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Nurses as Key Stakeholders in Quality: A Consultative Approach to Identifying Improvement Opportunities in Handover Communication

Nadine Agard, Manager Patient Safety & Heather Thomson, RN

St. Joseph's Health Centre

- Success Factors : 'Putting Patients First'
- Strategic Priority : 'Provide the Safest Care'
- Corporate Objective: To ensure continuous improvement of patient care systems and processes to minimize and or prevent adverse events

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Objectives

- Provide a historical perspective of Hand over Communication (HOC) at

  St. Joseph's Health Centre Toronto
- Provide an overview of the consultative approach to HOC
- Discuss key themes and their impact on engagement
- Next steps

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Historical Perspective

- Analysis of 2455 sentinel events by JCHAO revealed that 70% of these events were as a result of communication failure (Leonard, Graham & Bonacum, 2004)
- WHO has stated that 'communication and coordination is the top research priority for developed countries' (World Health Organization, 2009)
- Hand over communication continues to present significant challenges for many health care organization worldwide

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Historical perspective St. Joe's

- There were 22 different methods for communication amongst health care providers
- The goal was to standardize HOC within the organization
- Identified as a Required Organization Practice for Accreditation Canada's 'QMENTUM' program

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- Literature search undertaken to identify current practices and tools
- Inter professional working group established
- Piloted three units Medicine, Emergency Department and Diagnostic Imaging
- 'ISHARED' framework launched in 2008
- Intended for use by all health care providers

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- I- Identification
- S- Situation
- H- History
- A- Assessment
- R- Recommendations
- E- Extras
- D- Documentation

'I SHARED' INTERDEPARTMENTAL HAND OVER – 4M/2E/HDU

I	**Identify self, unit, patient** **Nurse giving report:** _____ **Patient Name:** _____
S	**Situation →** **Admitted:** Time: _____ Date: _____ From : _____ **Age:** ____ **MRP:** _____ **Diagnosis:** _____ **Primary Language Spoken:** _____
H	**History:** _____ **Code Status** _____ **Allergies:** _____ **Swabs** ☐ Done ☐ Due _____ **Isolation Required:** ☐ yes ☐ no **Precaution Initiated:** ☐ Airborne/Contact ☐ Droplet/Contact ☐ Contact **Diet** _____ **Activity**_____ **Falls Risk** ☐ yes ☐ no **Tests Performed** i.e. ECG _____ **Pending Tests** _____ **Req sent:** ☐ yes ☐ no **Last Blood Work completed:** _____hrs **Blood Work Pending:** _____ **Abnormal Results:** _____ **BS by OT** ☐ Q__H **Last result:** ___@_____hrs **Meds given last @** _____ **PRN Meds last @** _____ **Consult:** Dr/Service_____ Reason _____ **Notified** ☐ yes ☐ no **Seen** ☐ yes ☐ no **On Call to O.R.** ☐ yes ☐ no
A	**Assessment** **Latest Vital Signs (appropriate to status):** T _____ P_____ R_____ B/P_____ Pain _____ ☐ **Neuro Vitals** Q____H Last GCS score _____ ☐ **CIWA →** Score _____ **O2** @ _____ via _____ Last SpO2 _____ ☐ Telemetry → Current Rhythm _____ **IV**: Site _____Infusing _____@_____ ☐ PCA ☐ S/L ☐ PICC ☐ Port ☐ Other _____ → Site _____ **Skin Integrity:** ☐ Intact ☐ Reddened ☐ Ulcer (Stage _____ Location _____) ☐ Braden Score _____ ☐ Trach ☐ Foley ☐ NGT ☐ G-Tube Feeds _____ **Surgery** _____ ☐ CT Site _____ ☐ Drains _____Site_____ ☐ Wanderguard ☐ Restraints: Type _____ **Level of Observation** ☐ N/A ☐ Constant ☐ Close ☐ Moderate Observer arriving with patient? ☐ yes ☐ no (IF NO – wait for observer to arrive) Reason for Observer ☐ Form 1 ☐ Aggressive ☐ Confused/Agitated
R	**Recommendations**
E	**Extras** ☐ **Meds Sent** ☐ **J Card Sent** ☐ **Old Chart Sent**
D	**Document**

