Patient Delivered Handover Implementation Guide

Version 1

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NSW GOVERNMENT

CLINICAL EXCELLENCE COMMISSION

Table of Contents

Introduction

The Safety Fundamental for Patient Delivered Handover has been adapted with permission, from the 'The Patients' Voice' initiative developed by Kim Maddock, Nurse Manager, Nepean Blue Mountains Local Health District (NBMLHD). The project was initiated in response to observation that patient engagement in the handover process was sporadic and mostly ad hoc, and also to address a number of clinical risks and incidents. The Patient Delivered handover implementation guide provides some guidance and tools to allow greater patient communication and participation in handover for adult and paediatric patients in wards of medium and large hospitals in NSW.

Communication and patient engagement feature in the National Safety and Quality Health Service standards, and whilst partnering with consumers is a standard, all other standards require communication as a central component in driving the implementation of safety and quality systems.

The benefits of patient delivered handover

Poor communication is a major contributor to adverse events in NSW health. Clinical incident review reveals failures in communication can lead to patient harm and gaps in care including medication errors, delays in transitions of care, delayed or incorrect treatment as well as delayed or incorrect diagnosis. Daily patient delivered handover aims to:

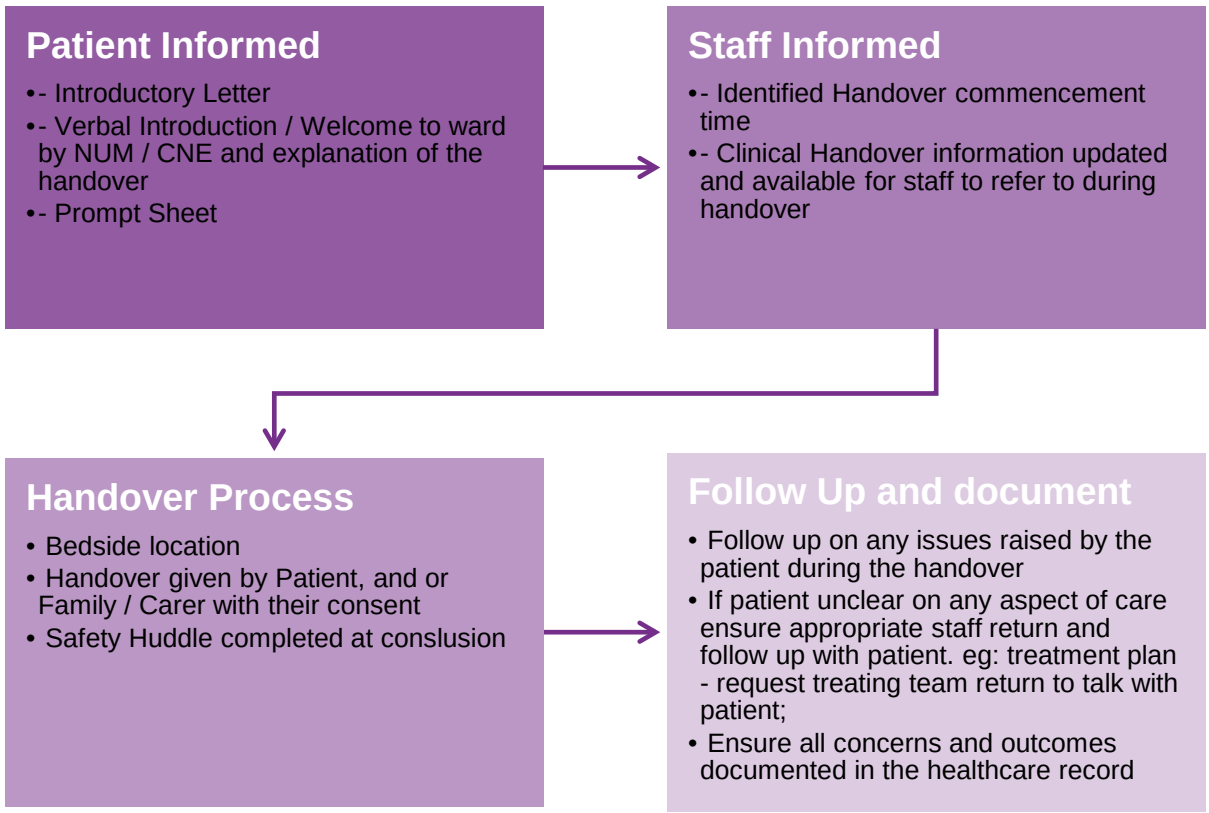
- Increase engagement with patients, families and carers.
- Enhance the patient's understanding about their treatment.
- Reduce complaints about communication.
- Improve the safety and satisfaction of patients.
- Increase satisfaction and collaboration among nursing, medical and allied health teams.
- Acknowledge the patient as the expert and utilises patient / carer / family knowledge.
- Increase and improves continuity of care.
- Involve the patient in their health care journey and prepares them for discharge or transition of care.

