DEVELOP AN EVALUATION FRAMEWORK

The ability to provide evidence of the efficacy of handover to improve care is seen as a critical aspect of effecting practice change. Measurement of effective handover may involve assessing the extent to which handover contributes to the safety, appropriateness, continuity and person centeredness of care, and the extent to which handover equips staff to implement high quality care.

Areas to consider when developing an evaluation framework:

1. The use of appropriate approach, organisational support, adherence to and satisfaction with changed handover processes:
  - Staff understanding and acceptance of handover and communication as a key safety tool
  - Allocated leadership for clinical handover is enacted as per the policy and governance intent
  - Compliance with National Safety and Quality Health Service Standard for Clinical Handover, handover tools, dataset and business rules.
2. Ascertain the extent to which handover has impacted on care processes and created required preconditions for quality care:
  - Patient-specific risks are identified and monitored
  - Care is carried out as planned for each patient
  - Duplication and redundancy in investigations, care and treatment are avoided
  - Shared understanding between treating health professionals, the patient and family regarding the course of the care, discharge date and post discharge plans
  - Relevant staff have clarity of responsibility for a patient at any point in time throughout the patient journey
  - Improved staff confidence.

## 3. Understand the impact on patient outcome:

- Reduction in errors and adverse events caused by miscommunication, misunderstanding and confusion regarding responsibility of patient
- Patients receiving the recommended treatment in the timeframes as recommended at handover
- No surprises for staff, patient or families during the course of care as a result of poor communication and shared understanding
- Avoidance of extended length of stay due to problems with coordination and lack of shared understanding
- Patient complaints and feedback regarding poor care and communication
- Which patients the clinical handover improvement does/does not work for
- Extent of patient and family involvement in handover discussions.

## » HELPFUL RESOURCES

Electronic Discharge Summary Systems  
Self-Evaluation Toolkit

**3. ANALYSE AND COMPARE BASELINE AND POST-IMPLEMENTATION DATA**

You should include key stakeholders when analysing data as they have a working knowledge of the workplace environment, and can review data and provide insights into the context regarding what the data might mean in relation to a specific clinical unit or department.

If the team are pleased with progress, and there seems to be a general trend toward improvement, they may decide to continue with the existing implementation approach. Where there has been no change or improvement the team should consider reasons for this in collaboration with stakeholders. It may be that it is too soon to expect a change, that there are other initiatives in progress within the organisation, or that more information is needed about a particular clinical setting and the barriers in that specific context.

**4. DISSEMINATE EVALUATION DATA AND PROVIDE FEEDBACK TO STAKEHOLDERS ON THE PROJECT**

You need to consider how data will be best presented back to the organisation. It is highly likely that formal presentations to all staff in the organisation will not be able to be provided; the team will need to consider creative methods and forums on how to best feedback results to all staff. In some cases it will be enough to show project progress by simply displaying results and including contact information for the project team so that staff who have further questions about the data can contact team members individually. Other cases may require tailored presentations or feedback sessions to provide staff with ongoing learning and improvement opportunities.

**5. DEVELOP A PLAN FOR MAINTENANCE AND SUSTAINING THE CHANGE**

There are several factors that contribute to the sustainability and spread of an improvement initiative. For example:

- Good news stories – when staff can observe that the handover solution being trialled can save time and provide clarity about the information required for good handover, other staff within the organisation will embrace the change
- Beyond dependence on individual champions – individual champions and leaders are extremely important to drive and manage the initial change, but sole reliance on individuals beyond the project will limit sustainability of the change
- Tools, solutions and processes are embedded in routine clinical practice – tools and processes need to be routinely used by clinicians and embedded into clinical practice and organisational structures and processes
- Assign someone the ongoing role of maintenance and review of the handover process.





Evaluation and maintenance checklist

TASK	DATE COMPLETED
Develop an evaluation plan	
Develop an evaluation framework	
Collect post-implementation data	
Analyse and compare pre and post implementation data	
Provide feedback to stakeholders	
Disseminate evaluation data	
Develop a plan for maintenance	



# HELPFUL RESOURCES



## 8. HELPFUL RESOURCES

This section provides the various templates and examples listed in the helpful resources boxes throughout the Toolkit. These resources are provided to assist with planning and implementing clinical handover improvement solutions.

Electronic versions of all resources listed in the Toolkit, which can be downloaded, are provided in the Toolkit Resource Portal. Many of these resources and templates can be modified for local settings.

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

IMPLEMENTATION STEPS	ELEMENTS	CLINICAL HANDOVER – SPECIFIC EXAMPLES
1. ESTABLISH A COMPELLING CASE FOR CHANGE	<ul style="list-style-type: none"> <li>Develop a brief, initial statement of the problem that will capture people's interest</li> <li>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</li> <li>Find evidence that change can bring improvement</li> <li>Specify why it is important to do something about this now – identify the tension/urgency for change.</li> </ul>	<p>Information to 'make the case' may include:</p> <ul style="list-style-type: none"> <li>Specific cases where poor handover has resulted in patient harm</li> <li>Problems with staff relationships or confidence resulting from poor handover practices</li> <li>Examples of duplication, inefficiency or costs for the organisation resulting from poor handover practices</li> <li>Data that demonstrate the contribution of poor handover to adverse events or increased costs</li> <li>Information from the literature regarding effects of improved handover and examples from similar organisations where handover works effectively</li> <li>Need to comply with organisational or jurisdictional priorities</li> <li>Need for organisations to meet new Safety and Quality Health Service Standards</li> <li>Availability of support or expertise to support change.</li> </ul>
2. ENLIST INFLUENTIAL LEADERS AND CHAMPIONS	<ul style="list-style-type: none"> <li>Include senior clinicians who are opinion leaders with the groups whose behaviour needs to change</li> <li>Ensure support of senior managers who can assist in gaining the necessary resources to make the project happen</li> <li>Fully involve members of the group whose practice will need to change</li> <li>Ensure leaders and champions will commit their time, effort and support to making change happen</li> <li>Involve people who will work constructively with each other and the project team.</li> </ul>	<ul style="list-style-type: none"> <li>Work with senior managers to make clinical handover an organisational priority</li> <li>Canvass different professional groups for their views on current handover practice to identify those interested in supporting change</li> <li>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</li> <li>Aim to include reporting on progress and outcomes of the clinical handover improvement project in the agenda of important committees and meetings</li> <li>Enlist the support of senior managers to get the resources to make the clinical handover project happen and help overcome organisational obstacles</li> <li>Publicise the proposed changes to handover throughout the organisation in ways that show senior people are strongly committed</li> <li>Identify the networks inside and outside the organisation that could be used to promote the project and ensure some leaders are well connected into these networks.</li> </ul>