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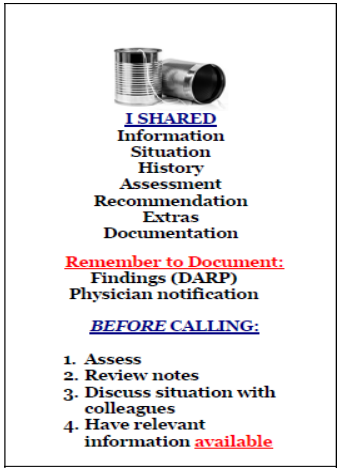
Roll out 'tools'

- Education and Training
- Official launch by members of Senior Leadership Team
- Branding
- Lanyards
- Telephone cards
- Wall mounted posters
- Transfer forms
- Safety reporting



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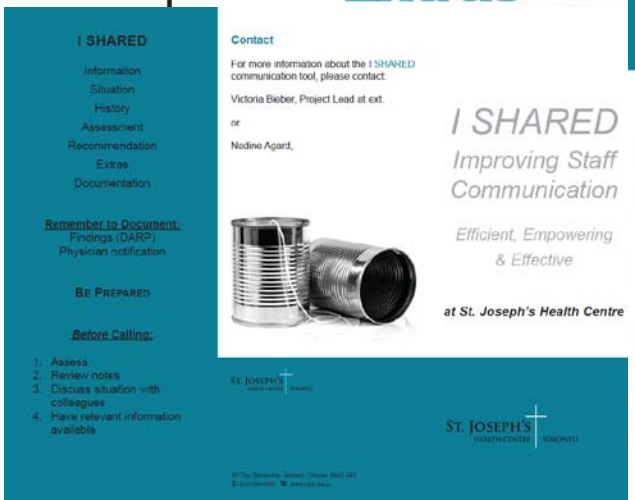
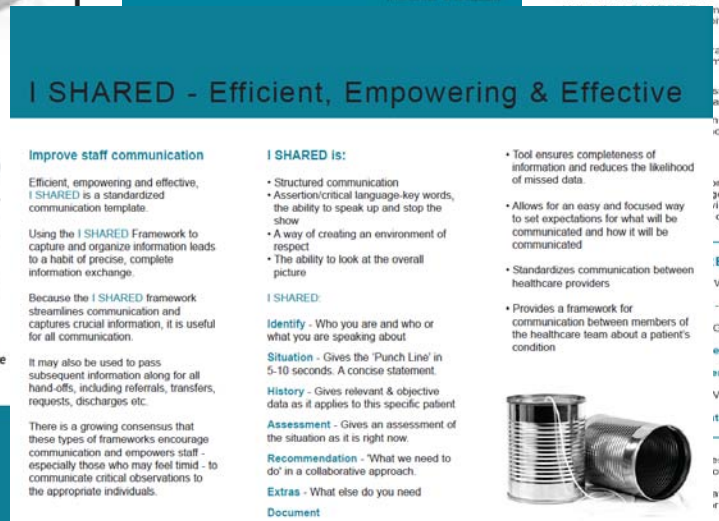
I SHARED
Improving Staff Communication
Efficient, Empowering & Effective





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Challenges

- Interpretation of materials
- Inconsistent adoption of the framework
- Overreliance on 'form'
- Insufficient frontline engagement
- Readiness for culture change
- Technology
- Sustainability

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Moving Forward

- Identified as one of the corporate 'Big Aim' initiatives
- Re-establishment of working group
- Review of latest literature
- Review of existing framework
- Consultation with other organizations (TRI)
- Consultation with Michael Leonard

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Consultation

Over 400 people were consulted enterprise wide:

