

Priority Program 5

National Clinical Handover Initiative

Industry Brief

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1. Introduction

About this Document

This document forms part of the tender process for the National Clinical Handover Initiative that is being led and coordinated by the Australian Commission on Safety and Quality in Health Care (The Commission). The intent is to cover similar information as would be included in a face-to-face industry briefing session to guide potential submissions. Importantly, a question and answer section is included based on information gathered in scoping the requirements for a national program of work on clinical handover.

Clinical Handover

Safe health care delivery for patients depends on effective communication between health care providers. However, observations of communication between health providers about aspects of patient care indicate that communication and interaction is less effective than it should be. A breakdown in communication has been identified as a significant contributing factor in serious adverse events in health care. Developing and implementing more consistent and reliable approaches to clinical handover is a key strategy to reduce communication errors.

The preferred definition of clinical handover in this program is that provided by the National Patient Safety Agency in the UK and adopted by the Australian Medical Association in their 'Safe Handover: Safe Patients' guideline:

“ 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”

The quality of communication and interaction among clinical staff affects the outcome of patient care. Multiple handover models exist within clinical settings and across clinical disciplines.

A number of high risk handover scenarios can be identified as a priority for national attention. High risk scenarios are those that are intrinsically complex and thus have a potential for multiple levels of failure. Patient care in these situations is a mix of routine and non-routine processes and requires ongoing re-assessment and decision making to manage uncertainty.

High risk handover scenarios that may benefit from standardised solutions include, but are not limited to:

- The unwell patient with a changing condition requiring review
- Medical and nursing change of shift in high patient acuity areas (eg emergency departments and intensive care units)
- Transfer of unwell patients between hospital facilities
- Transfer of patients with complex needs from acute to primary care
- Where information is both shared by patients and a number of different providers (eg patients with chronic disease or obstetric patients)

Priority Program on Clinical Handover

The Commission has identified handover as a priority work program. The National Clinical Handover Initiative seeks to identify, develop and improve clinical handover communication across all health care settings nationally.

2. Objective

The Commission is seeking to engage with relevant public and private sector organisations in the National Clinical Handover initiative.

The National Clinical Handover initiative will achieve the following objectives:

- produce significant, sustained and measurable reductions in communication gaps in the continuity of care delivery, improve opportunities for sharing of patient information and facilitate a timely transfer of responsibility and accountability between clinicians;
- develop reliable measures of impact on patient outcomes which will include focusing on the information systems and communication processes that support handover;
- leverage national learning on handover across the continuum of care (encompassing the public, private and primary care sectors) by enabling sharing of handover solutions and most importantly sharing of detailed evaluation of the sustainability and transferability of solutions; and
- standardised operating protocols for handover communication (encompassing standardised solutions, tools and strategies). The delivery of standardised solutions will contribute Australia's participation in the WHO Patient Safety Alliance High Fives Initiative. These solutions will be based on the best available evidence and will be designed to accelerate systemic improvements and potentially lead to reduced risk of harm to patients in high risk clinical handover scenarios.

3. Scope

What is included within the scope of this program?

Each project undertaken in collaboration with the Commission should develop, implement and evaluate transferable product in one, or more, of four areas of activity:

1. Improvements to handover for specific handover scenarios that vary according to the disciplines involved, time of day, patient location, and facility type and size
2. Electronic tools and processes that provide information systems to support handover
3. Communication training and team training to support handover
4. Tools for ongoing observation, monitoring and evaluation of handover in order to ensure handover practices are resilient in the workplace

Projects should address handover within the context of a system of care. This may require consideration of what precedes handover, what is included in and excluded from handover, and an assessment after the handover event of the effectiveness of the transfer of responsibility, accountability and clinical information about patient care.

The World Health Organization (WHO) 'High Fives' Initiative

The WHO Collaborating Centre on Patient Safety, the World Alliance for Patient Safety and the Commonwealth Fund has together formed a seven country collaborative project to implement five patient safety solutions (known as the High Fives). Australia is participating in the High Fives through the Australian Commission on Safety and Quality in Health Care.

Australia will lead on clinical handover through the National Clinical Handover Initiative to develop and implement standardised solutions to address patient safety problems associated with clinical handover.

What is outside the scope of this program?

