Making an “Im – PACT”
An Education Program for Clinical Handover
Workshop Outline

- Background
- Research findings
- PACT project
- Tools
- Education workshops
- Activity
- Evaluation
- Sustainability and transferability
- Reflection
- Questions
What we say to dogs

Okay, Ginger! I've had it!
You stay out of the garbage!
Understand, Ginger? Stay out of the garbage, or else.

What they hear

blah blah GINGER blah
blah blah GINGER blah
blah blah GINGER blah
blah, blah, blah, blah...
Background

Communication between health care professionals directly affects patient outcomes and quality of care

- Medication errors
- Delays in treatment
- Patient falls
- Perinatal injuries and deaths
- Wrong site surgery

(Reference: Friesen, M. Hughes, R. 2007)
How big is the problem?

- Communication errors were the **key contributory factor** in over 70% of sentinel events.

- 75% of patients affected by these events died.

(Reference: Joint Commission on Accreditation of Healthcare Organisations, 2008)
Problems with handover

- Lack of consistent practices
- Limited use of protocols
- Absence of best practice guidelines
- Interruptions to continuum of care
Barriers to Communication

- Differences in communication style
- Traditional roles
- Cultural differences
- Environment
- Training
- Personality and behaviour
- Accessibility
- Reliability of documentation and reporting
- Dealing with and accepting change
Additional Challenges in Rural Private Hospitals

- No resident medical staff
- Nurses communicate directly with Consultants, especially out of hours
- Reliance on telephone communication, often mobiles
- Casual, part-time, junior staff
Tell us about it!
PACT Project

- P = Patient Assessment
- A = Assertive Communication
- C = Continuum of Care for Patient Safety
- T = Team Work with Trust
Scope of Project

- Shift to shift nursing handover
- Nurse to Doctor communication in the instance of a deteriorating patient
The Standardised Approach

- Know what to say and what is expected
  - Great for grads, students and junior staff
- Staff identify when information is missing
- Organise thoughts at the end of a long shift
- Staff don’t waste time finding missing information
- Hospital policy
What we did and how we did it!
Building the teams

- Project team
- Champions
Baseline Survey – Nurses

- 32% stated that they always get the information they need at handover
- 94% identified that nurses give handover in different ways
- 82% stated that we needed a standardised way of giving handover
- 85% felt that there was room for improvement in the way nurses communicate
- 60% would like to deliver handover more effectively
Baseline Survey – Nurses

- Open ended questions
- Problems identified
  - Interruptions
  - Omission of important information
  - Inclusion of irrelevant information
  - Rudeness, hostility, disbelief on part of receiver(s)
Baseline Survey - Doctors

Key issues identified:

- the need for detailed and specific clinical information
- nurses should specifically identify the issue/problem
- nurses should have all information at hand before contacting the doctor
- the need to know whether all protocols and standing orders had been carried out
Education workshops

- Assertive Communication
- Patient Assessment
What is assertive communication?

Can you think of an example?
Assertive Communication – What is it?

- Speaking up!
- Challenging authority?
- Self-esteem
- Self-confidence
- How?
Patient Assessment

- Know your patient!
- Identify change with a thorough patient assessment
- Be prepared to communicate/handover
- A structured approach
Patient Assessment
CAB SAVI

- **C** - Conscious state
- **A** - Airway
- **B** - Breathing
- **S** - Sphygmo! Systolic!
- **A** - All round
- **V** - Vital signs
- **I** - Intuition and insist, get help if required.
Communication Tools

Two tools

- Handover prompt card
  - Template for standardising shift-to-shift and person-to-person handover.

- Reporting template
  - This is a standard script or template to be followed by nurses who need to contact doctors to report deterioration in a patient’s condition.
SBAR Tool