- Re-engagement of leadership team & champions
- Interdisciplinary interviews and focus groups
- Survey monkey
- Nursing Practice Council
- PCM group
- Health profession practice councils
- Point of care teams
- Gemba walks (68 hallway conversations)

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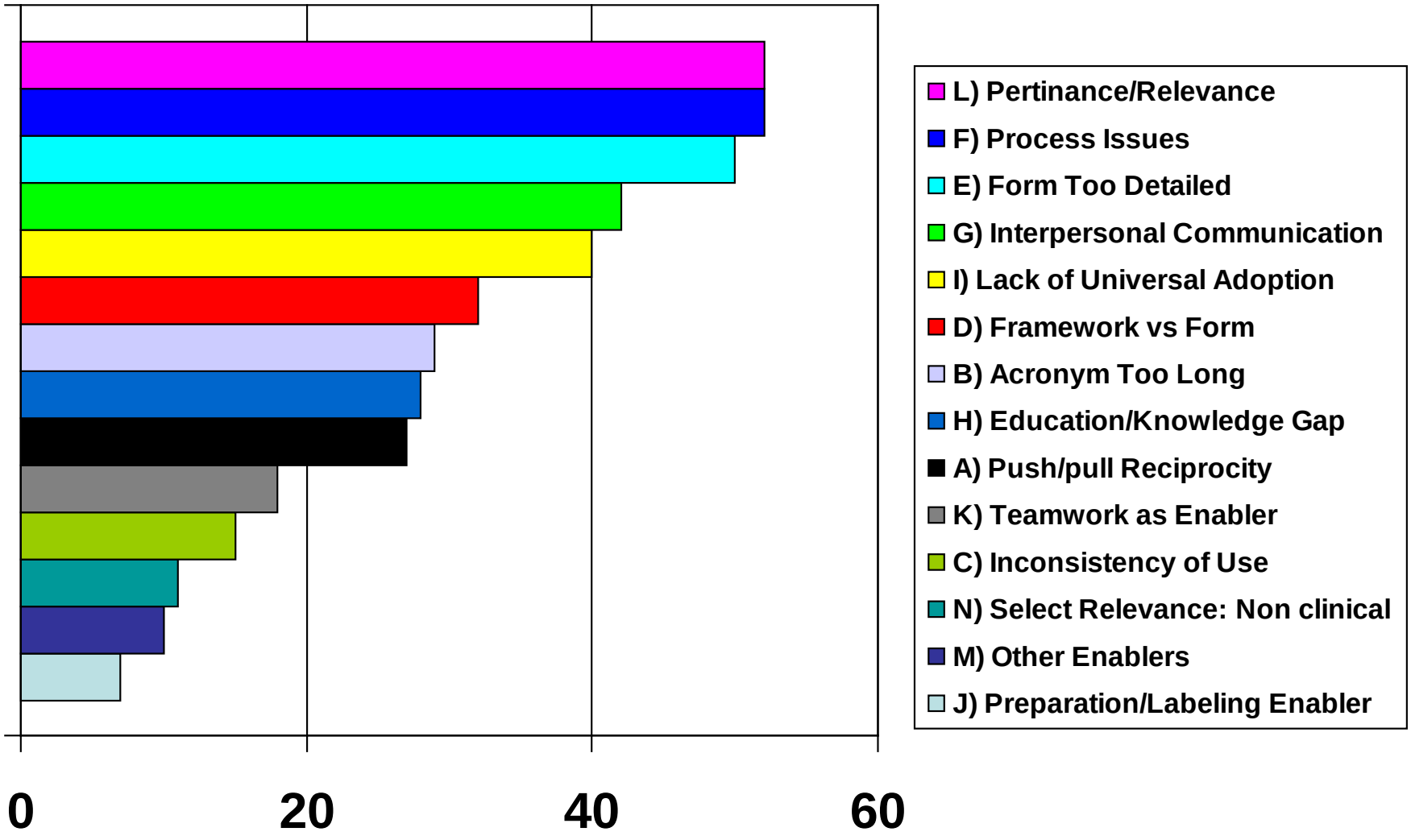
Data Thematic Coding