How does it work?

Participation of patients in the handover is voluntary, and with permission, families and carers are encouraged to participate. Following the patient-delivered handover both oncoming and outgoing shifts are required to attend a continuation of the handover in an area separate to patient care areas. In this area any sensitive information can be shared, as well as to undertake the Safety Huddle.

Patient delivered handover is an extremely effective and adaptable handover method: The flowchart gives a guide on the process of the daily patient delivered handover, based on what has been tested and evaluated since the program's inception. This method was developed within the *NSW Ministry of Health Policy Directive PD2019_020 Clinical Handover:*

This is a suggested format only and may be adapted according to local needs and patient cohort, as well as relevant state and LHD policy and procedure.



Getting started

1. Create the case for change

It can be useful to generate local evidence of need for patient delivered handover – this can include audit of last 5 readmissions in the ward and clinical incident and complaints review. This data can provide local illustration of how patient delivered handover could have made a difference to patients in regard to care co-ordination and care planning.

Strategies / components	Tips, Support, Resources and Tools	Time Frame
▪ Gain agreement that involving patients in their care through leading handover is worthwhile o If so what do you want to achieve by introducing patient delivered handover?	• Review data sources such as readmissions, complaints, RCAs, MET call data.	Allow several weeks to gain support and engagement from all the key team members
▪ Executive sign off and Senior leaders demonstrate their support		Allow several weeks to gain support and engagement from key team members
▪ Influential medical and nursing staff recognise there is a need to improve care for patients whose recovery is uncertain	▪ Identify a medical and nursing leader o co-leadership and management of the program provides direction and models a high standard of clinical care across disciplines	Allow several weeks to gain support and engagement from key team members

2. Gain organisational support

Implementing and sustaining the patient delivered handover requires an investment of time, resources and commitment at all levels of the organisation and at all stages of implementation. This phase is all about practical project preparation. One of the most important tasks is to establish an Executive Sponsor who is part of the hospital executive and is in a position to provide organisational support for development and implementation of the program. It is essential to identify key members of the leadership team and engage them in the program. A project team should be established with nursing & midwifery clinical leads.

Strategies / components	Tips, Support, Resources and Tools	Time Frame
▪ Establish an Executive Sponsor who is part of the hospital executive and in a position to provide organisational support for development and implementation of the program		Up to 6 weeks **This is essential for success**
▪ Engage & identify key members of the leadership team o A clinical lead is identified to lead the program by example at a clinical level o Generate interest among all health care team members	▪ The leadership team should be inclusive and involve any team members who are interested and motivated to engage in the activities required to implement the program within the clinical unit ▪ The team members will vary depending on the unit structure, patient population and clinical needs	

3. Establish a governance structure

The success and long-term sustainability of patient delivered handover is reliant on having governance structures and associated processes implemented at all levels of the health care facility. Leadership displayed by management and clinicians will ensure that there is drive from all levels to ensure improved outcomes for patients.

LHD Clinical Governance

- Incorporate patient delivered handover monitoring with existing clinical communication initiatives and risk management frameworks via the LHD peak quality and safety committee, Clinical Council and other relevant LHD meetings

Facility Executive Sponsor

- Establish governance structure including integration with existing clinical communication initiatives and risk management frameworks
- Establish an advisory/implementation committee/group – consider incorporation with an existing committee/group
- Assist and support clinical leads by endorsing patient delivered handover as an initiative which is part of clinical communication improvement programs.

