Pushing the Envelope:

Clinical handover from Aged Care Home to Emergency Department

Presenters
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“Handover of care is one of the most perilous procedures in medicine...”

Professor Sir John Lilleyman
Medical Director, National Patient Safety Agency, National Health Service UK, 2004
Why?
Need for clinical handover

Context: population & setting

• Residents in ACHs-high risk cohort
  ➢ elderly, frail, multiple co morbidities
  complex care needs, impaired cognition

• Number of separate handovers required

• Workforce Issues
  ➢ Primary Care
  ➢ ACH staff
  ➢ Hospital staff
Why ? The Black Hole: The disappearing documents
Clinical handover...

...needs to

- be recognised
- be good quality
- meet our duty of care
- be in both directions
What?
Our solution: development of a tool

What would work?

- practical
- simple
- easy to use
- useful
- cheap
- easy to access
- sustainable and transferable
What?
Our solution

Aged Care Home Transfer-to-Hospital Envelope
Aged Care Home Transfer-to-Hospital Envelope

This envelope contains CONFIDENTIAL medical information which should remain with the PATIENT RECORD.

Resident / Patient’s Name: ..............................................................................................................

Name of Aged Care Home: ...........................................................................................................

Contact telephone number: In-hours: ............................................................................................
After-hours: .................................................................................................................................

There is a range of residential settings with different levels of care available.
This Aged Care Home is:

☐ High Care ‘Nursing Home’ - Registered Nurse / Registered Nurse Division 1 usually present.

☐ Low Care Hostel, but may have “Aging In Place” - residents may have complex medical &/or personal care needs (i.e. high care). Usually staffed by Enrolled Nurse / Registered Nurse Division 2 &/or non-nursing care staff e.g. PCA/PCW/AIN. Generally medications are administered from a Dose Administration Aid.

☐ Other ...........................................................................................................................................

* Advance care plan / End-of-life wishes enclosed > YES NO

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Template available at: www.nevdsp.org.au Tel. 03 9496 4331. Project funded by the Australian Commission on Safety and Quality in Health Care National Clinical Handover Initiative.
Checklist for Transfer-to-Hospital Clinical Handover

Tick boxes to indicate

☐ Hospital notified by telephone

Information included in envelope>

☐ Advance care plan / End-of-life wishes
☐ Transfer Form (include as a minimum)
  ☐ Resident details: Name, DOB, religion, language spoken & need for interpreter
  ☐ Contact details of Aged Care Home including telephone number (in- & after-hours) & address
  ☐ Pension number
  ☐ Health insurance status: (i.e. Medicare only / DVA / privately insured) & include details
  ☐ Name of usual GP & contact details
  ☐ Name of usual Pharmacist & contact details
  ☐ Name of next-of-kin &/or Medical Enduring Power of Attorney or equivalent & contact details
  ☐ Next-of-kin notified of transfer
  ☐ Reason for transfer including events leading up to transfer
  ☐ Relevant medical history
  ☐ Any known allergies
  ☐ Pre-morbid / usual condition & functioning: cognition, mobility, continence, behaviours, diet

☐ Letter from GP, locum or Aged Care Home detailing reason for transfer
☐ Copy of most recent Comprehensive Medical Assessment (CMA)
☐ Copy of results of recent investigations (blood tests / x-ray / other pathology)
☐ Copy of current drug chart / list of current medications & time of last administration
☐ Copy of current observation, blood sugar level & bowel charts (if applicable)
The tool: ACH Transfer-to-Hospital Envelope

Features:

• container
• checklist
• privacy
• flags ACH resident in ED/hospital
• resealable
• BIG (C4) yellow
• cheap

Likely to support ...

... safe clinical handover in to hospital
The Trial

• ACSQHC * National Clinical Handover Initiative
• One-year project 2007/08
• To evaluate over 18/52
  ➢ use of the Envelope
  ➢ whether it was useful
  ➢ ease of use
  ➢ impact on clinical handover
  ➢ awareness of the need for clinical handover
  ➢ potential for ongoing and national use

*Australian Commission on Safety and Quality in HealthCare
The Trial

- 7 Divisions of General Practice
- 26 ACHs (1545 beds)
- 6 major public teaching hospital EDs
- Ambulance Victoria
- Large area of metropolitan Melbourne
Outcomes: Key Findings

Use  used in 99% ACH transfers to ED

Useful
  • 90% ACH staff
  • 100% ED staff
  • 100% AOs- information more organised

Ease of Use
  • 90% ACH staff

Improves clinical handover
  • To ED: 78% ACH staff
  • To AOs: 84% ACH staff
  • 100% interviewees (ACH, ED and AOs)
Outcomes: Sustainability

Post project external evaluation
• 16 ACHs always used it
• 2 ACHs usually used it
• 2 ACHs unaware of envelope

“They are absolutely fantastic - user friendly and comprehensive”
“The envelopes are an excellent innovation”

Envelope Sales: (Compact Business Systems: Aust)
• 25,000 envelopes have been sold across 6 states to 300 + ACHs
Outcomes: Sustainability

- system easy to implement
- easy for staff to use
- useful
- staff belief
- national terminology
- cost effective
- accessible supply
What we did best

- identified a need by listening
- stakeholder buy-in
- KISS principle
- data collection tools simple
- ‘personal is best’ approach
- realistic & achievable goals
- achieved spread & sustainability
What we did best

Published in the Medical Journal of Australia

What we learnt

Communication:

“Get the communication right and everything else is easy”
Where do you get it?

Envelope available for purchase from:
Compact Business Systems
T: 1800 777 508
www.compact.com.au

Envelope template freely available from:
• NEVDGP website www.nevdgp.org.au
• ACSQHC website www.safetyandquality.gov.au