IMPLEMENTATION STEPS	ELEMENTS	CLINICAL HANDOVER - SPECIFIC EXAMPLES
3. DETERMINE GOVERNANCE ARRANGEMENTS	<ul style="list-style-type: none"> <li>• 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</li> <li>• Establish a reporting and accountability framework that is clear to everyone involved</li> <li>• Define the roles of each member of the project team and identify clear levels and types of delegation</li> <li>• Gain agreement on the way in which any conflict or disagreement will be managed</li> <li>• Identify how patient/consumer input will be incorporated into the project</li> <li>• If multiple organisations are collaborating, ensure the arrangements applying to each organisation are clear.</li> </ul>	<ul style="list-style-type: none"> <li>• Align the clinical handover project with the safety and quality framework of the organisation and with other similar projects</li> <li>• Assign clinical handover to the relevant executive sponsor and organisational safety and quality committee</li> <li>• Link the project to the organisational quality plan</li> <li>• Link the project to a relevant accreditation standard</li> <li>• Convene a project oversight group involving key stakeholders and chaired by an influential clinician</li> <li>• Clarify and assign project roles, including the roles of consumers and carers, depending on the type of handover that is being addressed</li> <li>• Determine the communication channels to be set up between the project group, the responsible committee and the professional and consumer groups involved.</li> </ul>
4. ESTABLISH GOALS	<ul style="list-style-type: none"> <li>• Specify the desired changes and outcomes from the project</li> <li>• Identify the group or groups of people whose behaviour will need to change (the target group)</li> <li>• Specify the behaviour change that is required</li> <li>• Identify the measures that will be used</li> <li>• Set an initial target that is likely to be achievable within the resources available</li> <li>• Develop a project timeline for goal achievement.</li> </ul>	<ul style="list-style-type: none"> <li>• Agree the definition of effective clinical handover and how this can best be measured</li> <li>• Link desired changes to organisational values and strategic goals</li> <li>• 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</li> <li>• Identify how these effects will be measured using quantitative and qualitative data. These include: <ul style="list-style-type: none"> <li>– process measures: the extent to which the project effects changes in the way handover is conducted, what is discussed and how responsibility and information are transferred</li> <li>– outcome measures of the impact on patient care in the areas of safety, appropriateness, continuity and person centeredness of care (see Step 10).</li> </ul> </li> <li>• Set realistic targets for: <ul style="list-style-type: none"> <li>– The implementation and sustainability of a small scale pilot</li> <li>– Rollout of the new handover approach across all relevant areas of the organisation.</li> </ul> </li> </ul>

IMPLEMENTATION STEPS	ELEMENTS	CLINICAL HANDOVER – SPECIFIC EXAMPLES
5. ANALYSE CURRENT ISSUES	<ul style="list-style-type: none"> <li>Describe the current situation and the problem with current tools and practices</li> <li>Identify the stakeholders</li> <li>Map the processes involved</li> <li>Identify the barriers and drivers to change</li> </ul>	<ul style="list-style-type: none"> <li>Establish current baseline performance in terms of the clinical handover outcomes wanted</li> <li>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?</li> <li>Ensure all stakeholders view the proposed change to clinical handover as useful and necessary – if not, revisit the compelling case for change</li> <li>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</li> <li>Barriers to changing handover practice may include: <ul style="list-style-type: none"> <li>– clinician factors (e.g. awareness, attitudes, motivation, knowledge, skills)</li> <li>– patient factors</li> <li>– team or care processes (e.g. clarity of roles and responsibilities, workload, team interactions)</li> <li>– organisational or system factors (e.g. policies, staffing, resources, culture, physical environment).</li> </ul> </li> <li>Drivers to change will include: <ul style="list-style-type: none"> <li>– Involving a clinician with a pre-existing interest in or experience with improving handover</li> <li>– Emphasising the fit for purpose nature of the handover approach</li> <li>– Linking the desired improvement to the organisational values.</li> </ul> </li> <li>Ensure the differing perspectives of all people or organisations involved in the handover are identified</li> <li>Find ways to ensure that the proposed change to handover practice is fit for purpose, practical and viewed as an improvement by staff.</li> </ul>
6. DEVELOP THE PLAN FOR CHANGE	<ul style="list-style-type: none"> <li>Further define specific goals and set targets for change</li> <li>Select appropriate process and tools for the environment, the information to be communicated and the stakeholders involved</li> <li>Identify how measurement of change will happen</li> <li>Develop strategies to address barriers and enhance drivers for change, ensure strategies are tailored to the identified barriers.</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Engage opinion leaders in the choice of tool</li> <li>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)</li> <li>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.</li> </ul>

IMPLEMENTATION STEPS	ELEMENTS	CLINICAL HANDOVER - SPECIFIC EXAMPLES
6. CONTINUED...	<ul style="list-style-type: none"> <li>Identify expertise and project team required</li> <li>Allocate budget and resources</li> <li>Plan <i>process</i> change               <ul style="list-style-type: none"> <li>Develop concrete short term plan for the pilot</li> <li>Identify location and length of pilot</li> <li>Identify critical points, timelines and deadlines</li> <li>Plan for sustainability and spread.</li> </ul> </li> <li>Plan <i>people</i> change:               <ul style="list-style-type: none"> <li>Identify specific ways that opinion leaders can practically contribute to and promote the project</li> <li>Ensure affected staff are fully involved in pilot planning and implementation and evaluation</li> <li>Training and information</li> <li>Develop marketing strategy.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Convene a persistent and committed leadership and implementation team with a dedicated project leader</li> <li>Develop a budget considering rostering changes, training, handover tools and materials, marketing materials</li> <li>Enhance drivers and reduce barriers by:               <ul style="list-style-type: none"> <li>Emphasising the 'fit for purpose' and practical nature of the new handover tools and approach</li> <li>Making handover an organisational priority</li> <li>Ensuring influential leaders are involved, including a well networked, credible, respected clinician for each professional group</li> <li>Appointing a persistent and well respected project manager to drive the change day to day</li> <li>Substantial "bottom-up" involvement of clinicians and administrative staff and collaborative engagement with local organisations and national groups where relevant</li> <li>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.</li> </ul> </li> <li>Plan for sustainability and spread:               <ul style="list-style-type: none"> <li>Identify the links to organisational structures and processes and other safety and quality priorities</li> <li>Develop easy to identify, use and remember tools, reminders and training materials</li> <li>Include potential for sustainability and spread in PDSA cycle evaluation</li> <li>Select a handover approach that will be easily adaptable to other parts of the organisation.</li> </ul> </li> </ul>
7. DEVELOP THE CHANGE PACKAGE	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>The change package should include information that can be used for meetings, presentations, marketing and training, and include:               <ul style="list-style-type: none"> <li>Data and anecdotes to make the case for change</li> <li>Benefits of change</li> <li>Strength of evidence</li> <li>Examples of where else has this worked</li> <li>Specific examples for different professional groups</li> <li>The handover tools and business rules of how they are to be used – a description of the new process, roles and responsibilities of handover</li> <li>A measurement tool</li> <li>Marketing materials.</li> </ul> </li> </ul>



