

Clinical Handover

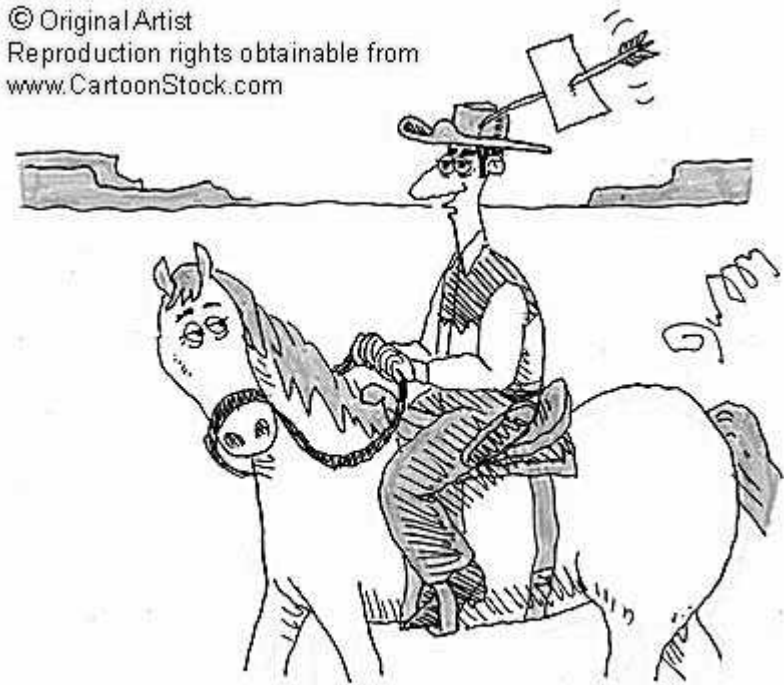


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Clinical handover

- “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.”

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"Sorry, I really need to take this."

Clinical Handover

- WHO's High 5 of patient safety
 - Australian Quality and Safety in Health Care Commission
 - National Handover Initiative
-
- Dr Tim Green (ED director)
 - Staff specialists
 - Nursing Managers



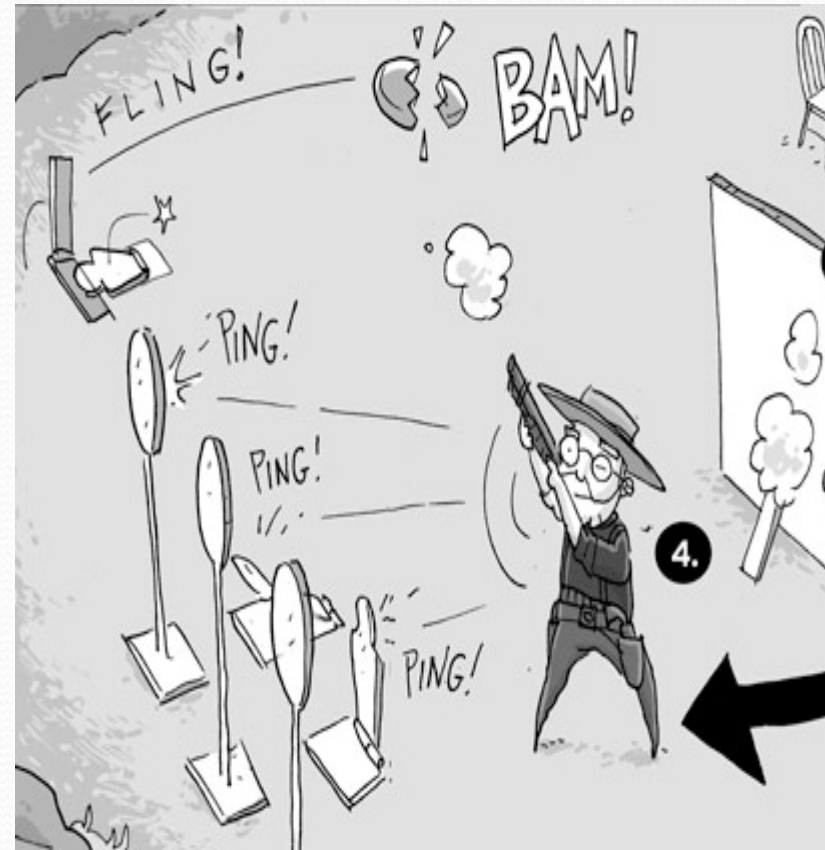
Structure for change

- Identify
- Observe
- Discuss
- Develop
- Implement
- Evaluate
- Review



Observations in RPA ED

- Different types of handover
- Interruptions
- Variable duration
- Lack of patient involvement
- Minimal use of notes
- Large number of staff