- **Situation** – What is going on with the patient
- **Background** – What is the clinical background or context
- **Assessment** – What is the current situation and what I think the problem is
- **Recommendation** – What I recommend should be done or what I want you to do
| S   | - Name, age, admitting doctor  
|     | - Admission diagnosis  
|     | - Current issues  
| B   | - Relevant medical/surgical history  
|     | - Doctor/Allied Health Consults  
|     | - Previous tests/treatments  
|     | - Psychosocial issues  
|     | - Allergies  
|     | - NFR if relevant  
| A   | - Physical Assessment  
|     | - Mental health assessment/cognition  
|     | - Vital signs  
|     | - Lines - IV, CVC, PICC, Arterial  
|     | - Oxygen requirements  
|     | - Pain scores/Analgesia  
|     | - Wound – including drains, tubes  
|     | - ADLs, Diet, Mobility  
|     | - Risk Assessments - variances  
|     | - Pathology results  
|     | - Response to treatment  
|     | - Pt education, family, carer  
| R   | - Care plan/pathway  
|     | - Needs to be addressed  
|     | - Orders needing completion  
|     | - Pending treatment/tests  
|     | - Discharge planning, issues, barriers  

WHEN AND HOW DO I USE THE SBAR COMMUNICATION TOOL?

WHEN DO I USE IT?
When a patient meets the SBAR criteria.

SBAR Criteria = Any change in a patient’s condition that you are concerned about and need to call a doctor.

HOW?
Follow the SBAR flowchart

- You are concerned about a patient’s condition

  Is this life threatening? Do you need to call a Medical Emergency?

  - No
  - Yes. Call for help immediately

  Does my patient meet the SBAR Criteria?

  - Yes,
    - Have you considered all relevant current doctor’s orders, clinical pathways, standing orders and protocols?

    - Yes,
      - Conduct a thorough Patient Assessment.
      - Complete the SBAR Communication Tool

    - Notify NUM/Supervisor of your patient’s condition and intent to call doctor

    Ensure that you have all relevant information regarding the patient including charts

    Ring Doctor and follow SBAR tool for the prompts.
    Document on the tool doctor’s orders, actions and outcomes
## SBAR COMMUNICATION TOOL

### Situation
- Time and Date: ________________________________
- Identify yourself
- Identify your Unit
- Give the patient’s name
- State current patient location
- Briefly state the problem
- Identify when it happened / started

### Problem
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- State severity
  - Severe ☐ Very concerned ☐ Concerned ☐ Controlled ☐
- Name of professional being contacted
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________

### Background
- Admitting diagnosis / operation: ________________________________
- ________________________________
- ________________________________
- ________________________________
- Date of admission: ________________________________
- ________________________________
- ________________________________
- Most recent vital signs
  - BP: _______ HR: _______ Temp: _______
- Pain Score: _______ RR: _______ SaO2: _______ Urine output: _______
- Pt on oxygen? ☐ Yes ☐ No
  - NoLitres / min: _______ IV Fluid: ________________________________
- Test Results: ________________________________
- ________________________________
- ________________________________
- Pt mental state: ________________________________
- Assessment of skin / extremities: ________________________________

### Assessment
- Your assessment should be concise, clear, assertive, and factual
  - ________________________________
  - ________________________________
  - ________________________________
  - ________________________________
  - ________________________________
  - ________________________________
  - ________________________________
  - ________________________________

### Recommendations
- Examples of recommendations may include:
  - Pt needs to be seen now
  - Order change
  - Transfer to alternate facility
  - Request for tests needed
  - Talk to the patient and/or family
- I suggest / request that:
  - ________________________________
  - ________________________________
  - ________________________________
  - ________________________________
  - ________________________________
  - ________________________________
  - ________________________________
  - ________________________________
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  - ________________________________

### Outcome:
- ________________________________
- ________________________________
- ________________________________

Print Name: ________________________________ Signature: ________________________________ Designation: ________________________________
ACTIVITY
Evaluation

- Post implementation survey
- Champions’ Focus Group
Post Implementation Survey

- 68% stated that they always get the information they need at handover
- 72% agreed that handover is more structured now than at the start of the project
- 68% of nurses believed shift-to-shift handover has improved
- 80% felt more confident when communicating with Doctors
Champions’ Focus Group

Results:
- Handover more comprehensive and omissions easily identified
- Benefits to junior staff and graduates
- Assessment workshops and communication tools led to earlier intervention
- Improved documentation
- Less stress for staff
- Identification of emerging clinical trends
Sustainability and Transferability

- Visual reminders
- Orientation of new staff
- Templates can be easily adapted to speciality areas
- Annual refresher for all staff
- Champions
- Sharing the knowledge
Reflection

- Marketing! Marketing! Marketing!
- Enthusiastic champions
- Planning and strategy for key team members
- Initial education workshops and ongoing regular updates critical
- Continually seek feedback from end users
Questions?
References