IMPLEMENTATION STEPS	ELEMENTS	CLINICAL HANDOVER – SPECIFIC EXAMPLES
7. CONTINUED...		<ul style="list-style-type: none"> <li>• 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</li> <li>• Keep it simple and use both data and anecdotes illustrating where poor handover has adversely affected patients and staff</li> <li>• Include examples from other organisations and the literature to illustrate where improvements in handover have achieved: <ul style="list-style-type: none"> <li>– Improved patient care as a result of shared/better understanding between staff, patients and carers</li> <li>– Avoidance and reduction in adverse events related to poor handover</li> <li>– More appropriate and integrated care</li> <li>– Improved staff relations as a result of more effective and efficient communication</li> <li>– Improved staff and patient confidence due to a clear understanding of roles and expectations of care implementation and responsibility.</li> </ul> </li> <li>• Use mnemonics, colourful reminders and posters and simple prompts to support marketing and use of the new approach.</li> </ul>
8. PILOT THE CHANGE	<ul style="list-style-type: none"> <li>• Pilot the change in one part of the organisation using short Plan Do Study Act cycles</li> <li>• Establish exactly who needs to do what to make the required change, and ensure that they are equipped to do so</li> <li>• Organise the data collection and observation</li> <li>• Implement the new approach with regular evaluation and review to tackle and resolve barriers as they arise,</li> <li>• Make best use of the drivers for change and identify and celebrate the quick wins.</li> </ul>	<ul style="list-style-type: none"> <li>• Nominate leaders and observers for each handover</li> <li>• Tailor training for specific professional and craft groups</li> <li>• 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’</li> <li>• Ensure there is a handover change champion present at each handover to lead, remind and promote the new way</li> <li>• Remove aspects of the ‘old’ way that are not included in the new approach (such as taping, telephone handover, documentation duplication)</li> <li>• Observe as many handovers as possible to evaluate the extent to which handover is occurring as per the business rules</li> <li>• Collect qualitative and quantitative post data</li> <li>• Review progress regularly, seek feedback from stakeholders and remove barriers as they arise</li> <li>• Allow time for attitude change to occur.</li> </ul>

IMPLEMENTATION STEPS	ELEMENTS	CLINICAL HANDOVER - SPECIFIC EXAMPLES
8. <i>CONTINUED...</i>		<ul style="list-style-type: none"> <li>Collect qualitative and quantitative 'pre' data on the current situation – the process and impact of handover, including:               <ul style="list-style-type: none"> <li>Degree to which the current process follows the desired handover principles and practice</li> <li>Adverse events and near misses relating to poor handover (may not all be reflective of changes due to problems with attribution)</li> <li>Improvements in appropriateness, continuity and person centeredness of care (see step 10 for further detail).</li> </ul> </li> </ul>
9. SUSTAIN AND SPREAD	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Sustain the changes at the pilot site:               <ul style="list-style-type: none"> <li>Embed in organisational structures, routines and job descriptions</li> <li>Highlight and reinforce the gains in communication effectiveness and the flow on effects for patients</li> <li>Incorporate user feedback to remove the bottlenecks and streamline process</li> <li>Link the handover principles/process to other safety initiatives such as recognising the deteriorating patient.</li> </ul> </li> <li>Spread the new system:               <ul style="list-style-type: none"> <li>Develop organisational policy or procedure linked to policy on handover principles and approach</li> <li>Develop a related competency and embed in staff job descriptions and appraisals</li> <li>Demonstrate the adaptability of the approach to other areas of the organisation</li> <li>Market good news stories on ease of use, practicality and benefits to patients and staff</li> <li>Tap into the change leaders' and organisational networks and links</li> <li>Communicate the pilot outcomes through formal and informal channels:                   <ul style="list-style-type: none"> <li>Standard items on organisation-wide and profession specific meeting agendas</li> <li>Publications</li> <li>Presentations</li> <li>Newsletters</li> <li>Awards.</li> </ul> </li> </ul> </li> </ul>

IMPLEMENTATION STEPS	ELEMENTS	CLINICAL HANDOVER – SPECIFIC EXAMPLES
10. MEASURE, EVALUATE AND IMPROVE	<ul style="list-style-type: none"> <li>Regularly evaluate the extent to which handover is conducted as per the policy, principles and business rules and achieves specified goals</li> <li>Regularly report the evaluation data to stakeholders and key committees</li> <li>Develop an ongoing system to remove barriers, enhance drivers and improve the handover process and tools as required.</li> </ul>	<ul style="list-style-type: none"> <li>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:             <ul style="list-style-type: none"> <li>i) Measures of use of appropriate approach, organisational support, adherence to and satisfaction with changed handover processes:                 <ul style="list-style-type: none"> <li>Staff understanding and acceptance of handover and communication as a key safety tool</li> <li>Allocated leadership for clinical handover is enacted as per the policy and governance intent</li> <li>Compliance with handover tools, dataset and business rules/principles.</li> </ul> </li> <li>ii) Measures to ascertain the extent to which improved handover has impacted on care processes and created required preconditions for quality care:                 <ul style="list-style-type: none"> <li>Patient-specific risks are identified and monitored</li> <li>Care is carried out as planned for each patient</li> <li>Duplication and redundancy in investigations, care and treatment are avoided</li> <li>Shared understanding between treating health professionals, the patient and family regarding the course of care, discharge date and post discharge plans</li> <li>Relevant staff have clarity of responsibility for a patient at any point in time throughout the patient journey</li> <li>Improved staff confidence.</li> </ul> </li> <li>iii) Measures of impact on patient outcome                 <ul style="list-style-type: none"> <li>Reduction in errors and adverse events caused by miscommunication, misunderstanding and confusion regarding responsibility for the patient</li> <li>Patients receiving the recommended treatment in the timeframes as recommended at handover</li> <li>No surprises for staff, patient or families during the course of care as a result of poor communication and shared understanding</li> <li>Avoidance of extended length of stay due to problems with coordination and lack of shared understanding</li> <li>Patient complaints and feedback regarding poor care and communication</li> <li>Extent of patient and family involvement in handover discussions.</li> </ul> </li> </ul> </li> </ul>

## PROJECT PLAN TEMPLATE

The project plan template has been adapted with permission from the Project Planning Template developed by the National Health and Medical Research Council, 2007, for local site based implementation activities.

