



OSSIE, OSSIE, OSSIE, Oi,  
Oi, Oi!

**HAND ME AN ISOBAR to  
improve clinical handover**

Video



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# OSSIE

- Organisational leadership
- Stakeholder engagement
- Simple protocol development
- Implementation
- Evaluation and maintenance



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# Dr. Kwang Chien Yee

- Senior Registrar,  
Department of  
Gastroenterology,  
RHH
- Clinical medicine unit  
co-ordinator, University  
of Tasmania



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# Ms. Ming Chao Wong

- Project leader, RHH/UTAS clinical handover project
- Researcher, eHealth Services Research Group, UTAS



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# A/Prof. Paul Turner

- Director, eHealth Services Research Group, University of Tasmania.



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# Workshop rules

- Please participate
- Please use the microphone when speaking
- Please introduce yourself



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# Case study





# Worksheet – Case Study

- What are the problems?
- How many clinical handover sessions are there?
- What is clinical handover?

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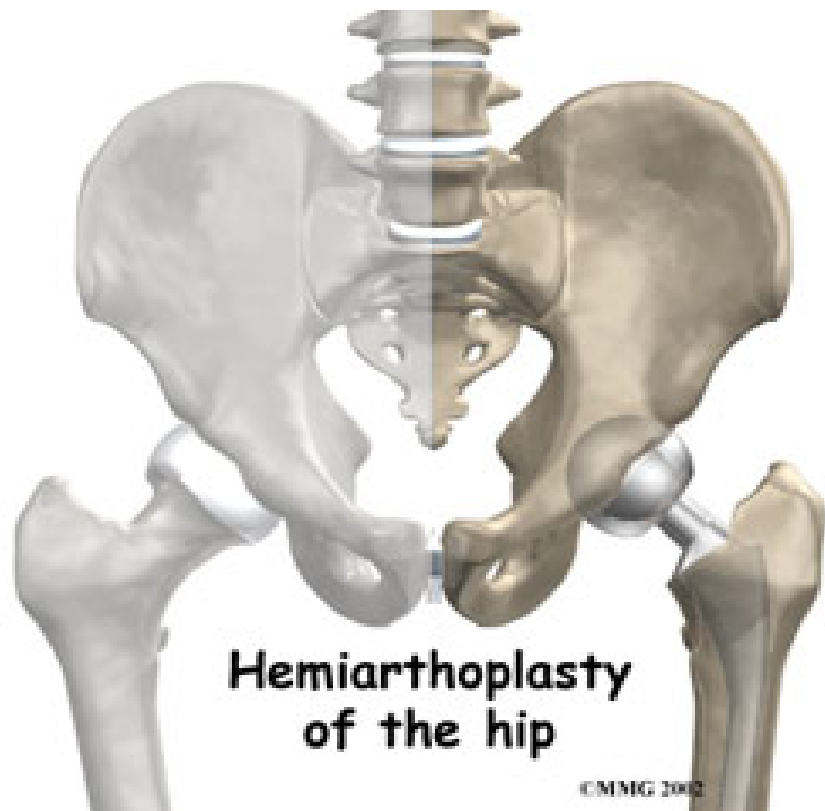


# Presentation

- Mrs. B, 82, presented post-fall
- Left hip pain
- No other significant medical problems
- X-RAY – fracture
- Surgery that day



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# Post operative

- Post op documentation in progress notes
- Patient stayed in surgical ward for 24-48 hours then transferred to ortho
- Patient showed signs of post op delirium and unexplained febrile episodes

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# Day 2-9

- Unable to be managed on surgical ward due to confusion
- Plan to transfer patient to medical ward under medical team
- Abnormal blood results – WCC  $>20$ , noted but no action taken

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# Day 9

- Transferred to medical ward
- Handed over to staff member NOT looking after patient as it was end of shift
- Patient transferred by staff member “I have not really looked after the patient, just helping out”