Ward / Clinical Unit

- Incorporate patient delivered handover monitoring and experience into staff meeting

4. Assess readiness for improvement

This phase is about introducing patient delivered handover to ward or clinical team. Assessment of the current unit environment is essential to clearly establish the desired outcomes and goals of the program. Assessment should investigate current unit culture, existing communication and team work practices and safety and quality concerns. Staff training and development focuses on how to identify appropriate patients and communication skills. An interdisciplinary training approach ensures all team members receive the same message and work together as a team to meet the goals of supporting patients with delivering handover.

Strategies / components	Tips, Support, Resources and Tools	Time Frame
▪ Assess current unit environment to clearly establish the desired outcomes and goals of the program o Assessment should investigate current unit culture, existing communication and team work practices and safety and quality concerns	▪ Review clinical incidents/audit can to identify safety and quality concerns handover. ▪ Consider such things as: o roles and responsibilities of team in developing patient goals of care ▪ A clear plan will help to identify evaluation points later and establish a method for reporting, evaluation and keeping on track	
▪ Provide staff education on how to identify appropriate patients and communication skills o A formal training approach ensures all team members receive the same message and work together as a team to meet the goals of supporting patients delivering handover o evaluate training outcomes on both nursing staff	▪ **Education** o Nursing/midwifery educator & manager education Program of presentations and / or in-services to ensure adequate understanding of the change to clinical handover by senior ward staff, and to prepare them for instruction to ward nurses & midwives. o Ward nursing/midwifery staff education On-ward education and information sessions led by educators and senior staff. This education, undertaken by means of presentations and / or in-services, should be given to all staff involved in handover. It will culminate in the implementation of patient delivered handover on the ward. ▪ **Evaluation** o Staff are able to independently identify patients who can participate in patient delivered handover	Up to 6 weeks Formal evaluation annually

5. Engage clinicians, patients, families and carers

Close liaison with nursing & midwifery ward leaders, such as educators, specialists and consultants, as well as senior nurses & midwives to inform and prepare them for the transition is crucial. These staff members will be instrumental in the success of the program on their particular ward and will be able to best guide the implementation of patient delivered handover to their specialty area.

Additionally, identification of a group of staff to act as the champions, partners and support for individual units to assist in the implementation.

Self-Assessment

Roles and Responsibilities / Leadership				
	Yes	Somewhat	No	Don't know
Senior management is supportive and involved in the implementation of patient delivered handover				
A clinical champion has been identified and involved in the implementation of patient delivered handover				
▪ nursing				
▪ allied health				
There is an executive sponsor for the implementation of patient delivered handover				
Roles and responsibilities are clearly defined for clinicians involved in the program				

- If there is a 'no' or 'don't know' response to any of the questions direct action is required
- If a 'somewhat' response is chosen further action is required.
- If a 'yes' response is chosen no further action is required.

6. Assemble an improvement team

Taking the time to define team roles and responsibilities enables you to identify all tasks, list all roles, resolve overlaps, and fix gaps. The benefits of a multidisciplinary team approach includes:

- Enhanced teamwork and communication
- Improved care by increasing coordination of services, especially for complex problems i.e. time efficient
- It encourages team development in the following areas:
    - *Shared Mental Model* (all team members know the plan for the patient)
    - *Situational Awareness* (all team members know "what is going on around them")
    - *Mutual Support and respect* (all team members are supportive of each other and learn to respect each other's comments)
- The opportunity is explicitly provided to focus on and clarify progress, medication, escalation and other issues with all team members[1]

Roles and Responsibilities

LHD Executive Sponsor

- Responsibilities:
    - Assist and support the leads in coordinating an appropriate strategy for their facility
- Suggested sponsor:
    - District Director of Nursing and Midwifery Services