## PROJECT BACKGROUND

THIS PAGE TO BE COMPLETED BY THE PROJECT MANAGEMENT TEAM ON BEHALF OF THE TEAMS

PROJECT TITLE: <i>Provide a succinct title for the project</i>	
PROJECT AIM: <i>Overall aim of the project</i>	<i>Key message – to improve clinical handover practices by implementing a standardised process for handover.</i>
PROJECT BACKGROUND: <i>Brief outline of the project, consider including the problem or practice gap</i>	
PROJECT BENEFITS: <i>Outline the benefits of standardised clinical handover to the organisation in terms of time, money, resources</i>	<i>This Project will result in the following outcomes:</i> • • •
OBJECTIVES: <i>NOTE: use SMART objectives</i> • Specific • Measurable • Achievable • Relevant • Timely	<i>The overarching project objectives are:</i> • • • • •

## SCOPE OF THE PROJECT IN YOUR HEALTH SERVICE

INSERT ORGANISATION NAME HERE

THE FOLLOWING SECTION OF THE PROJECT PLANNING DOCUMENT IS SPECIFIC TO EACH TEAM

ORGANISATIONAL CONTEXT: <i>Why is the project important for your organisation or health service? The objective may mirror the overall aim of the project from page 1– the intention is to localise the objective to be relevant for participants and project team.</i>	<i>Short brief statements with outcomes that creates the common goal.</i>	
THIS PROJECT WILL INCLUDE: <i>e.g. which wards, clinical units or departments will be included in implementation or will it be an all of organisation approach? Think about piloting the improved handover process in one ward or unit before spreading to other areas.</i>	THIS PROJECT WILL NOT INCLUDE: <i>What is out of scope – consider activities that may be peripheral to the project, possibly nice to do but not core to the project aims.</i>	



## ORGANISATION NAME

PROJECT DELIVERABLES: <i>What you will deliver at the end of the project.</i>	NOTE: these are the products you will have at the end of the project, e.g. a policy, education program, risk assessment and management pathway, improved awareness levels etc.
SUCCESS CRITERIA: <i>How you will measure the success of the project?</i>	NOTE: the success criteria must be specific and measurable. e.g. audit data, education session attendance, policy uptake.
RESOURCES: <i>What are the resources required to undertake the project?</i>	NOTE: important to be fair and reasonable. Consider: people, space to meet and access to a computer and internet, etc.
LINKAGES: <i>Are there opportunities for this project to gain leverage from or provide support to other safety and quality project already underway in your organisation?</i>	NOTE: What the potential opportunities for this project to link with existing organisational activity? e.g. QI, KPIs, accreditation, education, research.

RISK PLAN:  
CONSIDER THE RISKS EARLY

ASSUMPTIONS: <i>Project assumptions are circumstances and events that need to occur for the project to be successful but are outside the total control of the project team. They are listed as assumptions if there is a HIGH probability that they will in fact happen.</i> <i>What are the actions required to mitigate the risk based on assumptions.</i>	CONSTRAINTS: <i>Project Constraints are aspects about the project that cannot be changed and are limiting in nature. Constraints generally surround four major areas:</i> <b>Scope:</b> Change legislation relevant to the project <b>Cost:</b> Project time dependent on limited resources <b>Schedule:</b> Evaluation beyond 2 year commitment <b>Quality:</b> Dependent on availability of resources and skills <i>What are the actions required to mitigate the risk based on assumptions?</i>
WORK BREAKDOWN: <i>The work breakdown will be developed from the implementation action plan.</i>	
TIME FRAME AND MILESTONES: <i>Insert key dates and milestones from action plan.</i>	<i>You should allow at least 12 months to implement a handover improvement project.</i>

**COMMUNICATION PLAN**

WHO IS IMPORTANT TO MAKE THIS PROJECT SUCCESSFUL?

<b>STAKEHOLDERS:</b> <i>e.g. Clinical staff, Organisational management, funders, consumers, etc</i>	<b>WHO:</b> <i>e.g. Dr's, Nurses, Allied Health</i>	<b>WHAT ARE THEIR INFORMATION NEEDS:</b> <i>e.g. Data related to current practice, the best available evidence, resources</i>	<b>HOW AND WHEN WILL WE PROVIDE THEM INFORMATION ABOUT THE CLINICAL HANDOVER INITIATIVE:</b> <i>e.g. Newsletter, staff meeting, executive briefings</i>
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**PROJECT TEAM ROLES**

ARE THE TEAM MEMBERS CLEAR ABOUT THEIR ROLES?

EXECUTIVE SPONSOR:	<ul style="list-style-type: none"> <li>Nominate the Executive Sponsor</li> <li>Role of the Executive Sponsor</li> </ul>		
<b>CLINICAL LEADERS:</b> <i>List the Opinion Leaders/ Champions and summarise role of each.</i>	<ul style="list-style-type: none"> <li>Nominate the Clinical Leader(s)</li> <li>Role of the Clinical Leader</li> </ul>		
PROJECT TEAM COORDINATOR:	<ul style="list-style-type: none"> <li>Nominate the Project Team Coordinator</li> <li>Role of the Project Team Coordinator</li> </ul>		
<b>PROJECT TEAM MEMBERS:</b> <i>Use the roles and responsibilities information sheet in the planning phase as a guide.</i>	<ul style="list-style-type: none"> <li>Nominate the Project Team Members</li> <li>Role of Project Team Members</li> </ul>		
<b>PROJECT KEY CONTACTS:</b> <i>List the contact details for key people working on or involved with this project.</i>	<i>Site Project Lead.</i>  Name:  Email:  Phone:		
<b>REVIEW PROCESS:</b> <i>Insert details of meeting schedules and review processes.</i>			
START DATE:		COMPLETION DATE:	
EXECUTIVE SPONSOR: <b>I have read and reviewed this project plan and agree to support the implementation project.</b>	NAME:	SIGNATURE & DATE:	

