

National policy, local practice - vulnerabilities in inter-departmental and inter-organisational handover

Professor Matthew Cooke

National Clinical Director Urgent and Emergency Care,
Dept of Health

Professor of Emergency Medicine,
Warwick Medical School

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“the unacceptably long handover times in a number of places is sufficient to warrant our focused attention”

“important to consider the safety of any initiatives designed to reduce delays”

“remind organisations that there is a “Duty of Cooperation” both Monitor and the Care Quality Commission have the responsibility to assure compliance with this duty”

Policy Overview

- 24/7 Urgent and Emergency care
- Patient relevant outcomes, including experience
- Right place, right time
- First time
- Whole system

Best Outcomes and Experience

- Clinical Quality Indicators
- NHS Outcomes Framework
- NHS Commissioning Outcomes Framework
- NICE Quality Standards

- Professional Body Standards

Encouraging best practice

- Clinician involvement
- Think Patient
- Continuous improvement approach
- Stop target obsession

999

111

GP

Specialist
Centres

A&E

Urgent primary
care

Fully Integrated

Fully Integrated

- Patient gets to right place first time
- Referrals are aimed at safe timely transfer of information required for best clinical care

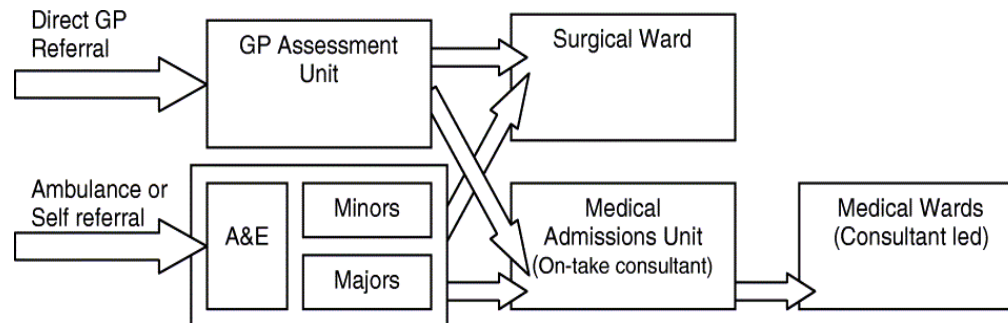
Ambulance to A&E

- Time to free ambulance
- Telling whole story, lost in emergency situation
- Solutions that create more steps
- Respect
- Access to notes, lost ambulance forms
- Workload, chaos



A&E to inpatient team

- Selling it
- Time wasted finding someone
- Patient lost in system
- Separate notes
- Duplication



Checklists

The ABC of handover: a qualitative study to develop a new tool for handover in the emergency department

Maisee Fathan,¹ Ruth Brown,¹ Maria Woloshynowych,² Charles Vincent²

¹Emergency Department, St Mary's Hospital, Imperial College Healthcare NHS Trust, London, UK
²Centre for Patient Safety and Service Quality, Department of Surgery and Cancer, Imperial College, London, UK

ABSTRACT

Objectives This study identifies best practice for shift handover and introduces a new tool used to hand over clinical and operational issues at the end of a shift in the emergency department (ED).
Methods Literature review, semi-structured interviews and observation of handover were used to identify

Handover can involve the transfer of information concerning a single patient (such as when a doctor or nurse reaches the end of their shift), or it can involve the transfer of responsibility of a whole department, ie, the transfer of overall responsibility of a department with all its patients and staff as well as other issues to the receiving doctor. This

Emerg Med J 2007;24:539-542 doi:10.1136/emj.2006.045906

Original Article

Retention of information by emergency department staff at ambulance handover: do standardised approaches work?

Rhiannon Talbot¹, Anthony Bleetman²

Research article

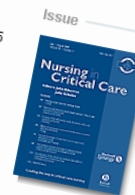
Conceptualizing handover strategies at change of shift in the emergency department: a grounded theory study

Renée H Lawrence^{1*}, Anne M Tomolo^{1,2,3}, Andy P Garlisi⁴ and David C Aron^{1,2,3}

BACN Nursing in Critical Care

The handover process and triage of ambulance-borne patients: the experiences of emergency nurses

Karin Bruce, Björn-Ove Suserud^{*}
 Article first published online: 7 JUN 2005
 DOI: 10.1111/j.1362-1017.2005.00124.x



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 201-209, July 2005

Handover in the emergency department: Deficiencies and adverse effects

Ken Ye¹, David McD Taylor^{1,2,*}, Jonathan C Knott¹, Andrew Dent³, Catherine E MacBean¹

Article first published online: 25 JUN 2007
 DOI: 10.1111/j.1742-6723.2007.00984.x



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Open Access

Not just checklists

- Patient factors
- Task factors
- Individual staff factors
- Team Factors
- Work environment
- Organisation and management
- Institutional context

How do we improve handover quality?

First make the diagnosis....

Thank you

m.w.cooke@warwick.ac.uk