Handover-General Medicine

What is Clinical Handover?

‘the transfer of professional responsibility & 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’
Why is Clinical Handover important?

- Poor communication is a major contributing factor in adverse events
  
  \[60-70\% \text{ of adverse events JCAHO 2004}\]

- Poor or absent clinical handover can result in:
  - delay in diagnosis or treatment
  - missed or duplicated tests
  - wrong treatment
  - medication error

What constitutes a good Handover?

Information transferred should be

- relevant
- accurate
- unambiguous
- occur in a timely manner

Transferred in a standardised format (ISBAR)

Adapted to reflect local need
We already have many effective handovers

... intention is to improve them not replace them

When does Medical Handover occur?

<table>
<thead>
<tr>
<th>Teams</th>
<th>Episode</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WITHIN A UNIT</strong></td>
<td>Ward rounds</td>
</tr>
<tr>
<td></td>
<td>Medical shift changes- morning/afternoon/night</td>
</tr>
<tr>
<td></td>
<td>Res-&gt;reg-&gt;consultant (phone)</td>
</tr>
<tr>
<td>UNIT / SPECIALTY TEAM</td>
<td>At any specialty consultation (incl MET)</td>
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<tr>
<td>UNIT/NURSE or ALLIED HEALTH</td>
<td>On ward/by phone or written referral</td>
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<tr>
<td>ED / WARD</td>
<td>At any ward admission or discharge</td>
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<tr>
<td>WARD / Discharge</td>
<td>At any discharge from hospital</td>
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</tbody>
</table>
### ISBAR – the framework for handover

<table>
<thead>
<tr>
<th>I</th>
<th>IDENTIFY</th>
<th>Identify yourself, your role and your patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>SITUATION</td>
<td>State the patient’s diagnosis or reason for admission and current problem</td>
</tr>
<tr>
<td>B</td>
<td>BACKGROUND</td>
<td>Patient History – clinical background or context</td>
</tr>
<tr>
<td>A</td>
<td>ASSESSMENT</td>
<td>Current problems, observations and treatments</td>
</tr>
<tr>
<td>R</td>
<td>RECOMMENDATION</td>
<td>Post-handover plan: include REQUESTS and RISKS. What do you recommend or want the person you called to do? Be clear about request and timeframe. Repeat to confirm what you have heard.</td>
</tr>
</tbody>
</table>

Very useful to use ISBAR for the deteriorating patient and requiring escalation of care including MET calls.
How to use ISBAR

Most of us already use a structure similar to ISBAR to communicate

Need to improve the
• S – overall situation statement at start
• R – articulate risks / recommendations / requests

How to use ISBAR

All clinical verbal communication
• Handover
• Ward rounds
• Conversations about specific patients

Adapt paperwork to reinforce
• Patient handover sheet
• Discharge summaries
• Consult request forms
Morning Handover- examples for practice

• Read the following case histories presented in morning handover and re-format in ISBAR

Example 1- Admission

• 16 day male, born at term, NVD, no complications
• 2-3 days fever, irritability and poor sleep, choking noise post feed
• well, first baby for mum and dad
• admitted for reassurance
Example 1- ISBAR format

• I - Joe Bloggs, UR 111111, 16 day male, on Sugarglider, bed 23
• S - presents with choking event post feed
• B - previous well term baby, event preceded by 2-3 days fever, irritability and poor sleep
• A - thriving, examined well
• R - reassure with likely discharge today if remains well

Example 2- Admission

• 12 week, term, well, antenatal + postnatal u/sound-R hydroureter
• Sleeping more, felt warm, smelly green urine, previously well
• Benpen + gent, possible imaging, possible prophylaxis
Example 2- ISBAR format

• **I**- Joe Smith, UR 111111, 12 week boy, sugarglider, bed 54
• **S**- admitted with UTI
• **B**- term baby, antenatal + postnatal US findings of hydroureter, presented with increased sleep, warm to touch and malodorous green urine
• **A**- examines well. Urine showed 200 leucs
• **R**- IV Abx, chase cultures, likely needs rpt US +/- MCUG

Example 3- Ward Review

• 2 yo previously well girl with bacterial pneumonia, d/c from PICU o/night to make a bed for PETS retrieval. Had 3/7 intubation and ventilation and 2/7 high flow O2. D/C to sugarglider 3 am. Still on Abx-cefotaxime. R sided chest drain still in for empyema. PICU reg said can probably come out today. PICU reg also mentioned Hb 87, plts 54. Mum and dad at home sleeping and you are not sure if they know she has been moved o/night from PICU to ward
Example 3- ISBAR format

- **I**- Jemima Smith, UR 111111, under GMC, sugarglider, bed 24
- **S**- 2 yo girl with bacterial pneumonia & empyema transferred from PICU to ward o/night
- **B**- admitted 6/7 ago, intubated for 3/7, HFNPO 2/7, currently on 2L/min np O2. Has R sided chest drain in situ due for removal today. Remains on cefotaxime. Also has anaemia and thrombocytopenia. Parents unaware of transfer.
- **A**- stable on 2 L O2
- **R**- inform parents, remove drain, continue Abx

Example of Outpatient Letter- ISBAR

- 15/5/12
- Julian Smith
- Highton Clinic
- 10a Bellevue Ave
- Highton VIC 3216
- Dear Julian

**IDENTIFICATION**
- HARRY SMITH DOB 27/2/02
- 23 LOGAN ROAD, RICHMOND VIC 3121
- RCH UR: 1234567

**SITUATION**
- RECENT ADMISSION TO HOSPITAL - 12/4-14/12: ACUTE ASTHMA
- I reviewed Harry with his mother in the General Medical clinic on 15/5/12 as a follow up from his recent admission with acute asthma. Harry settled with routine inpatient treatment.
Outpatient letter cont.

BACKGROUND:

Issues:
1. Persistent asthma

Current Medications:
- Flixotide 125mcg 2 puffs bd, via large volume spacer
- Salbutamol 100 mcg prn
- Prednisolone 25 mg prn

Asthma:
Harry had asthma first diagnosed 3 yrs ago. This was his first admission. Prior exacerbations had been assoc with viral illnesses. Clear hx of significant interval symptoms in last 6/12. Flixotide 125mcg 2 puffs bd commenced at DC. Harry has been well since d/c with no exercise or sleep symptoms.

Harry's mother had a number of questions about the role of food allergy and asthma. I reassured her that this was not likely to be a contributor to Harry's difficulties. I renewed the Asthma Action Plan. Harry's family is well placed to deal with any further acute exacerbations.

RECOMMENDATIONS:
• Influenza vaccine administered today
• Follow up with yourself in 1 month
• Review in General medical Clinic in 3 months
• If symptomatically well, reduce dose after winter: Flixotide 1 puff bd via large volume spacer

With kind regards

Electronically Approved by:

Dr Michael Marks
Consultant Paediatrician
Royal Children's Hospital, Melbourne
Example of wardround notes- ISBAR

Example ISBAR morning handover
Video can be found online here...

www.rch.org.au/MedEd/online/ISBAR_Morning_Handover
Example non ISBAR morning handover

Video can be found online here...

www.rch.org.au/MedEd/online/N on_ISBAR_Morning_Handover/