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# Day 9 -15

- Remained confused
- Aggressive
- Temperature continued to spike



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# Day 15

- Wound dressing removed
- Staples remained in situ
- Infected wound obvious



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# What happened

- No documentation regarding wound care for several days
- No documentation of what should be done during transfer
- Post op surgical instructions – removal of staples day 6/7 found on post op instruction sheet



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# Interventions

- Removed staples
- Pathology
- Observation
- Antibiotics
- Rehabilitation



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# Costs

- Pathology requirements
- Extended hospital stay
- Pharmacological treatment
- Nursing workload

**Total : \$4,892.37 for additional 3 days**



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# **Clinical handover: Problems?**



# Case study discussion

- What are the problems?
- Handover problems vs other problems
- What is handover?

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# What are the problems?

- Handover
- Clinical pathway
- Diagnostic delay
- Investigation for confusion
- ? False hypothesis



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# HANDOVER

- Transfer of
  - information*
  - responsibility*
  - accountability*
- Continuity of care
- How do you define these terms?

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# **OSSIE Guide**





# OSSIE

- Organisational leadership
- Stakeholder engagement
- Simple protocol development
- Implementation
- Evaluation and maintenance



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**OSSIE → Handover →  
transfer of information,  
responsibility  
and  
accountability**





# **Phase 1: Organisational leadership**





## **Phase 1: Organisational leadership**

Principle 1: ***LEARN***

Principle 2: ***LINK***

Principle 3: ***LEAD***





# **Phase 1:**

## **Organisational leadership**

Principle 1:

***LEARN*** about your organisation and  
current clinical handover practices



# Worksheet – Your organisation

- List the clinical handover scenarios you can think of
- What are the characteristics of these scenarios?
- Are they effective in transferring responsibility and accountability?

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Video



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# Worksheet –Video

- List the clinical handover scenarios shown in the video
- What are the problems with these scenarios?
- Are they effective in transferring responsibility and accountability?



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# Principle 1: ***LEARN***

- Methodology:
  - Observations
  - Interviews
  - Handover notes analysis
- Shift shadowing if you want to know the effect
- It is very important to triangulate all data in order to achieve a holistic view



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# What we have done

- 120 hours of observation in medicine, surgery and emergency department (both nursing and medical)
- 121 interviews (all seniorities)
- 200 hours of shift shadowing
- > 1000 patient note analysis
- Integration of all these

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# Lessons learnt

- Handover sessions serve different functions
- Many factors affect clinical handover
- Effectiveness and efficiency of handover is determined by the interplay of various factors



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# Lessons learnt

- Different perceptions: dependent on role and seniority
- “Perceived” handover versus actual process
- Interview and observation process → engaging in change culture especially for junior staff and nurses

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# Key messages

- ***LEARN***
- Determine: multi-disciplinary, functions, factors, rationales for change and how to change
- Observations/interviews/handover note analysis.

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# **Phase 1:**

## **Organisational leadership**

Principle 2:

***LINK*** resources and strategic vision to  
generate necessary momentum



# Key questions

- Do you know your organisational vision?
- Is handover a part of it?
- What resources are you going to commit to handover?

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**People are key and have to  
be committed to the  
process**



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**It will cost money and  
resources have to be  
available**

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# Key messages

- **LINK** vision and resources
- Project needs to go for at least 12 months
- You won't see many changes initially
- Human and financial resource requirements



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# **Phase 1: Organisational leadership**

Principle 3:

***LEAD*** through emotional  
intelligence principles





But, your Majesty, what's the point of being busy bees  
if this so-called Beekeeper always steals our honey?

