“Handover of care is one of the most perilous procedures in medicine...”

Professor Sir John Lilleyman
Medical Director, National Patient Safety Agency, National Health Service UK, 2004
Pushing the Envelope - clinical handover between Aged Care Homes and hospitals

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Australian Commission on Safety & Quality in Health Care
Clinical Handover Workshop
Adelaide 24 November 2008
Outline of workshop

• Clinical handover *between* Aged Care Homes (ACHs) & hospitals
  ➢ Context
  ➢ ACH Transfer-to-hospital Envelope
  ➢ Telephone calls
• Summary of *National Clinical Handover Initiative* Envelope trial
• Related issues
  ➢ IM/IT
  ➢ Discharge
Setting

- Range of residential care available
- The residential aged care sector is often overlooked when patient safety issues are considered
- Many residents: old, frail, multiple morbidities, complex care, impaired cognition, vulnerable
- Need access to acute services
ACH – hospital relationship

• Poor communication & clinical handover
• Lack of knowledge and understanding of each other’s environments
• Different information systems
Workforce issues

- Access to primary medical care
- ACH staff
- Hospital staff
Need for clinical handover

- Both directions
- Lack of recognition
- Duty of care
- Values & attitudes:
  - older people
  - residential care
  - death
Complicating factors

- Multiple & different:
  - health disciplines - cultures & expectations
  - training & skill levels
  - modes of communication used
- Several separate handovers
  ACH : ambulance : hospital
Aged Care Home Transfer-to-Hospital Envelope

- Tool to support safe clinical handover *in to* hospital
- Container
- Checklist of key clinical and other clinical handover information
- Preserves resident privacy
- Flags ACH resident in ED/hospital
Aged Care Home Transfer-to-Hospital Envelope

This envelope contains CONFIDENTIAL medical information which should remain with the PATIENT RECORD.

Resident / Patient’s Name: ..................................................................................................................

Name of Aged Care Home: ................................................................................................................

Contact telephone number: In-hours: ................................................................................................

                                    After-hours: .....................................................................................................

There is a range of residential settings with different levels of care available.  
This Aged Care Home is:

☐ High Care  "Nursing Home" - Registered Nurse / Registered Nurse Division 1 usually present.

☐ Low Care  Hostel, but may have "Aging In Place"- residents may have complex medical &/or personal care needs 
(i.e. High care). Usually staffed by Enrolled Nurse / Registered Nurse Division 2 &/or non-nursing care staff 
e.g. PCA/PCW/ABN. Generally medications are administered from a Dose Administration Aid.

☐ Other  .............................................................................................................................................

★ Advance care plan / End-of-life wishes enclosed > YES NO

Development coordinated by North East Valley Division of General Practice with acknowledgement to Dandenong Casey General Practice Association. Revised August 2008. 
Template available at: www.nvdp.org.au  Tel. 03 9494 4333. Project funded by the Australian Commission on Safety and Quality In Health Care National Clinical Handover Initiative.
Checklist for Transfer-to-Hospital Clinical Handover

Tick boxes to indicate

- Hospital notified by telephone

Information included in envelope >

- Advance care plan / End-of-life wishes
- Transfer Form (include as a minimum)
  - Resident details: Name, DOB, religion, language spoken & need for interpreter
  - Contact details of Aged Care Home including telephone number (in- & after-hours) & address
  - Pension number
  - Health insurance status: (i.e. Medicare only / DVA / privately insured) & include details
  - Name of usual GP & contact details
  - Name of usual Pharmacist & contact details
  - Name of next-of-kin &/or Medical Enduring Power of Attorney or equivalent & contact details
  - Next-of-kin notified of transfer
  - Reason for transfer including events leading up to transfer
  - Relevant medical history
  - Any known allergies
  - Pre-morbid / usual condition & functioning: cognition, mobility, continence, behaviours, diet
- Letter from GP, locum or Aged Care Home detailing reason for transfer
- Copy of most recent Comprehensive Medical Assessment (CMA)
- Copy of results of recent investigations (blood tests / x-ray / other pathology)
- Copy of current drug chart / list of current medications & time of last administration
- Copy of current observation, blood sugar level & bowel charts (if applicable)
Why ring?? Initially…

- For medical advice
- To discuss possible next moves: HITH, medical referral (OP) within 24-48 hours, appropriateness of PEG/catheter replacement, transfer to hospital
- To get information about expected waiting times

Then, if transfer is happening…

- ACH staff can clarify reason for transfer
- ACH staff can give information about baseline functioning and expected outcomes
- Information about “Expected” patients can be recorded and handed over between hospital staff
- Patient notes can be retrieved from Medical Records if s/he is known to the hospital
- Preliminary investigations can be anticipated and ordered prior to patient arrival eg: X-ray, bloods
- PEG/urinary catheter replacement can be prepared

Reference Thinking about transfer to hospital? Ring the hospital! NEVDGP resource for Aged Care Homes, revised 2007
Why ring? - Hospital to ACH

- Clarify details about the transfer
- Report progress
- Care coordination
- Discharge planning
The Trial

- ACSQHC National Clinical Handover Initiative
- One-year project 2007/08
- To evaluate
  - aspects of use of the Envelope
  - impact on clinical handover
  - awareness of the need for clinical handover
  - potential for ongoing and national use
**Trial participants**

- 7 Divisions of General Practice
- 26 ACHs, 1545 beds
- 6 major public teaching hospital EDs
- Ambulance Victoria
- large area of metropolitan Melbourne
Findings

- highly valued & widely used
- easy to use
- useful
- believed to improve clinical handover
- will continue to be used
- all interviewees would like it to be used for all transfers
People like the Envelope because...

- familiar ‘tool’
- accessible, simple, succinct
- practical
- low-tech
- stand-alone
- cheap
- transferable
- increases sense of professionalism

...it works!
Further work needed on...

- Handover of ACH information from ED *to the ward*
- IM/IT communication issues
- Discharge
IM/IT issues

• Lack of standard operating platform
• Electronically-generated information
  ...too much information!!
• Paper/paperless mismatch
• Need rigorous evaluation of innovations
  (i) to ensure no adverse outcomes and
  (ii) to demonstrate benefit
The other way - discharge

Reciprocal but different...
- information required
- complexity of clinical handover
- capacity to generate information
- medication arrangements
What would improve discharge clinical handover?

• Identifying key discharge information
• Dedicated envelope with checklist?
  • one-way or two-way envelope
• Increased awareness of need for clinical handover…how?
• Dedicated staff to liaise with ACHs, plan & oversee discharge

  i.e. to ensure safe clinical handover
Approach to clinical handover

- What information
- Who needs it
- When do they need it
- Who generates it
- What format
- What would support it