## PROJECT TEAM MEMBERSHIP AND ROLES

MEMBER	ROLE
Project Lead	An influential clinician who is well networked, credible, respected and has a national and local connections and a strategic view. The leader should also be interested or experienced in handover or safety and quality initiatives. Their role is to coordinate and be a reference point for team members, they are NOT solely responsible for implementation
Project Manager	A persistent and respected project manager to drive the change day to day
Patient/Consumer	Bring an understanding of patient experience and perspective. Can provide advice on ways to engage patients and carers in implementation
Champions/opinion leaders	Bring an understanding of the environment and have established working relationships with staff. Role is to support staff engagement and empowerment and should include champions from all disciplines e.g. allied health, nursing, medicine, cleaning services, catering services, and clerical staff
Senior executive	Guide the team through organisational policy and establish organisational support
Education experience	Provide education and training to clinicians implementing the handover improvement process
Quality/Safety	Provide advice regarding processes for audit and measure, quality improvement methodologies, accreditation requirements, and project management

## TEAM WAYS OF WORKING

## SAMPLE WAYS OF WORKING:

*Adapted from NSW Health Easy Guide to CPI, 2002*

\*can also be known as ground rules or team norms

Example:

- All members opinions are equal and important
- Team members speak freely – all ideas will be listened to
- One person speaks at a time
- We will provide feedback openly and constructively
- There are no right or wrong answers
- Arrive and finish on time
- Discuss and analyse problems and issues – not people
- Members will respect the privacy of team discussions
- All team members share responsibility for the work of the team.

## PROJECT TEAM MEETING OUTLINE

## AT FIRST MEETING

- Establish membership
- Nominate a chairperson
- Nominate or engage a meeting recorder (if not from the membership)
- Develop (or utilise organisation's) templates for agenda and minutes
- Develop terms of reference including quorum
- Determine ways of working (ground rules)
- Establish roles and responsibilities of members
- Establish meeting dates and times (allow members to diarise dates early)
- Determine who will circulate minutes/meeting notes

## SUBSEQUENT MEETINGS

- Agenda prepared and circulated (2 weeks before)
- Minutes/meeting notes from last meeting circulated (at least 2 weeks before)
- Identify what the main objectives of the meeting are at the beginning
- Revise ways of working
- Revise progress and summarise actions at half way point and again at meeting close
- Regularly ask how team members feel about the meeting structure, processes and outcomes.

## RESOURCES WORKSHEET

Adapted from Registered Nurses Association of Ontario (RNAO®, 2002)

Toolkit – Implementation of Clinical Practice Guidelines – budget worksheet (RNAO®)

PHASE	RESOURCES REQUIRED	EST. TIME/COST
<b>LEADERSHIP:</b> <i>Establishing teams</i> <i>Educational/awareness raising</i> <i>assessing clinical practice against the guidelines.</i> <i>Environmental readiness.</i>	<i>Examples:</i> <ul style="list-style-type: none"> <li>• Time for meetings,</li> <li>• Meeting venue/room,</li> <li>• Staff release for education, to undertake audits, observations and surveys.</li> </ul>	
<b>SOLUTIONS AND STRATEGIES:</b> <i>Identifying tools, solutions and brainstorming strategies.</i>	<i>Examples:</i> <ul style="list-style-type: none"> <li>• Meeting time</li> <li>• Research time to identify tools</li> <li>• Time to develop tools.</li> </ul>	
<b>STAKEHOLDERS:</b> <i>Identification, communication and engagement activities.</i>	<i>Examples:</i> <ul style="list-style-type: none"> <li>• Focus groups</li> <li>• Staff/departmental meetings</li> <li>• Seminars.</li> </ul>	
<b>IMPLEMENTATION:</b> <i>Promotion and behaviour changing activities.</i>	<i>Examples:</i> <ul style="list-style-type: none"> <li>• Time to develop resources – Poster production, presentations at key meetings, newsletter, posters on each unit</li> <li>• Staff replacement to attend education and meetings</li> <li>• Data entry, analysis and report.</li> </ul>	
<b>EVALUATION STAGE:</b> <i>Data generation, analysis/review and report production.</i>	<i>Examples:</i> <ul style="list-style-type: none"> <li>• Data entry and analysis, interviews incentives to reward progress</li> <li>• Stationery costs (printing, photocopying)</li> <li>• Reporting.</li> </ul>	



**ENVIRONMENTAL READINESS ASSESSMENT WORKSHEET**

Adapted from Registered Nurses Association of Ontario (RNAO®, 2002)

Toolkit – Implementation of Clinical Practice Guidelines – Environmental Readiness Assessment Worksheet (RNAO®)

ELEMENT	QUESTION	FACILITATORS	BARRIERS	ACTIONS
STRUCTURE	To what extent does decision-making occur in a decentralized manner?			
	Is there enough staff to support the change process?			
WORKPLACE CULTURE	To what extent are the four principles stated in the National Safety and Quality Health Service Standard for Clinical Handover consistent with the values, attitudes and beliefs of the practice			
	To what degree does the culture support change and value evidence?			
COMMUNICATION	To what extent do the leaders within the practice environment support (both visibly and behind the scenes) implementation?			
LEADERSHIP	To what extent do the leaders within the practice environment support (both visibly and behind the scenes) implementation?			
KNOWLEDGE, SKILLS AND ATTITUDES OF TARGET GROUP	Do the staff have the necessary knowledge and skills?			
	Which group is most open to change and new ideas?			
	To what extent are staff motivated to implement a handover improvement process?			

## ENVIRONMENTAL READINESS ASSESSMENT WORKSHEET CONTINUED...

ELEMENT	QUESTION	FACILITATORS	BARRIERS	ACTIONS
COMMITMENT TO QUALITY	Do quality improvement processes and systems exist to support measurement of progress and results of implementation?			
AVAILABILITY OF RESOURCES	Are the necessary human, physical and financial resources available to support implementation?			
INTERDISCIPLINARY RELATIONS	Are there positive relationships and trust between the disciplines that will be involved or affected by implementation?			