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# LEADERSHIP

*The leader always sets the trail for others to follow.*

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**Nurturing Environments  
are Critical**

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# Key messages

- **LEAD** through emotional intelligence principles
- Leadership training
- Change management training specific for healthcare

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# Summary of Phase 1: Organisational leadership

- Principle 1: **LEARN** about your organisation context and current clinical handover culture
- Principle 2: **LINK** resources and strategic vision to generate necessary momentum
- Principle 3: **LEAD** through emotional intelligence principles

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**Short break**





## **Phase 2: Stakeholder engagement**





## **Phase 2:**

# **Stakeholder engagement**

Principle 1: *Encourage*

Principle 2: *Enkindle*

Principle 3: *Empower*



# Worksheet – Your organisation

- List the stakeholders for the clinical handover improvement program
- Why are they stakeholders?
- How do you engage them?



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# Our stakeholders

- Senior clinicians
- Junior clinicians
- Clinical managers
- Academics
- Information systems experts
- Information technologists
- Allied health professionals
- Educators
- Change management consultants



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## Phase 2: Stakeholder engagement

Principle 1:

***ENCOURAGE*** practitioners to  
participate



# How to get them involved?



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## Phase 2: Stakeholder engagement

Principle 2:

***ENKINDLE*** their passion for  
clinical handover improvement





What do I want?

What do you want?



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## Phase 2: Stakeholder engagement

Principle 3:

***EMPOWER*** practitioners to make  
necessary changes





Self Empowerment



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# Summary of Phase 2: Stakeholder engagement

- Principle 1: **ENCOURAGE** practitioners to participate
- Principle 2: **ENKINDLE** their passion for clinical handover improvement
- Principle 3: **EMPOWER** practitioners to make necessary changes

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# **Phase 3: Simple Protocol Development**





## **Phase 3: Simple protocol development**

Principle 1: ***Patient-centred***

Principle 2: ***Participant-centred***

Principle 3: ***Practice-centred***





# Worksheet – Your organisation

- How many protocols does your hospital/organisation have?
- Do you know what they are and where they are?
- Do you know when was the last time they were revised/used/read?



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# Worksheet – Your organisation

- What should a clinical handover protocol look like?
- What are the essential ingredients?
- How do you incorporate external protocols?



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## **Phase 3: Simple protocol development**

Principle 1:

***PATIENT-CENTRED*** protocol to  
emphasise patient safety improvement



# Principle 1

- Should the patient be involved?
- How should the patient be involved?
- How to identify patients correctly?
- Provide adequate information
- Transfer of responsibility and accountability through patients



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**Phase 3:**  
**Simple protocol development**

Principle 2:  
***PARTICIPANT-CENTRED***  
protocol to ensure uptake



# Principle 2

- Can practitioners learn that quickly?
- Can they remember the protocol?
- Will they find it useful?

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## DOCTOR FUN

19 Aug 2004



Copyright © 2004 David Farley, d-farley@ibiblio.org  
<http://ibiblio.org/Dave/drfun.html>

This cartoon is made available on the Internet for personal viewing only. Opinions expressed herein are solely those of the author.

Dougie annoyed the other theoretical physicists with his wasteful and unnecessary sport utility brain.

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## **Phase 3: Simple protocol development**

Principle 3:

***PRACTICE-CENTRED*** protocol to  
ensure successful clinical application



# Principle 3

- Can they use the protocol?
- How can they use the protocol?
- Are we maintaining good value?



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**Make sure things are fit for purpose**

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# **Flexible standardisation**