Facility Executive Sponsor

- Responsibilities
    - Appoint a local program lead
    - Establish a suitable governance structure
    - Identify and allocate resources to support implementation
    - Ensure all key personal are identified and appointed including ward clinical leads/champions
    - Provide assistance and support to ward/unit clinical leads/champions
    - Provide reports to LHD lead on implementation progress and results
- Suggested sponsor
    - Facility Director of Nursing and Midwifery Services

Facility Clinical Leads/Champions

- Responsibilities
    - Participate in the development of local systems
    - Work with facility lead and executive sponsor to engage senior clinician
    - Implement the program in their wards/units
    - Coordinate ward/unit based communication and education
    - Support clinicians while the adapt to a change of practice
    - Provide feedback to facility lead
- Suggested lead
    - CNC/CNS/CNE or midwifery equivalents

[1] Adapted from CEC *In Safe Hands* program

Making Improvements

The model for improvement provides a framework for developing, testing and implementing changes leading to improvement. The model asks three questions to guide improvement:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

Answering these three questions will help understand the problem then develop ideas for change. These ideas can be tested through small scale Plan-Do-Study-Act (PDSA) cycles to determine how effective the changes are towards the improvement goal.

Further information and tools available at CEC website http://www.cec.health.nsw.gov.au/quality-improvement/improvement-academy/quality-improvement-tools

Communication

Ensuring all staff and patients are aware of the introduction of patient delivered handover needs to be commenced as soon as possible. This will often require a variety of communication activities, each of your audiences will have unique characteristics, needs and motivations and will require different ways to communicate with them effectively. Some ideas include building up communication and awareness to generate interest in the ward/hospital; use posters and other materials to generate interest and awareness among patients and staff – whatever you use the communication strategy needs to be comprehensive and inclusive.

Education

Though each member of the team may not be responsible for each step of the process, they need to be aware of the overall goal of introducing patient delivered handover and how their actions contribute to providing excellent care. Education for clinicians includes adaptable presentation slides/notes, workshop outlines and resources, reading material and fact sheets.

Education for patients, families and carers includes having conversations over a period of time to gain an understanding of their needs and preferences supported by plain English fact sheets.

In identifying education tiers or groups to meet local needs consider:

- face to face clinical handover sessions
- orientation training for new nurses & midwives
- PowerPoint presentations and in-service education

Resources have been developed by NBMLHD that will be able to assist health care facilities to support the implementation of the patient delivered handover and include:
https://www.youtube.com/watch?v=77APxD3PIeM&feature=youtu.be
http://nbmlhdintranet.wsahs.nsw.gov.au/nursing/nandm-back-to-basics

Measurement

Measurement, reporting and evaluation ensures that clinical practice changes are actually being carried out and provides a source of feedback and learning. Each stage of the program implementation requires different data points to collect and review and each level has a responsibility to measure and review the progress of the program.

Suggested strategies

Patient Surveys

Ensure appropriately-worded questionnaires to ascertain patient awareness and importance of involvement with the clinical handover. It is suggested that surveys are conducted prior to implementation of the program, then at intervals of 3 months and 6 months post-implementation.

Staff Surveys

Staff to be surveyed include any staff actively involved in giving or receiving the afternoon clinical handover. Completing both pre and post-implementation questionnaire, will help compare and contrast changes in attitudes or knowledge.

Incident Report & Complaint Monitoring

Nursing and midwifery managers are encouraged to identify relevant clinical risks from within their unit and actively monitor incident reports (e.g. IMS+), and prevalence of incidents pre and post-implementation. This monitoring can include incidence of falls, pressure areas, patient aggression, and medication errors.

Other issues that could be relevant for monitoring include:

- Patient length of stay (e.g. discharge dates)
- Clinical review prevalence
- Patient satisfaction

This list is not comprehensive, as different wards will find various incident types that can be collated and compared in line with their clinical areas and specialties. Incidence of negative feedback and complaint resolution could also be monitored by nursing & midwifery unit manager's pre and post-implementation to establish potential correlations between use of the program and recurrence.