Observations in RPA ED

- Outdated information
- Variable level of detail
- Inconsistent use of the whiteboard
- Little involvement of junior staff
- Inconsistent post handover review





Nursing Handover

- Nursing Handover was observed separately in the Clinical handover project
- Team Nurses have a whiteboard handover followed by a walk around to review the patients, their charts and inform the patients of the change of shift



Discussions

- Emergency Director
 - Staff Specialists
 - Senior and junior emergency registrars
 - Nursing management
 - Nursing staff
 - Staff in other emergency departments
-
- Following these discussions about observations undertaken a new process was developed

Handover Process

- Team A hands over to Team B at the whiteboard
 - 1-2 x Staff specialists, 2 x registrars, SRMOs, 2x residents, 2 x interns, NUM, flow nurse
- Team A completes work, aiming to head home
- Staff Specialist, Registrar and NUM of Team B perform “Cowboy Round”
- JMOs of Team B continue with patient load.

Cowboy Round

- Staff Specialist led brief review of all patients in the department
- Following 8am, 430pm and replacing the 11pm whiteboard round.



Who?

- Staff Specialist
- Registrar
- NUM or
- Flow Nurse
- Other staff as able
- And let's not forget the COW



COW technology

- Whiteboard
 - Patient Files
 - Ordering
 - Results
 - Radiology
 - Intranet
 - Waiting List
-
- Mobile
 - Department wide



What? --- NEMO

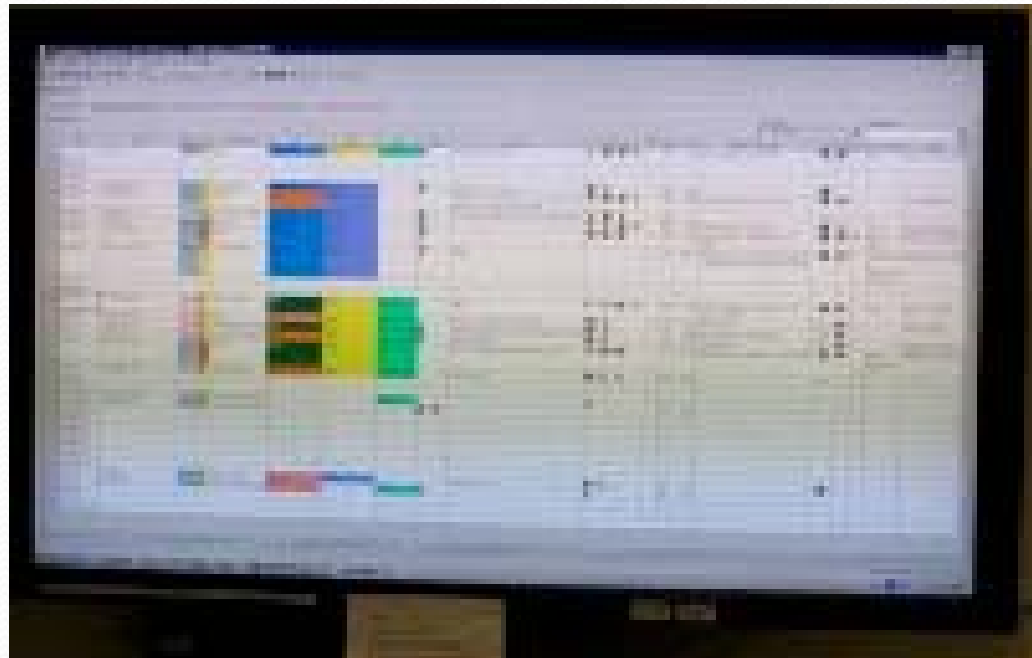
- Name – introductions, answering questions
- Examination – a clinical eyeball, chart check and investigations review.
- Medications – have the right things been given, add anything?, regular meds charted?
- Outstanding – flow, tests pending, other things pending

UPDATING THE WHITEBOARD

= IMPROVED COMMUNICATION!!

Computerised Whiteboard

- FirstNet available on all department computers





Why “Cowboy Round”?

- Improve patient safety
- Speedy review of the patient post handover
- Improve patient flow
- Increase patient satisfaction
- Earlier management decisions
- Increased Staff Specialist and senior Registrar involvement
- Teaching time for registrars

Evaluation

- Online Survey
 - Facilitated by the Alpha Study Platform as on online response, immediately enters data into spreadsheet.
- Post implementation observations



The streets of Dodge City fell eerily quiet as the market researchers strode into town.

AlphaStudy.com > COWBOY > Cowboy Evaluation

Alphastudy survey platform is compliant with HIPAA Privacy and Security Acts. This survey complies with data security, storage and access authorisation requirements from all major research ethics approval committees. This survey complies and is bound by the National Privacy Principles in the Privacy Act 1988 (Cth).