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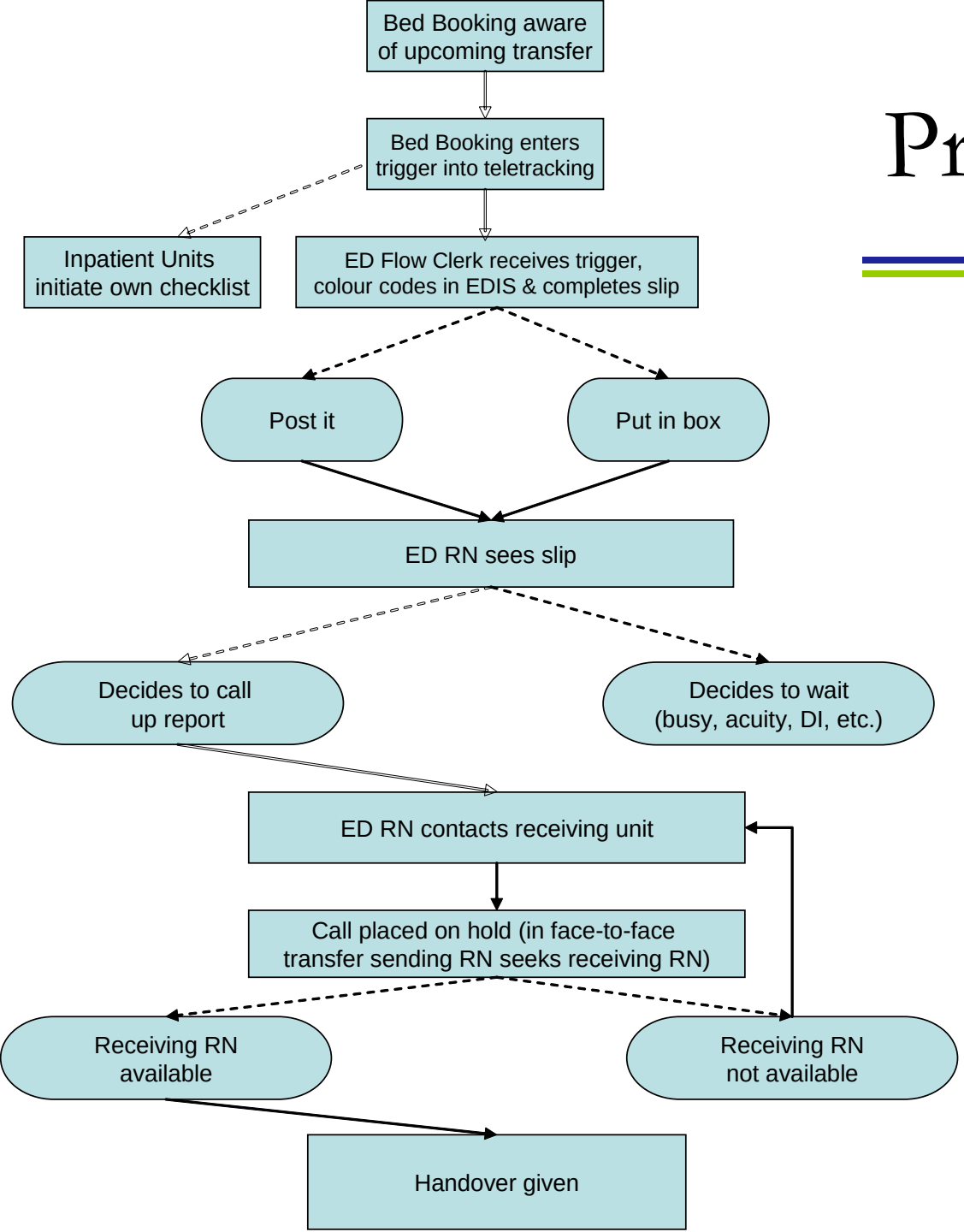
Observation

- Average time overall: 5 minutes 12 seconds
- Average time on hold: 1 minute 41 seconds
- Average handover time: 3 minutes 31 seconds
- Tone: pleasant, cordial
- Clarification/exchange: in every instance



Process Mapping

Process Issues!