Sustain and spread improvement

There are two approaches to sustainability. The first aspect is to focus on the practical i.e. to plan for the exit of any additional resources put into the implementation at the outset. The sustainability tool developed by the NHS Institute for Innovation and Improvement will also help you to spot areas of weakness and how to incorporate patient delivered handover into the daily practice and habits of wards. The program resources also highlight aspects of sustainability – a careful exit from the wards, establishing and supporting local champions and ensuring there is a constant overview of the quality of care.

The second aspect is around strategic infrastructure and overview. Ensuring the implementation is supported by an organisational strategic plan. The ability to have hospital wide sustainable measurement and overview systems often need organisational level support. Having a formal process for the evaluation of the program is essential to provide evidence of the programs effect in improving patient experience and also to identify any unintended consequences of the program.

Strategies / components	Tips, Support, Resources and Tools	Time Frame
• Establish formal evaluation points e.g. Baseline, 3 months, 6 months 12 months o Review and revise strategies based on team feedback and evaluation to ensure optimum outcomes are achieved	• It is reasonable to measure staff and patient satisfaction after 3 months • It will take up to 12 months to establish sustained change in clinical data	On going

Tools to support implementation

A range of tools and resources have been developed to assist clinicians to implement the patient delivered handover, in accordance with state, national and international best practice guidelines. These tools were developed by the team at NBMLHD in close collaboration with patient centred care advocates, ward clinicians and patients, as well as other key stakeholders from NSW and interstate. The tools have been adapted by the CEC as part of the Safety Fundamentals for Person Centred Care and are available.

The main patient delivered handover tools are:

- Patient Introduction Letter
- Colour-coded Patient Prompt Sheets
- Staff survey
- Patient survey

The Patient Introduction Letter (Appendix A)

This letter can be adapted and/or adjusted by facilities to better suit their target patient group. It serves as a welcome to the patient, introduction to the patient delivered handover and endorsement that we value their input in their care and encourage them to be actively involved whilst in the Ward / Unit. This letter, given to the patient on arrival to the ward, acknowledges them and / or their carer/family member as the expert in their treatment and care. It also notifies them of the patient-centred focus practiced on that particular ward or hospital.

The wording of the Patient Introduction Letter is designed to provide patients with the peace of mind that they will have ample opportunity to inform us of their understanding of their health journey, and they are genuinely valued during their patient journey.

Prompt Sheet Colour Codes (Appendix B)

These sheets form the basis of the patient's handover, assisting to give those patients leading the handover cues as to what information staff would find helpful during the communication.

Due to the different wards and patient groups, the prompt sheets differ slightly for specific risk factors – such as falls, pressure injury, and medication safety, whilst some are aimed at age groups and specialties. These prompt sheets also allow the NUM / Manager an opportunity to target specific areas if their data is indicating their units / wards are experiencing increasing trends in adverse patient incidents.

Staff and Patient Surveys (Appendix C)

This surveys ask both the staff and patients their understanding of the term Patient engagement prior to the implementation of a Patient Delivered Handover. All surveys are anonymous and can be adapted for local considerations.

Appendix A: Patient welcome and invitation to participate letter

Dear Patients, Families and Carers

We welcome, and recognise the importance of your input in your care planning and delivery whilst you are a patient within xxxx Local Health District.

Bedside nursing handovers from shift to shift are our primary method of sharing patient information between shifts to ensure continuity of care, and we recognise that accurate communication during handover is a key element in safety and quality.

As both safety and improved communication are two of our priorities, we are commencing an exciting new way of delivering our handover, and invite you to participate in this innovative opportunity.

We are introducing a patient delivered handover at your bedside to provide you with the opportunity to inform us of your understanding of your health journey and provide you with an opportunity to voice any concerns you may have.

As a result we invite you to participate in this opportunity at the 2pm clinical handover each day. With your permission, any family and / or carers present are also welcome to participate.

You will be provided with a template and we encourage you to jot things down during the day. Please note this is only a guide and suggestions, and you are free to tell us anything you feel is important for us to know.

A member of our nursing team will be available to answer any specific questions you have about the handover. Alternatively, please let a staff member know if you have any concerns.

We appreciate your participation and contribution to improving the care delivered in this hospital.