SWOT ANALYSIS TEMPLATE

STRENGTHS	WEAKNESSES
OPPORTUNITIES	THREATS

## STAKEHOLDER ASSESSMENT WORKSHEET

\*Adapted from Registered Nurses Association of Ontario (RNAO®, 2002): Implementation of Clinical Practice Guidelines (RNAO®)

KEY STAKE- HOLDER	NATURE OF THE VESTED INTEREST	STAKEHOLDER INFLUENCE AND SUPPORT (HIGH, AND LOW)		MANAGEMENT STRATEGIES	REVISE
		INFLUENCE	SUPPORT		
<i>Examples:</i> Managers	<i>Examples:</i> <ul style="list-style-type: none"> <li>• Improving clinical services</li> <li>• Meeting accreditation requirements</li> <li>• Reducing incidents</li> <li>• Being the best unit/facility</li> <li>• Retaining staff.</li> </ul>	High	High	<i>Examples:</i> <ul style="list-style-type: none"> <li>• Collaborate on all phases of the project</li> <li>• Include on leadership team</li> <li>• Frequent updates on progress.</li> </ul>	





# CLINICAL HANDOVER...

*...is the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group, on a temporary or permanent basis*

UK NPSA, SEVEN STEPS TO PATIENT SAFETY (2004); AND  
AMA, SAFE HANDOVER: SAFE PATIENTS' GUIDELINE (2006).

## PRINCIPLES FOR HANDOVER

### PRINCIPLE 1

#### PREPARING FOR HANDOVER

- Clearly allocating staff roles is essential to reduce disruptions and ensure safe patient care during handover.
- Ensure all participants, the venue and the time of handover are nominated.
- Prior to handover the clinicians should obtain all relevant documents.

### PRINCIPLE 3

#### BEING AWARE OF THE CLINICAL CONTEXT AND NEEDS

- Handover should include notification about patients who might require significant levels of care or immediate attention; are deteriorating or might deteriorate; or present occupational safety issues.

### PRINCIPLE 2

#### ORGANISING THE RELEVANT WORKFORCE MEMBERS TO PARTICIPATE

- Make sure all participants have arrived before starting the handover.
- Handover of patients should be supervised by a designated leader.

### PRINCIPLE 4

#### PARTICIPATING IN EFFECTIVE HANDOVER RESULTING IN TRANSFER OF RESPONSIBILITY AND ACCOUNTABILITY FOR CARE

- The handover of individual patients must be achieved through a standardised content delivery and should include the transfer of accountability and responsibility

## STAKEHOLDER ENGAGEMENT STRATEGY

STAGES	OBJECTIVES	STRATEGIES
IDENTIFICATION OF STAKEHOLDERS AND INITIAL CONTACT	<ul style="list-style-type: none"> <li>• Improving clinical services</li> <li>• To ensure stakeholders have the capacity to contribute to the project</li> <li>• To alleviate concerns regarding the project.</li> </ul>	<ul style="list-style-type: none"> <li>• Face to face contact</li> <li>• Opportunity for socialisation</li> <li>• Informal contact first, followed by formal acknowledgement.</li> </ul>
PROJECT BRIEFING AND INITIAL ENGAGEMENT	<ul style="list-style-type: none"> <li>• To ensure clear understanding of project scope, aims and likely outcomes</li> <li>• To ensure clear understanding of roles and responsibility</li> <li>• To generate a shared commitment and understanding for the project</li> <li>• To generate momentum for change.</li> </ul>	<ul style="list-style-type: none"> <li>• Face to face brief meeting</li> <li>• Summary of the project available in printed format</li> <li>• Project details (electronic or printed) available upon request</li> <li>• Incentives such as refreshments and stationary are useful to engage frontline staff. Clear statement of what the project is “not about.”</li> </ul>
ACTIVE INVOLVEMENT AND ENGAGEMENT	<ul style="list-style-type: none"> <li>• To best utilise available expertise for project success</li> <li>• To identify and involve change champions for project implementation</li> <li>• To obtain feedback and comments in order to identify problems early.</li> </ul>	<ul style="list-style-type: none"> <li>• Selective identification and involvement of individuals when required</li> <li>• Provision of incentives for change champions e.g. certificate of participation, professional development, presentations and publications</li> <li>• Provision of incentives for feedback and comments such as a lucky draw.</li> </ul>
MAINTENANCE OF ENGAGEMENT	<ul style="list-style-type: none"> <li>• To provide updates and progress for proper project governance</li> <li>• To maintain enthusiasm and commitment</li> <li>• To encourage active participation.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular updates through printed or electronic media such as newsletters, pamphlets and websites</li> <li>• Brief face-to-face sessions during regular scheduled meetings such as in-service</li> <li>• Innovative ideas such as a weekly quiz game.</li> </ul>
PROJECT CLOSURE	<ul style="list-style-type: none"> <li>• To ensure dissemination of outcomes and successes</li> <li>• To acknowledge participation and commitments from stakeholders</li> <li>• To motivate stakeholders for continual improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face brief presentation with senior management presence</li> <li>• Formal acknowledgement such as grand rounds and certificates</li> <li>• Acknowledgment of ward involvement such as provision of safety equipment and teaching aids.</li> </ul>

## EXAMPLE MARKETING MATERIALS

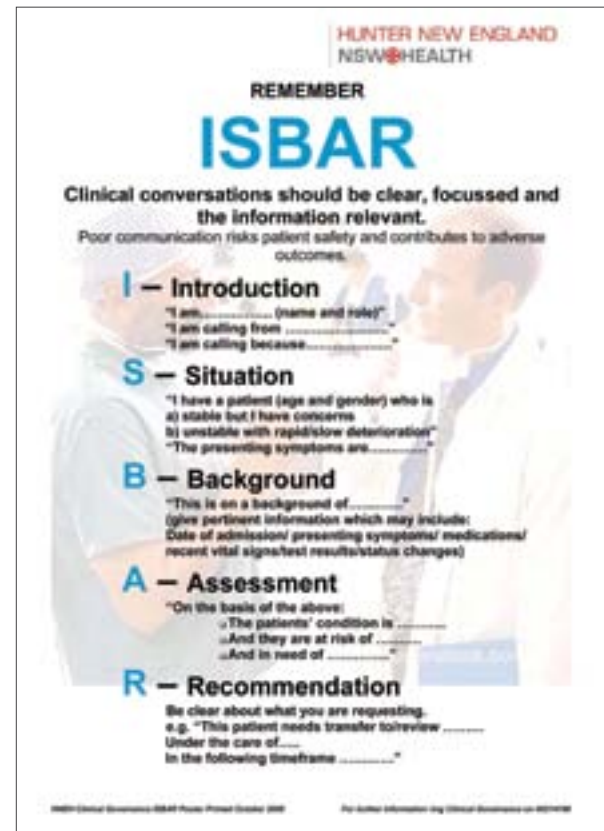
SHARED Graphic



COLD PACU handover prompt card



ISBAR poster



## IMPLEMENTATION ACTION PLAN

Adapted from: Registered Nurses' Association of Ontario and St. Elizabeth Health Care (2007). *Best Practice Guideline Implementation: Project Plan*. Toronto, Canada: Registered Nurses' Association of Ontario and St. Elizabeth Health Care. (RNAO®)