Handover Communication itself is not always the biggest challenge…

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Creation of Essential Elements

- **Focus on vital and essential information**
  - Clinical reasoning & prioritization of information drive the handover communication process
- **All understand the value & purpose of handover communication**
  - Handover communication links with patient safety & excellent care
  - Support & engagement are health centre wide
- **Create a culture of collaborative care**
  - Team members collaborate to cover for each other in receiving handover
  - Thinking moves away from 'my patient'
- **Engage leaders at every level**
  - Leaders model and support the handover communication process
  - Leaders acknowledge and encourage excellent handover communication
- **Make handover communication a two way street**
  - Ensure reciprocal communication (sender & receiver both speak)
  - Senders consider what the receiver needs to hear
  - The importance of respectful communication is acknowledged
- **Focus on the framework and not the form**
  - Handover communication is about verbal exchange
- **Create supporting tools and resources**
  - Create appropriate reference structures (e.g. policy, job aids)
  - Process supports experts and novices

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Current State

- Acronym shortened to SHAR(e)
- Decision to pilot Medicine unit, and Emergency Department

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SHARe

SHARE – Structured Communication for Interdepartmental Transfers
ED to 4M/2E

S	***Introduce yourself, the patient & type of handover.***
Describe **SITUATION**	• Identify yourself/home unit/area • Patient's name • MRSA / VRE swabs sent?
H	***Tell the patient's story – why did the patient/client come to the unit/area? What actions were taken?***
Provide **HISTORY**	• Admitting diagnosis_____ • Admitting Physician _____ • Consults _____ • Code Status _____ • **Isolation Status** ❒Airborne ❒Airborne/Contact ❒Droplet/Contact ❒Contact • Form ❒1 ❒3 Observation Status ❒ Observer • Allergies • Investigative Tests/blood work: outstanding • Abnormal results
A	***Outline how the patient is doing. Highlight key* assessment/test findings. Report any changes in status.***
Provide Patient **ASSESSMENT** **Please use clinical reasoning to determine which of these items requires discussion. Not all items will be relevant to all patients, professions and/or departments.*	➢ Vital signs ➢ Oxygen ➢ System review (eg cardiac, neuro, GI, endocrine) ➢ Infusions / Pump required Y / N ➢ In situ? (e.g. trach, foley, NGT, G Tube, drains etc) ➢ Confusion ➢ Falls risk ➢ Mobility ➢ Language/need for interpreter ➢ Skin / Braden Score ➢ Pain - time last dose given ➢ Medications required in the next hour ➢ Behaviour Restraints? Type? Flight Risk? ➢ Nutrition/Hydration ➢ Social/Family Supports/Psychosocial
R	***What recommendations are you making based on your assessment? What are the outstanding items to attend to?***
Make **RECOMMENDATIONS**	• Stat tasks that need to be completed shortly after arriving on the receiving unit • Items/ /consults requiring follow up
E	***Ask each other questions. Obtain clarification and/or include additional area/profession specific question.***
EXCHANGE *Questions*	

The SHARE tool does not become part of the health record. It is a guide intended to support verbal exchange. Documentation regarding handover communication should be written in the Focus Notes section of the chart.