Yours sincerely

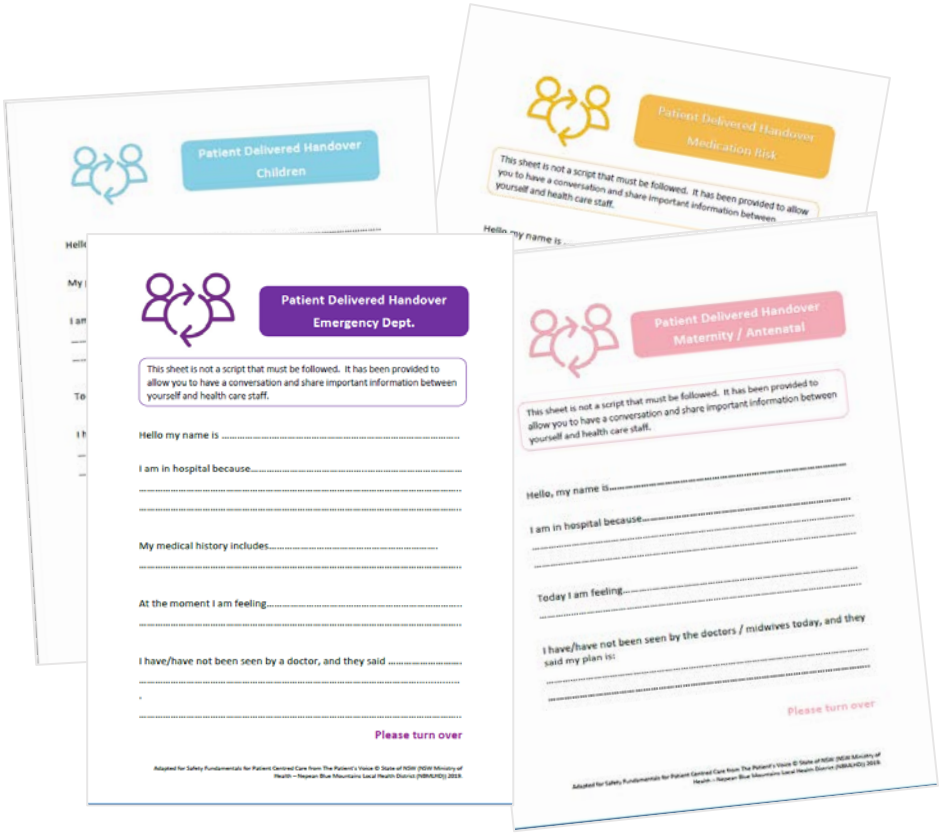
[**YOUR HOSPITAL NAME**]

Appendix B: Prompt Sheet Colour Codes

These sheets are not scripts that must be followed, they are designed to encourage conversation and information sharing whilst enabling a respective rapport with between patients, families, carers, and health care staff.

The colour-coded prompt sheets include:

- Falls Risk
- Drug & Alcohol
- Pressure Area Care
- Mental Health
- Medication Safety
- Emergency Dept.
- Children's
- Parents of Child Patients
- Maternity/Antenatal/Gynaecology
- General Patients



Appendix C: Patient Engagement Surveys

Nursing / Midwifery Staff Patient Engagement Survey

This survey is about gaining an understanding of what the term patient engagement means to nurses and midwives prior to the implementation of a Patient Delivered Handover. All surveys are anonymous. Please read the following questions and provide your response.

1. Can you describe what the term Patient Engagement means to you as a nurse / midwife?
   ……
   ……
2. I involve patients in decisions about care and inform them of the next step of treatment.
   - o Always
   - o Sometimes
   - o Often
   - o Rarely
   - o Never

3. I value patients / families and carers opinions and seek information from them.
   - o Always
   - o Sometimes
   - o Often
   - o Rarely
   - o Never

4. I include patients in in our handover from shift to shift.
   - o Always
   - o Sometimes
   - o Often
   - o Rarely
   - o Never

5. I am often asked questions by patients / families and carers
   - o Always
   - o Sometimes
   - o Often
   - o Rarely
   - o Never

6. I involve patients / families and carers in discharge planning.
   - o Always
   - o Sometimes
   - o Often
   - o Rarely
   - o Never

Patient Engagement Survey.

