Clinical handover workshop

Leena Sudano
Health & Community Services Complaints Commissioner
ACSQHC Clinical Handover Workshop
24 November 2008
Learning from mistakes...
Mantras & metaphors

• every system is *designed* to get the results it achieves
• if you always do what you’ve always done, you’ll always get what you’ve always got
• those who say it can’t be done should get out of the way of those doing it
hcsc experience

• > 2800 complaints
• most due to poor communication - with patients & their families/carers, between providers, within & between “teams” & services
• initial contact poorly handled → escalates
• poor handling of concerned, anxious or angry patient, carer or family member
• no one there after things have gone wrong - betrayal, cover up, no one accountable - it’s no one’s job - “don’t let this happen to anyone else”
Marjorie

- 89 yr old with early dementia - admission hx, on medication
- medical consent for colonoscopy, unable to consent for anaesthetic sedation
- family not involved in discussion despite their requests
- Marjorie confused - unable to comply with bowel prep
- RNs note confusion x 7 in notes
- RNs note failed bowel prep x 3 in notes
- bowel prep noted to be poor, colonoscopy performed → bowel perforation
- previously independent person now in nursing home
- hallmarks: poor communication & poor team work
- HCSCC investigation - 1 of 5 bowel perforations
Mauro

- 75 yr old nursing home resident with intellectual impairment & multiple dx → A&E after a fall
- sent with incomplete info about management of his serious pressure area wounds
- incomplete info relied on while in A&E
- nearly 2 days until admitted to ward - wounds had deteriorated → surgical debridement
- infected wounds → organ failure → death 12 days later
Other handover shortcomings...

- medication allergy or contraindication
- stat or atypical medication
- deteriorating patient
- radiology results not sent to treating clinician
- NFR orders, advance care directives, next of kin
- relevant information from patient or their family not recorded or handed over
- mental health - non mental health providers
- between providers & services including private → public
Challenges

• rewrite your handover project to make it patient centred
• consider options for patient & carer involvement in handover improvement projects
  - various activities e.g. diaries, appreciative inquiry, shadowing, expert patients, focus groups…
  - baseline & improvement measurement
• NB functional literacy ABS Adult Skills & Life Skills Survey 2006 - 45.2% SA adults 15-74 years skills below level 3 - basic level needed to deal with everyday life - literacy like reading newspapers & bus timetables
Patient-centred improvement measures 1.

- I was treated with honesty, respect & dignity
- I was talked to & listened to as an equal
- I had information to make choices so I felt confident & in control
- I received good treatment, delivered in a calm & reassuring way, in a comfortable, caring environment
- my family/carer was actively involved
- if I had a concern or a complaint I knew who to talk to
- when my condition deteriorated I received the right care
- my family & I were told when things went wrong
Patient-centred improvement measures 2.

- information about my health care needs was passed accurately between health care providers - shifts & locations
- I did not get an infection while in hospital
- there were no medication errors during my care
- I was assessed for _____(anaemia, metabolic disorder, community care…) before ________
- I had the correct test/procedure/operation
Resources

- Improvement Leaders Guides - including patient involvement
  http://www.institute.nhs.uk/building_capability/building_improvement_capability/improvement_leaders%27_guides%3a_introduction.html

- Picker Institute - patient centred care http://www.pickereurope.org/

- Patient Information Forum http://www.pifoonline.org.uk/

- Involving patients in redesign http://www.archi.net.au/e-library/build/patients
Safer Conversations

build capacity to:

• raise & resolve concerns with colleagues about behaviours that risk the safety & quality of patient care
• reduce complaints by addressing safety & quality issues
• respond effectively to complaints
The role of the Health and Community Services Complaints Commissioner (HCSCC) is set out in the Health and Community Services Complaints Act 2004. It includes:

- Improving service quality and safety through complaints resolution
- Providing dispute resolution service for users and providers
- Promoting best practice complaints handling
- Monitoring complaint trends
- Addressing public interest and systemic issues
- Supporting special needs groups, such as Aboriginal people, people with severe and enduring mental illness
You can raise a concern about safety or quality with hcscc

- action or inaction affecting a service user
- a systemic issue
- your identity can be protected
Contact HCSCC

Enquiry Service Mon - Thurs 10am - 4pm
P 8226 8666 country 1800 232 007
F 8226 8620

www.hcscc.sa.gov.au email link + H&CSC Act
+ e-newsletter Buzz + forms + pamphlets
+ Safer Conversations Bulletins + to request a speaker

HCSCC PO Box 199 Rundle Mall SA 5000
Reception only P 8226 8652