STEP	ACTIONS	BY WHO	BY WHEN	RESOURCES NEED	PROGRESS MEASURES
DECIDE SPECIFIC IMPLEMENTATION PROCESSES AND STRATEGIES <ul style="list-style-type: none"> <li>Who will be responsible for what actions</li> <li>When each action will occur</li> <li>The resources required</li> <li>Measures will be used to monitor progress (see phase five)</li> </ul>	<i>Examples:</i> <ul style="list-style-type: none"> <li>Develop education material</li> <li>Make room bookings</li> <li>Order patient information sheets</li> </ul>			<ul style="list-style-type: none"> <li>Printing</li> <li>Admin support</li> </ul>	
DEVELOP COMMUNICATION PLAN* <ul style="list-style-type: none"> <li>How will information be communicated</li> <li>When/how often information will be communicated</li> </ul> See stakeholder phase*	<i>Examples:</i> <ul style="list-style-type: none"> <li>Set a launch date</li> <li>Formulate a "brand" or logo</li> <li>Fortnightly data emails</li> <li>Update intranet fortnightly</li> <li>Newsletter template</li> <li>information sheets</li> </ul>				
RISK ASSESSMENT OF ACTION PLAN <ul style="list-style-type: none"> <li>Trouble shoot plan to identify barriers</li> <li>List strategies to overcome</li> </ul>	<i>Examples:</i> <ul style="list-style-type: none"> <li>Short staffing over winter mitigate by...</li> </ul>				
IDENTIFICATION OF MONITORING PROCESSES <ul style="list-style-type: none"> <li>Establish baseline</li> <li>Set measures to monitor progress.</li> </ul> See evaluation phase*	<i>Examples:</i> <ul style="list-style-type: none"> <li>Education on audit tools for unit/dept reps</li> <li>Gather baseline data before launch date</li> </ul>			<ul style="list-style-type: none"> <li>audit tools</li> <li>pt surveys</li> </ul>	
APPROVAL OF IMPLEMENTATION PLAN <ul style="list-style-type: none"> <li>Implementation plan and tools approved by relevant management/executive</li> </ul>	<i>Examples:</i> <ul style="list-style-type: none"> <li>Exec team member to discuss plan and resources/support required at exec management group</li> </ul>				
PDSA <ul style="list-style-type: none"> <li>Conduct pilot</li> <li>Study results from pilot</li> <li>Proceed to widespread implementation</li> <li>Report and respond to results</li> </ul>	<i>Examples:</i> <ul style="list-style-type: none"> <li>Ensure all tools available for pilot</li> </ul>				

## EVALUATION PLAN

Adapted from: Registered Nurses' Association of Ontario and St. Elizabeth Health Care (2007). *Best Practice Guideline Implementation: Project Plan*. Toronto, Canada: Registered Nurses' Association of Ontario and St. Elizabeth Health Care. (RNAO®)

STEP	ACTIONS	BY WHO	BY WHEN	RESOURCES NEED	PROGRESS MEASURES
IDENTIFICATION OF MONITORING PROCESSES <ul style="list-style-type: none"> <li>Quantitative and qualitative</li> <li>Establish baseline</li> <li>Set measures to monitor progress</li> </ul>	<i>Examples:</i> <ul style="list-style-type: none"> <li>Education on audit tools for unit/dpt reps</li> <li>Gather baseline data before launch date</li> </ul>				
FREQUENCY AND TIMING OF DATA COLLECTION <ul style="list-style-type: none"> <li>How, when, where will data be collected</li> </ul>	<i>Examples:</i> <ul style="list-style-type: none"> <li>Collect checklists weekly – ICU and operating theatre</li> </ul>				
FEEDBACK SCHEDULE <ul style="list-style-type: none"> <li>Level of feedback (individual, team, organisation)</li> <li>Data comparisons</li> <li>Timing and frequency of feedback</li> <li>Method of feedback (presentations, email, etc )</li> </ul>	<i>Examples:</i> <ul style="list-style-type: none"> <li>Display progress for each unit prominently</li> <li>Display progress compared to baseline</li> <li>Monthly progress on posters and Intranet</li> <li>Monthly update to exec – email with graphs attached</li> </ul>				
PDSA <ul style="list-style-type: none"> <li>Study results from pilot</li> <li>Proceed to widespread implementation</li> <li>Report and respond to results</li> </ul>	<i>Examples:</i> <ul style="list-style-type: none"> <li>Trial on 1 unit</li> </ul>				
CELEBRATE SHORT TERM WINS <ul style="list-style-type: none"> <li>Plan for celebration to mark milestones</li> </ul>	<i>Examples:</i> <ul style="list-style-type: none"> <li>Spread results across hospital with FYI email</li> <li>Profile in patient and staff newsletter</li> </ul>				



## EVALUATION FRAMEWORK

MEASURES	PARAMETERS	COLLECTION METHOD	EVALUATION INTERVAL (SAMPLE ANSWERS)	RESOURCES NEED
<i>STRUCTURAL MEASURES:</i>				
Type of organisation (urban/rural; public/private; community/academic; etc.)				
Size of organization (beds; visits)				
Specific types of handovers where an process has been implemented and number of locations (e.g. number of wards)				
<i>PROCESS MEASURES:</i>				
% of staff that understand the new process (practice and theory)		Survey and/or direction questioning of staff	After training, then at 3,6,12 months Repeated after alterations to the standardised process	All staff
% of handovers completed according to new process		Observation	Weekly for first month and then monthly	Random handovers
% of handovers interrupted		Observation	Weekly for first month and then monthly	Random handovers
% of handovers w/o needed documentation		Observation	Weekly for first month and then monthly	Random handovers
Average time for handover (and cost of this time)		Observation	Weekly for first month and then monthly	Random handovers
Participant and patient satisfaction		Survey and interview	Monthly	Monthly
% of handovers with patient and or care involvement		Audit/ Observation	Monthly	
<i>OUTCOME MEASURES:</i>				
Have clinical errors occurred due to insufficient information? (Does analysis point to a specific problem with a handover scenario where a standardised process has been implemented?)		Observational Incident monitoring	Observational work in high risk areas (eg ED, ICU) weekly for first month and then monthly. Incident monitoring	Random shifts Continuous

