

A process support tool for quality improvement of interprofessional handover in Post Anaesthetic Care Units (PACU)

Mari Botti¹
 Redley B.¹ Johnstone M.J.² Bucknall T.³
 Cameron P.⁴ Evans S.⁴ Jeffcott S.⁴
 Currey, J.² & De Rome, S.²

1. Deakin-Epworth Centre for Clinical Nursing Research
 2. Deakin University, School of Nursing
 3. Deakin-Cabrini Nursing Research Centre
 4. Centre for Research Excellence in Patient Safety, Monash University

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Australian health system

Public Hospitals	Private Hospitals
<ul style="list-style-type: none"> • 2.5 beds per 1,000 • 60% separations • Growth 1.8% (07/08) • 50% same day • LOS 6.2-6.5 days • 1.7m elective surgery 	<ul style="list-style-type: none"> • 1.3 beds per 1,000 • 40% separations • Growth 6.4% (07/08) • 66% same day • LOS 5.4 days • 1.2m elective surgery

Interprofessional clinical handover in PACU

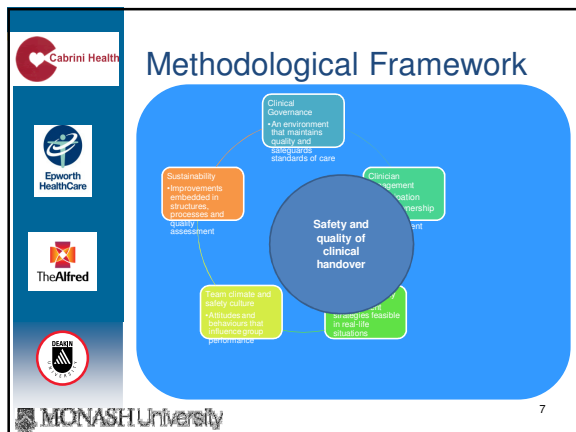
- Communication errors are
 - common
 - costly
- It is difficult to quantify communication errors
- Solutions focus on process

The Project

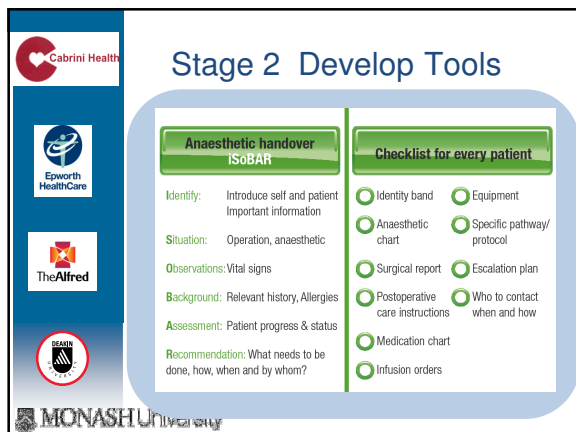
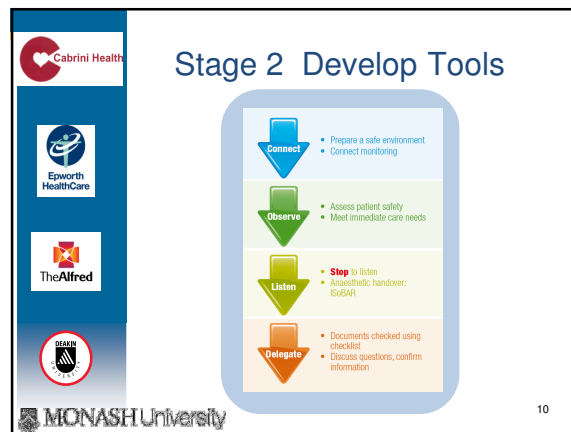
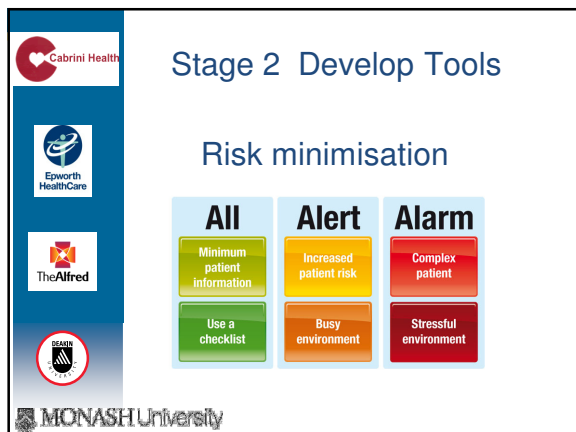
- Three hospital sites
 - 1 public, 2 private
- Three stages
 1. Explore existing practice in PACU
 2. Develop clinical handover tools
 3. Evaluate feasibility

Objective


Develop and implement a valid and practical tool for quality improvement of interprofessional clinical handover specific to the PACU



- Stage 1 Explore Practice**
- Explore existing practice in PACU
 - **138** reported critical incidents related to handover
 - **314** observed handover events
 - Focus group interviews with **62** multidisciplinary clinicians
 - Team climate and safety culture surveys by **166** clinicians.




- Stage 3 Feasibility**
- Evaluate feasibility
 - Audit tool
 - Clinician feedback
 - Naturalistic observations
 - 135 observations



Results 1

- Prior to COLDD
 - 49 clinical incidents were observed over 184 anaesthetist-nurse handovers (26%)
 - 94% were preventable
- After the COLDD
 - 29 clinical incidents were observed over 135 anaesthetist-nurse handover events (21%)
 - 73% were preventable


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Results 2

- Barriers
 - clinician perceptions of increased handover time
 - engagement of staff
 - team climate and safety attitudes
- Facilitators
 - management support
 - clinician champions
 - relevance
 - visual aids

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Results 3

- Compliance
 - 41% used 5 elements of COLD
 - 37% used 4 elements of COLD
 - Highest- 'connect' (96%) & checklist to 'delegate' (87%)
 - lowest- 'listen' (46%)

Process was associated with reduced

- interruptions to handover (15% vs 1%)
- incomplete handovers (14% vs 9%)


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Conclusions

- Lack of a procedure for interprofessional handover
- Potential for error due to
 - interruptions
 - incomplete handover
- Introduction of a tool
 - reduced observed preventable incidents
 - moderately acceptable to clinicians
 - feasible within environment
 - public and private health care sectors

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Outcome

- Framework for investigating clinical handover
- A valid and practical solution
- Process for evaluating the sustainability of the quality improvement

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Further information

mari.botti@deakin.edu.au

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MJA Handover supplement 2009
 Botti, M., et al. (2009). Examining communication and team performance during clinical handover in a complex environment: the private sector PACU. *Medical Journal of Australia*, 190, 1 June, S157-160.

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