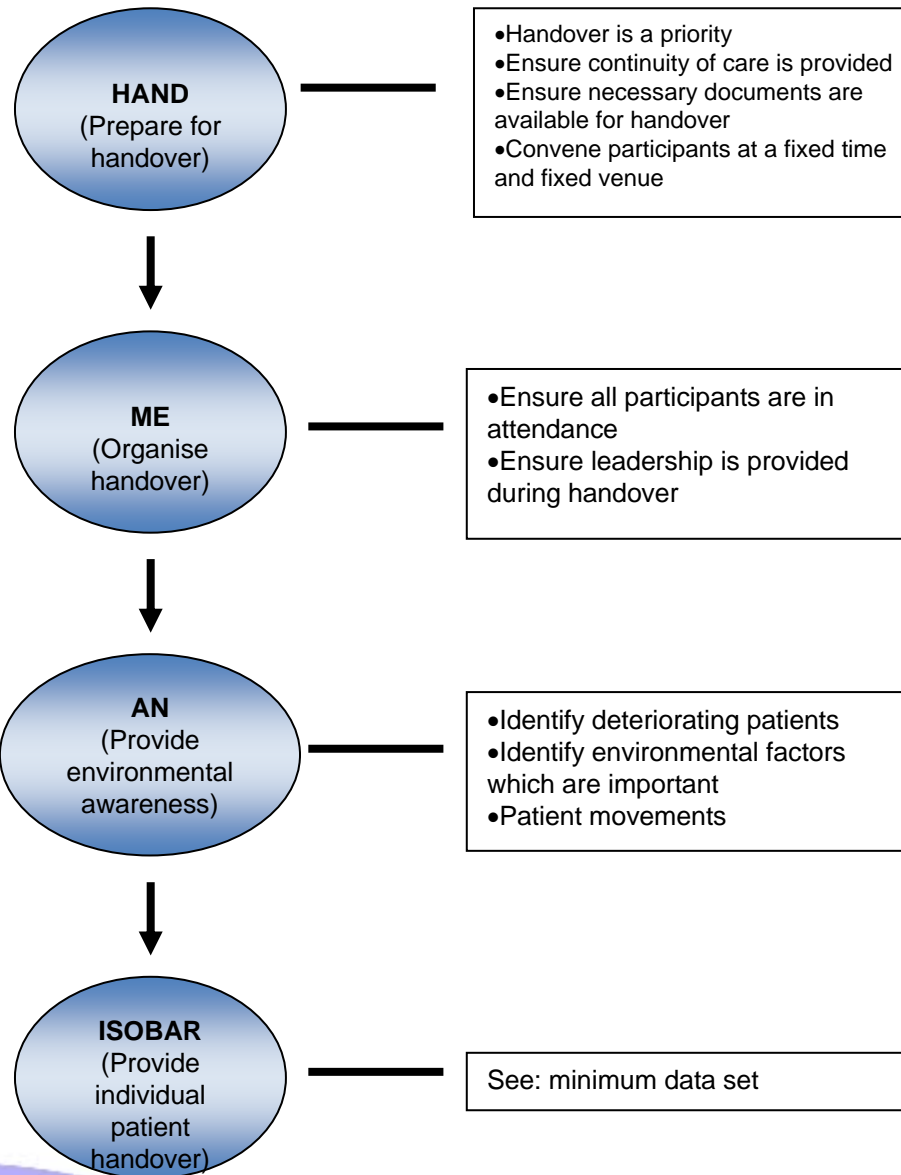
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Video



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# Step 1: HAND → Preparation

- **H**ey, it's handover time!
- **A**llocate staff for continuity of care
- **N**ominate participants, venue and time
- **D**ocument on written sheets and patient notes



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# Step 2:

## ME → Organisation

- **M**ake sure all participants have arrived
- **E**lect a leader

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# Step 3:

## AN → Environmental

- Alerts
- Notice



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# Step 4:

## ISOBAR → Individual patient

- Identification of patient
- Situation and status
- Observation(s) and MET call
- Background and history
- Action(s) and accountability to senior
- Responsibility and risk management

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# Summary of Step 3: Simple protocol development

- Principle 1: **PATIENT-CENTRED** protocol to emphasise patient safety improvement
- Principle 2: **PARTICIPANT-CENTRED** protocol to ensure uptake
- Principle 3: **PRACTICE-CENTRED** protocol to ensure successful clinical application

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**HAND ME AN ISOBAR**





**Short break**





## **Phase 4: Implementation**





## **Phase 4: Implementation**

Principle 1: *Improvement*

Principle 2: *Intensive*

Principle 3: *Innovative*





# Worksheet – Your organisation

- What should you consider in the implementation of a standardised process and content for handover?
- How do you achieve these steps?
- How can you ensure success?