Work that is outside the scope of this program includes:

- clinical communication and information tasks where there is no transfer of accountability or responsibility for patient care (eg, practice guidelines, decision support tools, medical grand rounds, de-briefing sessions, and educational meetings).
- Electronic Medical Record and Electronic Health Record projects developed as a stand alone product that cannot be integrated without redevelopment of other/supporting ICT interfaces.
- Generic training programs that can not be directly linked to clinical handover
- Observation or measurement without improvement of handover process in a clinical setting

4. Background

The Australian context

The contribution of breakdowns in clinical communication to errors in patient care delivery is well established in the health care literature. In recognition of the importance of communication at handover the Australian Resource Centre for Healthcare Innovations (ARCHI) organised 'Improving Clinical Handover,' a seminar in Adelaide during 2004. The former Australian Council for Safety and Quality in Health Care made a valuable contribution to raising awareness of handover issues by working with ARCHI to publish a 'Clinical Handover and Patient Safety Literature Review Report' in March 2005. The Council also hosted a workshop in April 2005 entitled 'Passing the Baton of Care – the Patient Relay,' and consulted with stakeholders to establish a national agenda to enhance patient safety through improvements to clinical handover. More recently, the Monash Centre for Research Excellence in Patient Safety held a Clinical Handover Seminar in Brisbane in February 2007.

Considered together, these activities indicate a high level of interest across Australia to develop strategies to improve handover. A clear opportunity exists to develop a genuinely national initiative, through the involvement of health care providers from all states and territories and through collaboration with health care providers in the private and primary care sector.

The Commission held a Clinical Handover Discussion Day in January 2007 where participants shared information on initiatives to improve handover and discussed revision of the "National Principles for Clinical Handover" (developed by the former Council and is available on the Commission's website).

Clinical handover is a priority area on the Commission's work plan. The Commission focus is on handover communication issues across a range of health care delivery settings, from the public, private and primary care sectors, with the aim of improving handover processes to ensure that care is safe, effective and responsive to patient needs.

WHO Component of the National Clinical Handover Program

The objective of the WHO High Fives component of the National Clinical Handover Program is to produce standardised operating protocols (standardised solutions with a minimum data set) for specific handover scenarios (eg, between different clinical groups, often at points of transition across settings, services, or levels of care).



More information is available at:

<http://www.who.int/patientsafety/solutions/high5s/en/index.html>

The Commission is looking for 10-12 sites nationally to participate in the WHO component of the program. Specific handover solution development is a subset of the National Clinical Handover Program. Participants in the WHO component will draft and develop standardised solutions for handover communication in different handover scenarios. A standardised solution may employ a handover communication technique that can be transferred to other contexts, eg, SBAR (situation, background, assessment, and recommendation), or define what print and electronic information should be available.

Preferably, sites where handover solutions are currently underway would contribute their expertise to produce transferable solutions that are then trialed in other sites with the ability to pilot a handover project. Participants in the WHO component of the program will need to be able to provide documentation of a handover solution in a standard format with a minimum data set, plan to implement the standardised handover practice and be willing to participate in an impact evaluation guided by the WHO.

A draft standardised operating protocol (SOP) for clinical handover is available separately on the Commission website at www.safetyandquality.gov.au

*Appendix A: Action on Patient Safety (High Fives)
Standard Operating Protocol for Handover Communication*

5. Process

This priority program has three stages. The three stages are:

1. Identification of clinical handover initiatives across Australia and development of transferable standardised solutions.
2. Testing standardised handover solutions identified under stage 1 to determine transferability and sustainability at a national / international level.
3. External evaluation of process and outcomes as a result of stage 1 and 2
The outcome of the post-implementation review of handover initiatives will be a report that contains recommendations for policy makers to assist with decisions regarding resource allocation in the area of handover.

It is essential to note that **this Industry Brief is focused on Stage 1 only.**

6. Requirement

Proposals are sought from respondents to identify possible transferable solutions across the following four (4) categories.

Please note that Applicants are invited to develop a proposal for any or all of the four (4) categories. A summary is provided here to give a sense of the scope of project categories and to provide examples. Applicants are referred to the RFT document for more detail about responding to the requirement.

Category 1: Specific Handover Processes

Scope – Specific clinical handover processes that align to the AMA definition of handover (see page 2 of this document).

Examples: - Examples of solutions may include (but not be limited to):

- Nursing and medical change of shift;
- Emergency Department to Intensive Care Unit;
- Emergency Dept to community (GP or other);
- Inter-hospital transfer with clinical handover; and
- Discharge from hospital to community (GP or other).

Category 2: Electronic tools and processes that provide systems to support handover of patient information

Scope – Tools or processes that directly support the handover process and can be developed into transferable solutions for use/trial across other sites.

Examples: - Examples of solutions may include (but not be limited to):

- the specific application of electronic medical records (within a service) and electronic health records (connecting services) to handover communication issues such as the discharge of a patient from an acute facility to a GP or other community health service provider.

Category 3: Communication training and team training to support handover

Scope – The development and provision of education and training tools for clinical handover that can be used by clinical staff.

Examples: - Examples of solutions may include (but not be limited to):

- Existing training programs from industry that can demonstrate positive results in terms of improved team communication;
- Development of a tailored staff training program to foster good communication as part of the implementation of a specific handover process or tool.