We would like to understand what the term Patient engagement means to you prior to the implementation of a Patient Delivered Handover across [FACILITY/WARD]. All surveys are anonymous; please place in the secure box.

Please read the following questions and provide your response.

1. I am involved in the decisions about my care and informed of the next step of treatment.
   - o Always
   - o Sometimes
   - o Often
   - o Rarely
   - o Never

2. Staff value my opinion and seek information from me.
   - o Always
   - o Sometimes
   - o Often
   - o Rarely
   - o Never

3. Staff include me in their handover from shift to shift.
   - o Always
   - o Sometimes
   - o Often
   - o Rarely
   - o Never

4. I know who to ask if I have questions
   - o Always
   - o Sometimes
   - o Often
   - o Rarely
   - o Never

5. I am involved in my discharge planning.
   - o Always
   - o Sometimes
   - o Often
   - o Rarely
   - o Never

Frequently-Asked Questions

What if my patient doesn't want to take part in patient delivered handover?

This initiative is completely voluntary on the part of the patient. The important thing is that they are aware that their opinion and knowledge on their condition and treatment is of importance to us. If they still don't wish to take part, staff are to complete bed side handover using the patient prompt sheet to guide handover, avoiding any jargon.

What are the different Prompt Sheets we can use for patient delivered handover?

General, Falls Risk, Pressure Area Risk, Medication Risk, Mental Health, Drug & Alcohol, Paediatric Patient, Parents of Paediatric Patients, Emergency Department, and Maternity/antenatal/gynaecology.

These sheets are colour-coded for staff convenience.

How will I know which prompt sheet to use?

Choose the Prompt Sheet that most suits your wards current needs.

Prompt sheets should be determined by areas of clinical concern for the ward such as falls, medications or pressure injury management. This is to be decided by the NUM/MUM depending on reported clinical incidents. Prompt sheets can be alternated as required.

What about sensitive or confidential information, should this be spoken about during patient delivered handover?

Let the patient decide what they think is relevant and acceptable to speak about, most patients will be quite prepared to speak about their condition frankly. If they omit something that you think is important for your colleagues to know, that can be relayed following the patient handover in the safety huddle.

What if my patient cannot speak because of his/her medical condition?

Attempt to engage a family member or carer, if available, to give the patient delivered handover. Alternatively they may wish to add notes to the Prompt Sheet in their place and have them know at what time the handover will take place. Treat them as a respected member of the patient's journey, with potentially important information concerning their treatment and plan.

Useful Links

- Agency for Clinical Innovation 'Clinical Handover Implementation Toolkit' https://www.aci.health.nsw.gov.au/resources/acute-care/safe_clinical_handover/implementation-toolkit.pdf
- Australian Medical Association 'Safe Handover: Safe Patients' https://ama.com.au/sites/default/files/documents/Clinical_Handover_0.pdf
- Clinical Excellence Commission 'In Safe Hands'
- http://www.cec.health.nsw.gov.au/quality-improvement/team-effectiveness/insafehands/clinical-handover
- 2017 NSW Health Patients as Partners Award http://www.health.nsw.gov.au/innovation/2017awards/Pages/pp-voice.aspx
- NBMLHD – 2017 Patients as Partners 'The Patient's Voice' video. https://youtu.be/77APxD3PIeM
- Peninsula Health: The changing face of nursing handover in mental health (article). https://www.peninsulahealth.org.au/2018/01/17/changing-face-nursing-handover-mental-health/
- New South Wales Health Policy Directive PD2019_020 Clinical Handover
- https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_020.pdf
- New South Wales Health Policy Directive PD2014_007 'Pressure Injury Prevention & Management' http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014_007.pdf
- The OSSIE Guide to Clinical Handover Improvement. https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/ossie.pdf
- World Health Organization, Service Delivery & Safety, The High 5s Project 2013 http://www.who.int/patientsafety/implementation/solutions/high5s/High5_InterimReport.pdf

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