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## **Phase 4: Implementation**

Principle 1:

***IMPROVEMENT*** in clinical  
handover process and content



# Lessons learnt

- Handover is more than just information transfer!
- Consider other factors/changes such as shifts, space etc
- Consider information artefacts and their impact



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# Flexible standardisation



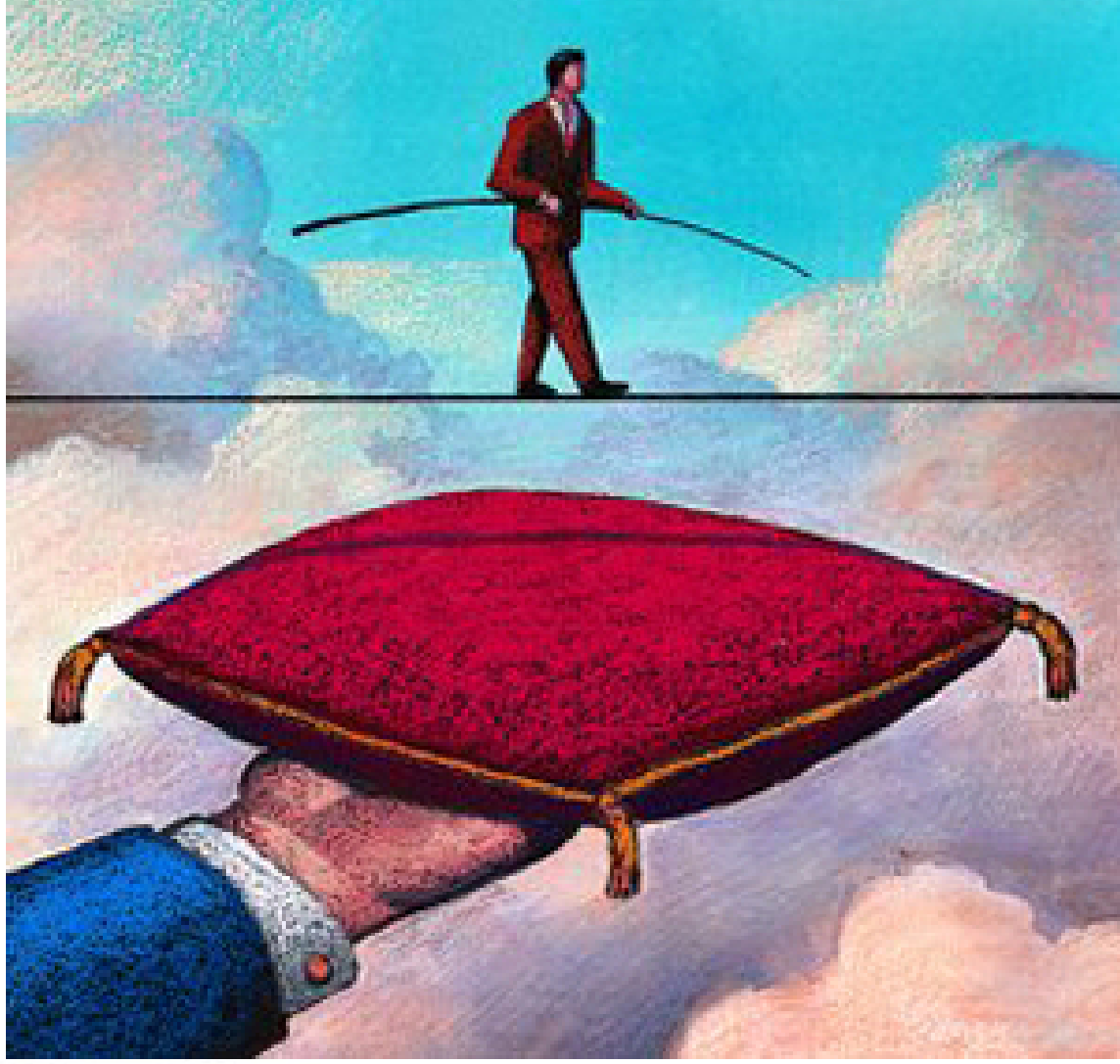
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# Lessons learnt