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TIME Whiteboard started

Time Cowboy Started

Team members present on COWBOY Round (indicate number of)

	1	2	3	not present
Staff Specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registrar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NUM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RMO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of Patients in section

Where did this COWBOY round occur?

☐ Acute☐ Subacute☐ EMU

Number of patient-issues identified during COWBOY round, not recognised at whiteboard

	0	1	2	3	4	5	6	>6 patients
CLINICALLY UNSTABLE PATIENTS (BP<90, HR >130, Sats <90%, T >39, GCS <12, active seizure or other serious event)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in Obs/pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication issues not given, additions prescribed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in diagnosis/management plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in disposition (admit/home/EMU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ED physician exam of unseen patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching cases identified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Description of clinically unstable patients

THIS ROUND IDENTIFIED ISSUES NOT PRESENTED AT WHITEBOARD

☐ Yes

☐ No

THESE ISSUES WERE IDENTIFIED BY:

☐ VISUAL
CUES

☐ VERBAL CUES FROM
PATIENT

☐ PATIENT
EXAMINATION

☐ CHART
REVIEW

☐ VERBAL CUES FROM
STAFF

**DID PATIENT/S or CARER PROVIDE VALUABLE INFORMATION CHANGING PATIENT MANAGEMENT
DURING THIS ROUND**

☐ Yes

☐ No

Time Cowboy Ended

Completed by

Additional comments

Site creator for COWBOY : [Emergency Medicine Research](#)
[Alphastudy](#) contact and support team
Powered by [alphastudy](#) © 2008



Preliminary results – ongoing data collection

- 77% of rounds identified issues
- 54% of respondents agreed that the round identified issues not presented at the whiteboard
- 28 “clinically unstable patients” were identified during the Cowboy round, and were not addressed at the whiteboard

Preliminary Results – ongoing data collection

	Out of 158 Cowboy rounds
Clinically Unstable Patients	28
Medication Change	98
Change in Obs or Pain score	43
Change in Disposition/Admit/EMU	55
Change in Diagnosis or Management Plan	49
Commencement of management (ED physician seen)	59
Teaching cases	17



Feedback

- “the COWBOY rounds are now entrenched into our culture and are done regularly”
- “the process is going very well and has improved our handover practice immensely”
- “Interruptions can compromise the ability to complete the round”
- “seeing all the patients improves both patient care and satisfaction”

Conclusion

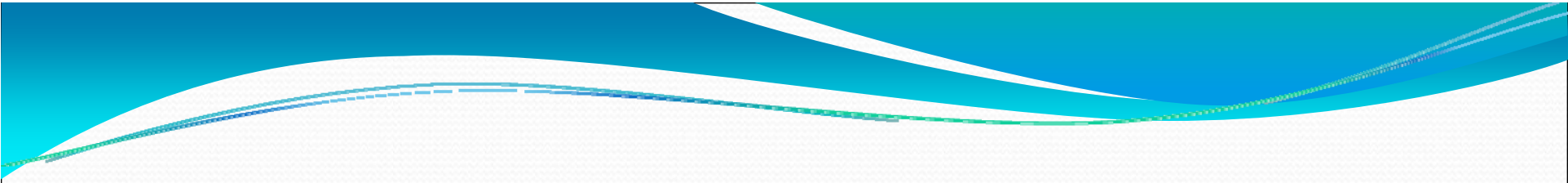
- The “Cowboy” round is a valuable part of patient management in the emergency department
- Timely senior review of patients
- An extra safety net
- Improved patient safety and satisfaction
- Issue of interruptions ongoing, but difficult to resolve in a dynamic emergency department
- Next step is to document the round more effectively in the notes



Thanks

- David Dinh, Alpha Study
- Eamon Merrick, Research fellow UTS
- Dr Tim Green, ED director RPA
- Dr Mike Dinh, Staff Specialist RPA
- Sarah White and Tamsin Keenan, Australian Quality and Safety in Patient Care Commission
- Jina Kim and Shannon Lowcock, Emergency Nurses

- And a very special thanks to all the medical and nursing staff at RPA Emergency Department



Alphastudy is an online Web 2.0 platform providing a low cost alternative to conduct research, education and development projects. Alphastudy provides a set of easy to use and powerful online tools for researchers, scientists, and students to rapidly create, edit and share customisable expert based communities, research and continual education sites."

Our mission is reducing the cost and barriers to the creation and rapid dissemination of knowledge

The system addresses the problem of trying to find the right tools to create a research project "fast", conduct it "efficiently" and provide a site to easily "disseminate" the knowledge (eg the EMLRC <http://alphastudy.com/sites/topic/index.php?cid=EMRLC>)
The key success so far has been its ability to access Alphastudy within the hospital intranet as well as at home on the world wide web.

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