# » **Appendix A**

## **BACKGROUND READING**

1. Australian Commission on Safety and Quality in Health Care (2010). The OSSIE Guide to Clinical Handover Improvement. Sydney, ACSQHC.
2. Australian Commission on Safety and Quality in Health Care (2010). National Safety and Quality Health Service Standards. Sydney, ACSQHC.
3. Australian Commission on Safety and Quality in Health Care (2010). The OSSIE Toolkit for the implementation of the Australian Guidelines for the Prevention of Infection in Health Care 2010. Sydney, ACSQHC.
4. Medical Journal of Australia (2009). Clinical handover: Critical Communications; 190 (11 Suppl): S105-S160.
5. Wong MC, Yee KC, Turner P. (2008). Clinical Handover Literature Review, eHealth Services Research Group, University of Tasmania, Australia (on behalf of the Australian Commission on Safety and Quality in Health Care).
6. Cummings E, Showell C, Roehrer E, Churchill B, Turner B, Yee K.C, Wong M.C, Turner P. (2010). Discharge, Referral and Admission: A Structured Evidence-based Literature Review, eHealth Services Research Group, University of Tasmania, Australia (on behalf of the Australian Commission on Safety and Quality in Health Care and the NSW Department of Health).
7. Australian Commission on Safety and Quality in Health Care (2010). Windows into Safety and Quality in Health Care. Sydney, ACSQHC.
8. NSW Department of Health (2009). Implementation Toolkit, Standard Key Principles for Clinical Handover. Sydney, NSW Health.
9. Australian Medical Association (2006). Safe Handover: Safe Patients. Canberra, AMA.
10. Australian Commission on Safety and Quality in Health Care (2008). Australian Charter of Healthcare Rights. Sydney, ACSQHC.
11. Australian Commission on Safety and Quality in Health Care (2011). External Evaluation of the National Clinical Handover Initiative Pilot Program, ACSQHC, Sydney.

## **LINKS TO JURISDICTIONAL HANDOVER MATERIALS**

1. NSW Department of Health, Australian Resource Centre for Health Innovations
2. SA Department of Health, Safety and Quality
3. WA Department of Health, Office of Safety and Quality in Health Care
4. QLD Department of Health, Patient Safety and Quality Improvement Service
5. VIC Department of Health, Victorian Quality Council

**NATIONAL CLINICAL HANDOVER INITIATIVE  
PILOT PROGRAM TOOLS AND RESOURCES**

1. **GPpartners** – Tool: Improving Residential Aged Care Facility to Hospital Clinical Handover
2. **Griffith University Research Centre for Clinical Practice Innovation**  
– Tool: Bedside Handover and Whiteboard Communication
3. **North East Valley Division of General Practice** – Tool: Transfer-to-Hospital Envelope
4. **University of Technology Sydney, Centre for Health Communication**  
– Tool: HELICS as a Tool for Ongoing Observation, Improvement and Evaluation of Clinical Handover
5. **Tasmania Department of Health and Human Services, Royal Hobart Hospital and University of Tasmania** – Tool: Nursing and Medical Handover in General Surgery, Emergency Medicine and General Medicine at the Royal Hobart Hospital
6. **University of Queensland, Centre for Health Innovations and Solutions, Queensland Patient Safety Centre and Med-E-Serv Pty Ltd** – Tool: Leading Clinical Handover
7. **Western Australia Country Health Service and Royal Perth Hospital**  
– Tool: iSoBAR for Inter-Hospital Transfers
8. **South Australian Department of Health** – Tool: TeamSTEPPS
9. **Mater Health Services Brisbane Limited** – Tool: SHAREing Obstetric Care  
– Clinical handover between VMOs and Midwives
10. **Hunter New England Area Health Service** – Tool: ISBAR revisited:  
Identifying and Solving BARriers to Effective Handover in Interhospital Transfer
11. **St John of God Health Care – NSW Services** – Tool: Revolving doors
12. **Albury-Wodonga Private Hospital – Ramsay Healthcare** – Tool: The PACT Program
13. **Deakin University, Epworth Hospital, Cabrini Hospital and Alfred Hospital** – Tool: Inter-professional communication and team climate in complex clinical handover situations (in the Post Anaesthesia Care Unit)
14. **South Australian Department of Health, University of South Australia and University of Tasmania**  
– Tool: SafeTECH

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2. Australian Medical Association. Safe Handover: Safe Patients. Guidance on clinical handover for clinicians and managers, 2006.
3. Jorm C, White S, Kaneen T. Clinical Handover: Critical Communications. *Medical Journal of Australia* 2009;190(11).
4. Clark E, Squire S, Heyme A, Mickle MA, Petrie E. The PACT Project: improving communication at handover. *Medical Journal of Australia* 2009;190(11):S125-S127.
5. Australian Commission on Safety and Quality in Health Care. OSSIE Guide to Clinical Handover Improvement. Sydney, 2010.
6. Australian Commission on Safety and Quality in Health Care (2011). External Evaluation of the National Clinical Handover Initiative Pilot Program, ACSHQHC, Sydney.
7. Australian Commission on Safety and Quality in Health Care. The OSSIE Toolkit for the implementation of The Australian Guidelines for the Prevention of Infection in Health Care 2010 Consultation Edition. Sydney, 2010.
8. Chaboyer W, McMurray A, Johnson J, Hardy L, Wallis M, Chu F. Bedside handover: quality improvement strategy to “transform care at the bedside”. *Journal of Nursing Care Quality* 2008:Epub date Oct 16, 2008.
9. Greenhalgh T, Robert G, Bate P, Macfarlane F, Kyriakidou O. *Diffusion of Innovations in Health Service Organisations. A systematic literature review*. Oxford: Blackwell, 2005.

**AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE**

Level 7, 1 Oxford St. Darlinghurst NSW 2010

Telephone: 02 9126 3600

Email: [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)