- Senior support essential
- Risk management
- One step at a time!
- Clear communication and trouble shoot



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## **Phase 4: Implementation**

Principle 2:  
***INTENSIVE*** training and support





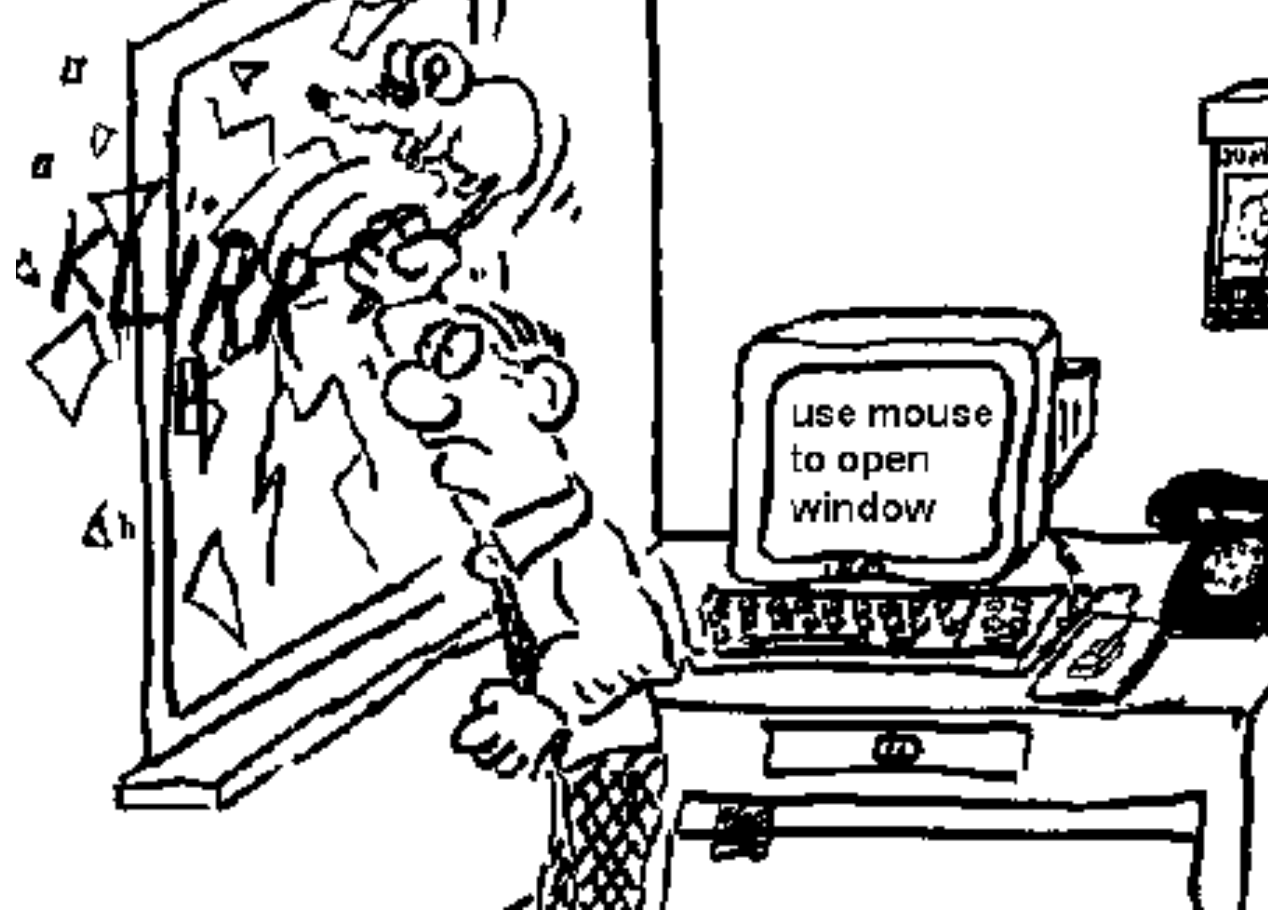
# Principle 2

- Innovative delivery → electronic means might not work perfectly in this phase.
- Train the trainer if your organisation is big
- Local resources, time and people

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# Suggested outline

- Patient safety and medical errors
  - Rationale
  - Systems
  - Human behaviour / socio-cultural issues
- Handover is high risk (case study)
- Handover is a priority



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# Suggested outline

- Local SOP
- Local MDS
- Techniques to improve communication
- Aids/assistance
- Implementation



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# Lessons

- Resource intensive
- Requires people who are enthusiastic!!
- Use local resources (nurse educators, MEOs etc)

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**Lead by Example: Do What  
I do versus Do what I say**



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## **Phase 4: Implementation**

Principle 3:  
***INNOVATIVE implementation***







**Innovate: But remember Not everything will work**

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# Principle 3

- Marketing, promotion and branding
- Safety = handover
- Positive re-inforcement

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# Don't forget the bees!



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# Lessons learnt

- People who are keen initially, might not be keen at all
- People who are not keen initially, might be your best advocate
- Marketing, promotion and branding

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# Lessons learnt

- Important to link safety = handover
- Encourage and engage practitioners
- Enforce the image of FUN, INNOVATION and PERFECTION

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**Another way to encourage  
thinking Outside the Square**

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# Summary of Phase 4: Implementation

- Principle 1: **IMPROVEMENT** in clinical handover process and content
- Principle 2: **INTENSIVE** training and support
- Principle 3: **INNOVATIVE** interventions



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## **Phase 5: Evaluation and maintenance**