Category 4: Tools for ongoing observation, monitoring and evaluation of handover in order to ensure handover practices are resilient in the workplace

Scope – Processes of observation and interview to determine the network of interactions in a given handover scenario and thus enable identification of how staff adapt to ensure safe completion of patient care.

Examples: - Examples of processes may include (but not be limited to):

- Video analysis;
 - Conversation or discourse analysis; and
 - Use of simulation and usability laboratory settings to test handover solutions.
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7. Questions & Answers

These are some questions you may have about the National Clinical Handover Program and the application process. You can ask further questions by emailing your enquiry to the Contact Officer:

david.lewis@safetyandquality.gov.au

Q1. Can my organisation apply for funding of more than one project?

A1. Yes. Applicants are invited to develop a proposal for any or all of the four (4) categories of work being funded a proposal may include one or a number of projects under each category.

Q2. Can an application be submitted jointly by a number of organisations?

A2. Yes. If the work or project benefits or involves more than one organisation, a joint application can be submitted. The Commission will sign the Funding Agreement with only one lead organisation (the one nominated in the Proposal). Applicants with an interest in participating in category four may benefit from the skills and experience of a researcher or research facility. This may or may not take the form of a joint proposal.

Q3. What is a Lead Organisation?

A3. The lead organisation for each project is the organisation which signs the Agreement, receives the funding, and assumes legal responsibility for delivering the services outlined in the Schedule of the Agreement.

Q4. What is the closing date for applications?

A4. All applications must be received by either hand or postal delivery as laid out in the Request for Proposal document by **2.00pm Eastern Standard Time on Monday 25 June 2007.**

The address for lodging applications is on the front of the RFP.

Q5. Will late applications be accepted?

A5. In the interests of fairness, late applications cannot be accepted.

Q6. When will I find out if my application has been successful?

A6. It is anticipated that successful applicants will be notified of the outcome by early July 2007.

Q7. How much funding can I receive for this first stage of the National Clinical Handover Program Program?

A7. Funds allocated will be based on the quality and appropriateness of proposals and the applicants' capacity to deliver outcomes based on the selection criteria.

Q8. Who can I contact for help if I am having trouble filling out the application?

A8. You can contact the Contact Officer Mr David Lewis by email at david.lewis@safetyandquality.gov.au with any questions you may have about completing your application. All responses will be made publicly available up to the closing date on the Australian Commission on Safety and Quality in Health Care website at www.safetyandquality.gov.au

Q9. Can I be allocated less funding than I asked for?

A9. Yes. The budget you provide will be considered as part of the assessment process. However, even if you are successful, the final amount of funding provided by the Commission may be less than you applied for. In this case the project plan may require modification and negotiation of an agreed set of deliverables.

Q10. Can I submit a proposal for a handover scenario on one ward only?

A10. Yes. A standardised solution could be developed at ward level but consideration should be given to the applicability of the proposal to other contexts, as product that is transferable will be more useful.

Q11. Nursing handover can be face-to-face, taped, use a handover sheet, or may include handover at the bedside. When reference is made to 'standardised' does it mean handover has to be one type only?

A11. The issue with standardisation refers more to a minimum set of items or data that need to be covered in a particular handover scenario. A combination of handover approaches may be effective. A good starting point is to observe your local handover practices to see what works.

Q12. Can a public hospital and a private hospital submit a combined proposal?

A12. Projects involving collaboration between the public and private sectors of the health system are welcome.

Q13. Do I have to submit a separate proposal for each category for which I may want to do a project?

A13. Yes. Applicants may submit a proposal for any or all of the four categories. A project proposal that has components in more than one category should be submitted on the one application.

Q14. What should I do if I am interested in participating in stage 2 but not stage 1?

A14. Applicants who are interested in being a pilot site in stage 2 do not have to participate in the development of a transferable solution in stage 1.

Stage 2 will involve a separate RFT at a later date.

Q15. Can I submit a proposal to participate in stage 1 and stage 2?

A15. No. Stage 2 will involve a separate RFT at a later date. However, organisations with transferable solutions developed during stage 1 at one site within a health care organisation may indicate their intent to pilot the solution at other sites within their stage 1 application.

Q16. If I am interested in submitting a proposal to develop a standardised solution for the WHO component of the program how do I find out what is expected of participating sites by the WHO?

A16. From the pool of successful applicants, the Commission will identify appropriate projects that align to WHO requirements. The WHO is still developing their concept of a standard operating protocol for handover as it is a far more complex subject than that of the other “High 5” initiatives. However, the first draft of their concept is available in the following appendix on the Commission’s website at: www.safetyandquality.gov.au

Appendix A: Action on Patient Safety (High Fives)

Standard Operating Protocol for Handover Communication