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Future

- Interdisciplinary training
- Interactive approach to education and training
- Empower
- Current initiatives such as RTC ©, 'Big aim', and general awareness of quality and safety
- (e)Care, Teletracking
- HOC Policy
- Development of a sustainability framework

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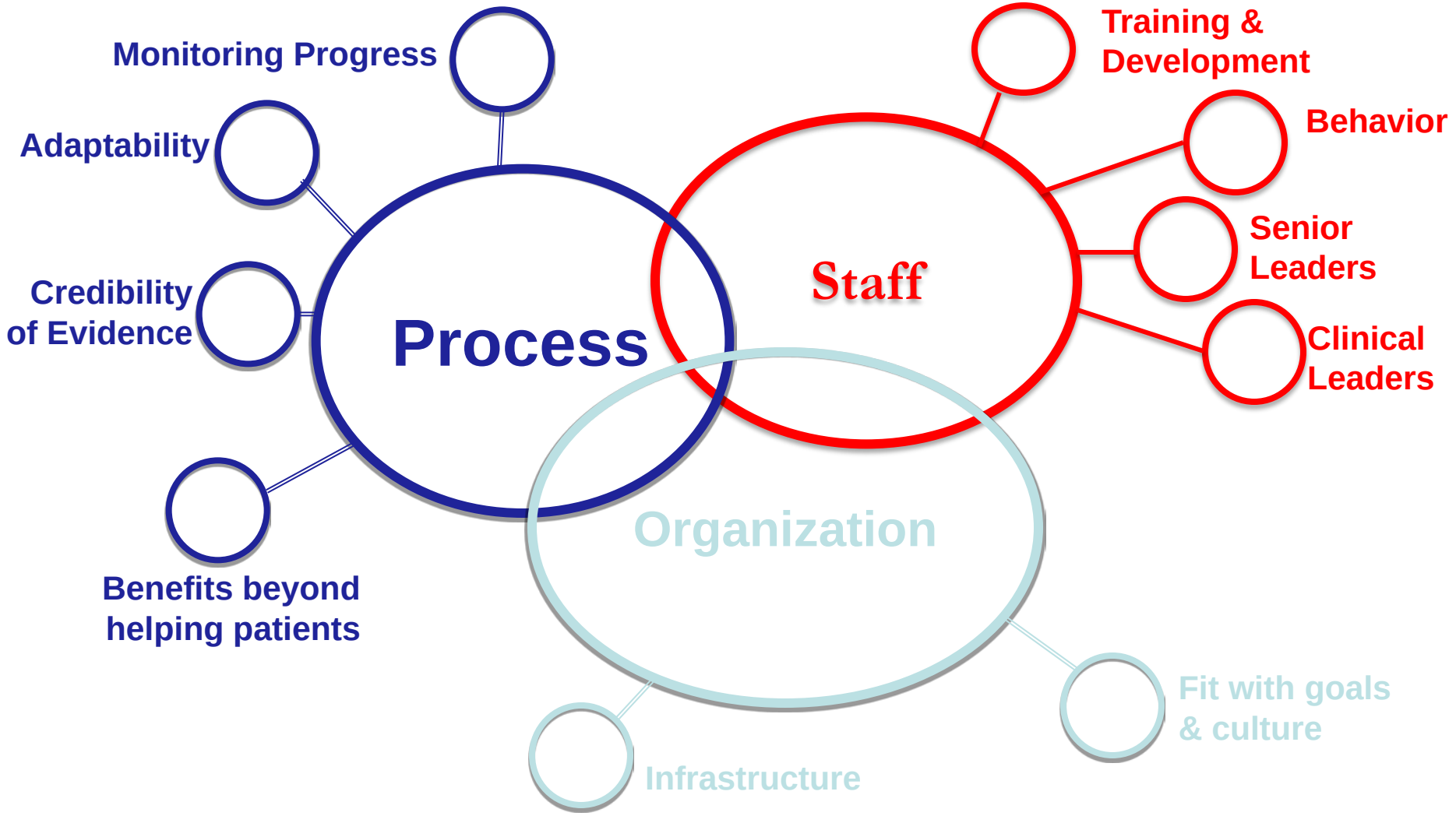
NHS Sustainability Model



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Questions?

Email for:

Heather Thomson thomsh@stjoe.on.ca

Nadine Agard agardn@stjoe.on.ca