Handover

CMPA

What is Handover?

- Transfer of **responsibility** and **accountability**
  - For some OR all aspects of **care**
  - For a patient OR group of **patients**
  - On a temporary OR permanent basis

- Entails appropriately transferring information
  - To help **deliver safe care**

What information is included?

- Depends on clinical circumstances

- May include
  - Clinical condition
  - Status of investigations and treatments
  - Likely clinical course
  - Possible problems and consideration of strategies should problems arise
  - Responsibility for ongoing care

- Include opportunities for discussion, clarification, questions

Handovers occur frequently

- Pts often treated by several different healthcare providers
  - In multiple settings

- Common examples of handovers
  - At end of shift in ER, ICU, ward
  - To on-call physician overnight or weekend
  - To colleague when going on vacation
  - To a consultant
  - To a specialist of another service

Barriers to Effective Handover

- Be aware of high-risk times
    - End of shift, end of day, end of week
    - Planned or unplanned absences

- **Setting**
    - Choose location with limited interruptions, noise, distractions

Barriers to Effective Handover

- **Time constraints**
  - Multi-tasking, not scheduling, insufficient time
  - Esp end of shift, end of day, end of week
  - Schedule designate time, prioritize the most sick patients

- **Missing information**
  - Omitting critical information
  - E.g. important background info, clinical updates, outstanding tasks

- **Lack of training**

Barriers to Effective Handover

- **Communication style**
  - Ideally face-to-face → allows for interactive questioning
  - Ambiguous language can lead to misinterpretation
  - Hierarchies in teams may lead to reluctance to share info
  - Use clear + unambiguous language
  - Flatten hierarchies

- **Failure to use standardized communication tools**
  - Ideally structured approach
  - Including interactive questions
  - Verify information being transferred
  - Standardizes tool increase info transferred without taking longer

Standardized Communication

- **History**
  - Background information, current situation

- **Prospective view**
  - Provider's assessment, whether dx confirmed
  - What may happen next
  - What the pt + family have been told

- **Recommendations**
  - Pending task list (action items)
  - Contingency plans for particular scenarios

Standardized Communication

- **Interactive questioning**
    - Verify understanding of situation
    - Assess reasonableness of recommendations
    - Read back critical information
    - Don't make any assumptions → ask for clarification

- **Beware of labelling pts**
    - May inadvertently contribute to misdiagnosis or inappropriate treatment (cognitive bias, stereotyping)
    - May underestimate clinical condition

Structured Communication

- Mental focus still required with structured tools
  - Appropriate discussion, clarification, questions
  - Explain abbreviations
  - Allows for fresh perspective

- NO specific tool/approached recommended by CMPA

SBAR

- **Situation**
  - Problem, pt symptoms, pt stability, level of concern

- **Background**
  - HPI, background information

- **Assessment**
  - Assessment + differential dx, where things are headed

- **Recommendation**
  - Recommendations + action plan
  - What has been done, what needs to be done

I-PASS

- **Illness severity**
  - Stable, watch closely, unstable
- **Pt summary**
  - Events leading to admission
  - Hospital course, current condition, tx plan
- **Action list**
  - To-do list, timeline, who is responsible
- **Situation awareness and contingency planning**
  - What's going on, plan for what might happen
- **Synthesis by receiver**
  - Closing the loop (read back), further questions

SIGNOUT

- **Sick or DNR**
- **Identifying data**
- **General hospital course**
- **New events of the day**
- **Overall health status, clinical condition**
- **Upcoming possibilities and plan**
- **Tasks to complete**

DRAW

- Diagnosis
- Recent changes
- Anticipated changes
- What to watch for in the next interval of care

Readback

- Can prevent misunderstanding of information

- To-do items
- Medication orders and dosing
- Critical lab results
- Equipment settings

Involving Patients and Family

- Inform pt there is change to new team or MRP
- Allows for clarification of history + any misinformation
- Provides opportunity to address any questions/concerns

Documentation of Handover

- Information can be lost if multiple handovers

- Paper or electronic logs

- Formal transfer of responsibility for can should be recorded

Common Cognitive Biases

- Anchoring

- Premature closure

- Search satisfaction

- Bandwagon effect

- Availability heuristic

- Authority bias

- Attribution error

- Zebra retreat