## **Phase 5: Evaluation and maintenance**

Principle 1: ***Enhancement***

Principle 2: ***Education***

Principle 3: ***Evolution***





# Worksheet – Your organisation

- List evaluations that you are going to carry out
- Why do you want to evaluate those parameters? Are they reflective of real life clinical practice?
- How do you maintain the changes implemented?



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## **Phase 5: Evaluation and maintenance**

Principle 1:

***ENHANCEMENT*** of the process  
through evaluation and iteration



# Principle 1

- Why are you evaluating?
- What are you evaluating?
- Who are you evaluating?
- When are you evaluating?
- How do you use that for improvement (research vs practice)?



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# Lessons learnt

- QI activities and make sure everyone know why
- Timing is important
- Evaluation must inform future development



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## **Phase 5: Evaluation and maintenance**

Principle 2:

***EDUCATION*** provision to  
practitioners on a continual basis



# Principle 2

- All new staff needs to be educated
- Experienced staff requires ongoing education
- Incentives
- New practices/tools/technology
- E-learning



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**Re-stating the obvious is  
sometimes a good idea**

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## **Phase 5: Evaluation and maintenance**

Principle 3:

***EVOLUTION*** of the process to ensure  
accurate reflection of current practice





# Principle 3

- Every 6 month, revisit the issue
- Process, content, policy, protocol and practice
- Awareness campaign and something to look forward to??

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# Lessons learnt



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# Summary of Phase 5: Evaluation and maintenance

- Principle 1: **ENHANCEMENT** of the process through evaluation and iteration
- Principle 2: **EDUCATION** provision to practitioners on a continual basis
- Principle 3: **EVOLUTION** of the process to ensure accurate reflection of current practice

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Oi, Oi, Oi!!!**



# OSSIE

- Organisational leadership
- Stakeholder engagement
- Simple protocol
- Implementation
- Evaluation and maintenance



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