OSSIE, OSSIE, OSSIE, Oi, Oi, Oi!
HAND ME AN ISOBAR to improve clinical handover
OSSIE

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

• Please participate
• Please use the microphone when speaking
• Please introduce yourself
Case study
Worksheet – Case Study

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

- Mrs. B, 82, presented post-fall
- Left hip pain
- No other significant medical problems
- X-RAY – fracture
- Surgery that day
Hemiarthroplasty of the hip
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
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
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”
Day 9 -15

• Remained confused
• Aggressive
• Temperature continued to spike
Day 15

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

• Removed staples
• Pathology
• Observation
• Antibiotics
• Rehabilitation
Costs

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

Total: $4,892.37 for additional 3 days
Clinical handover: Problems?
Case study discussion

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

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

• Transfer of information
  responsibility
  accountability

• Continuity of care
• How do you define these terms?
OSSIE Guide
OSSIE

- Organisational leadership
- Stakeholder engagement
- Simple protocol development
- Implementation
- Evaluation and maintenance
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?
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?
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**
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
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
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
Key messages

- **LEARN**
- Determine: multi-disciplinary, functions, factors, rationales for change and how to change
- Observations/interviews/handover note analysis.
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?
People are key and have to be committed to the process.
It will cost money and resources have to be available
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
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?
LEADERSHIP
The leader always sets the trail for others to follow.
Nurturing Environments are Critical
Key messages

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

- Senior clinicians
- Junior clinicians
- Clinical managers
- Academics
- Information systems experts
- Information technologists
- Allied health professionals
- Educators
- Change management consultants
Phase 2: Stakeholder engagement

Principle 1: 

*ENCOURAGE* practitioners to participate
How to get them involved?
Phase 2: Stakeholder engagement

Principle 2: ENKINDLE their passion for clinical handover improvement
What do I want?

What do you want?
Video
Phase 2: Stakeholder engagement

Principle 3:

*EMPOWER* practitioners to make necessary changes
Self Empowerment
we must

EMPOWER each other...

hand me an isobar
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
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?
Worksheet – Your organisation

• What should a clinical handover protocol look like?
• What are the essential ingredients?
• How do you incorporate external protocols?
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
Phase 3: Simple protocol development

Principle 2: \textit{PARTICIPANT-CENTRED} protocol to ensure uptake
Principle 2

- Can practitioners learn that quickly?
- Can they remember the protocol?
- Will they find it useful?
Dougie annoyed the other theoretical physicists with his wasteful and unnecessary sport utility brain.
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?
Make sure things are fit for purpose
Flexible standardisation
HAND ME AN ISOBAR
Video
HAND (Prepare for handover)

- Handover is a priority
- Ensure continuity of care is provided
- Ensure necessary documents are available for handover
- Convene participants at a fixed time and fixed venue

ME (Organise handover)

- Ensure all participants are in attendance
- Ensure leadership is provided during handover

AN (Provide environmental awareness)

- Identify deteriorating patients
- Identify environmental factors which are important
- Patient movements

ISOBAR (Provide individual patient handover)

See: minimum data set
Step 1: HAND ➔ Preparation

• Hey, it’s handover time!
• Allocate staff for continuity of care
• Nominate participants, venue and time
• Document on written sheets and patient notes
Step 2: ME → Organisation

• Make sure all participants have arrived
• Elect a leader
Step 3:
AN → Environmental

- Alerts
- Notice
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
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
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?
Phase 4: Implementation

Principle 1: Improving 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
Flexible standardisation
Lessons learnt

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

• Patient safety and medical errors
  – Rationale
  – Systems
  – Human behaviour / socio-cultural issues

• Handover is high risk (case study)

• Handover is a priority
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)
Lead by Example: Do What I do versus Do what I say
Phase 4:
Implementation

Principle 3:

INNOVATIVE implementation
Innovate: But remember Not everything will work
Principle 3

• Marketing, promotion and branding
• Safety = handover
• Positive re-inforcement
Don’t forget the bees!
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
Lessons learnt

• Important to link safety = handover
• Encourage and engage practitioners
• Enforce the image of FUN, INNOVATION and PERFECTION
Another way to encourage thinking Outside the Square
Summary of Phase 4: Implementation

– Principle 1: *IMPROVEMENT* in clinical handover process and content

– Principle 2: *INTENSIVE* training and support

– Principle 3: *INNOVATIVE* interventions
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?
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)?
Lessons learnt

• QI activities and make sure everyone know why
• Timing is important
• Evaluation must inform future development
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
Re-stating the obvious is sometimes a good idea.
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??
Lessons learnt
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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