

CLINICAL HANDOVER

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Chair

AMA Council of Doctors in Training

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BACKGROUND



Continuity of care \neq continuity of carer

BACKGROUND



- Change in medical workforce:
 - “Generational change”
 - Safe hours
 - Aging workforce

WORKLIFE FLEXIBILITY SURVEY



AMA

- 604 **junior** and **salaried** doctors
 - Female 46%
 - Male 54%

- **Classification:**
 - Prevocational– 27%
 - Specialist trainees– 32%
 - Salaried doctors– 41%

WHERE DID THEY COME FROM?



Their location:

Qld	30%
Vic	24%
NSW	20%
WA	11%
SA	10%
ACT	2%
Tas	2%
NT	1%

FUTURE ACCESS TO FLEXIBLE WORK?



In the short to medium term (1-10 years) do you think that you will require access to flexible working or training arrangements?

Yes **85%**

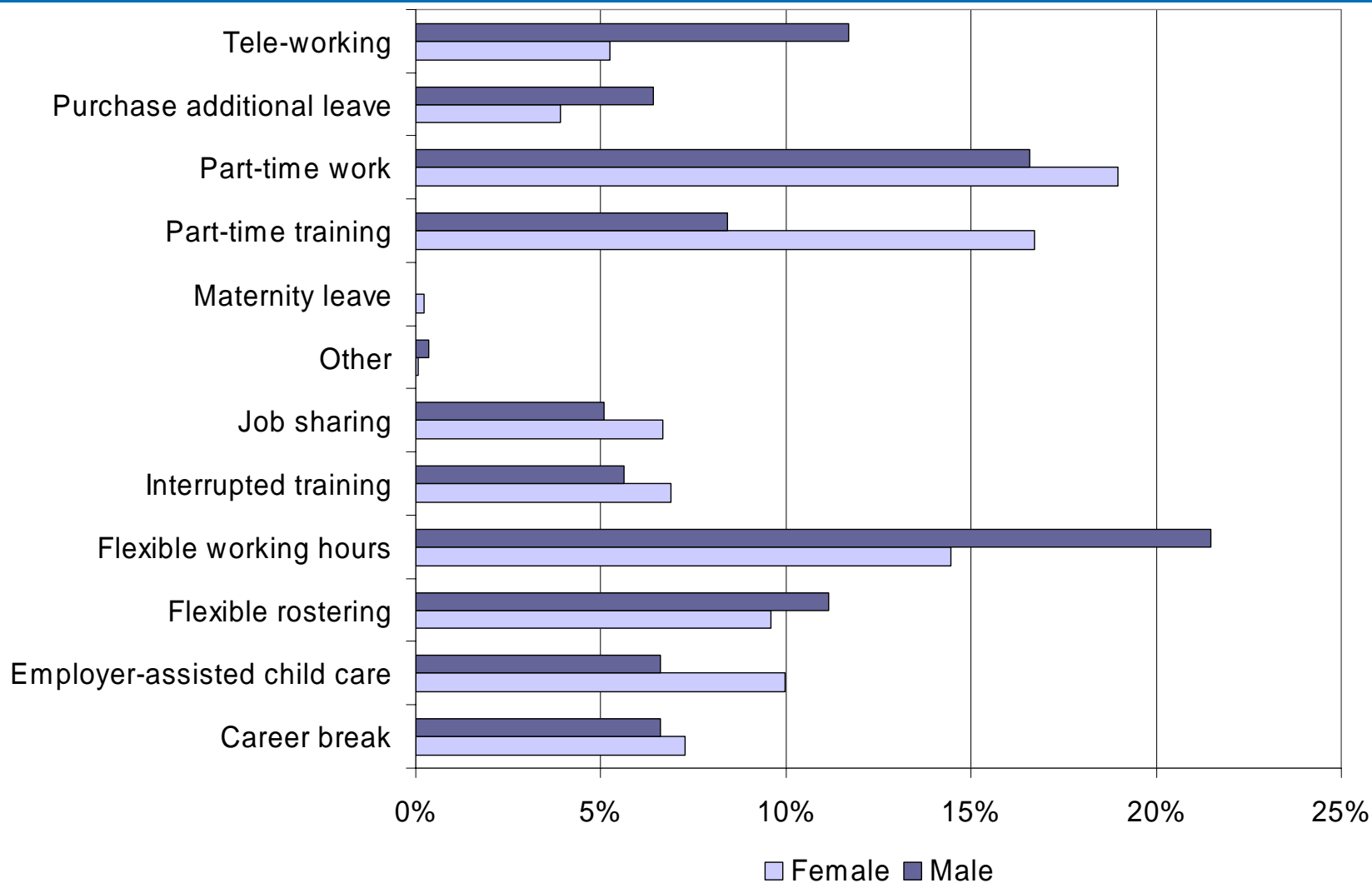
No 15%

CURRENT BARRIERS TO FLEXIBLE WORK

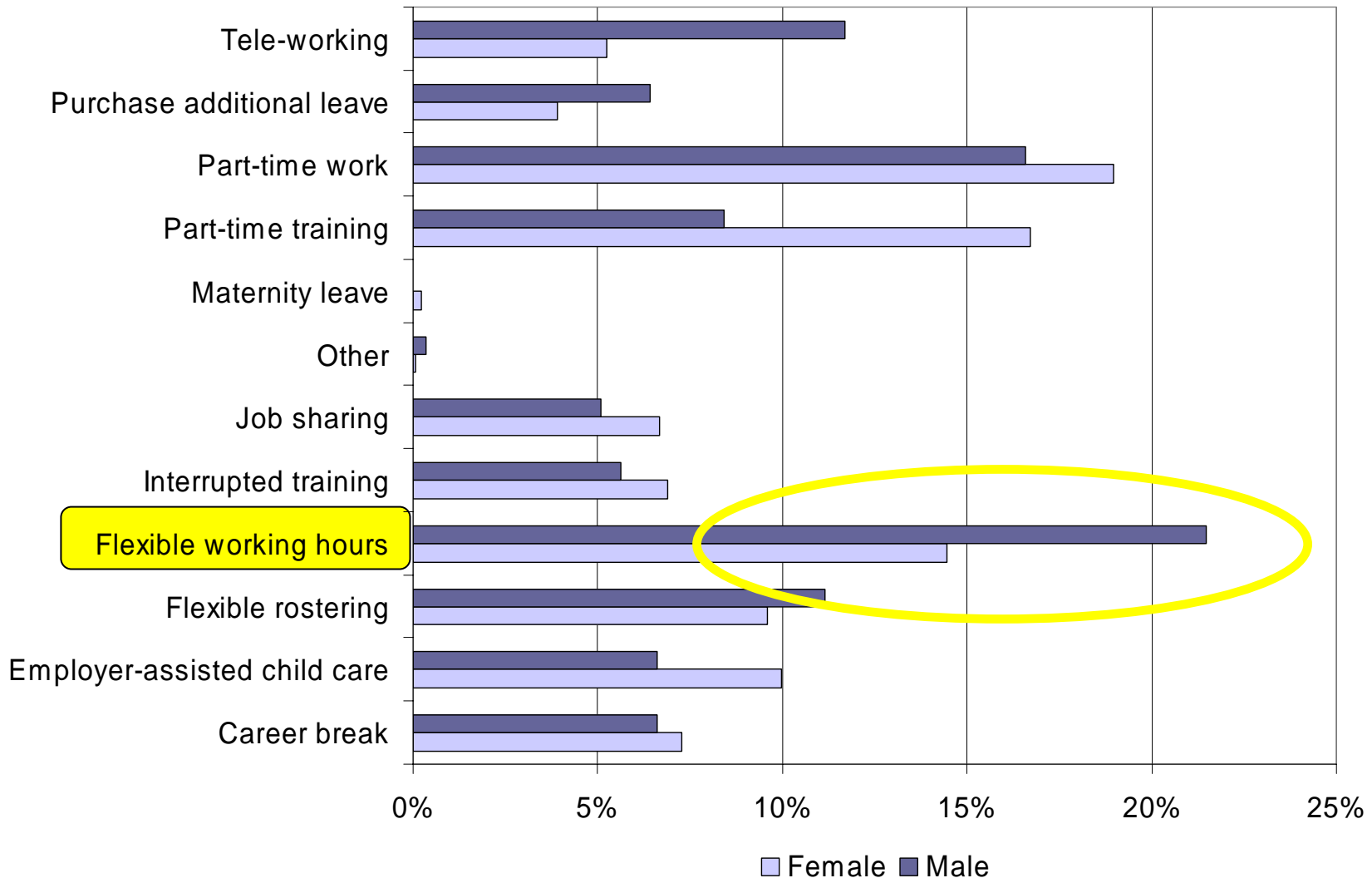


Barriers	Relative importance
Mindsets & practices of consultants, administrators & colleges	●●●●●
Shortage of staff to accommodate flexible arrangements	●●●●●
Inflexible training schemes of colleges	●●●
Rigidity of rostering & workplace arrangements	●●●
Concerns for the continuity of patient care	●●
Shortage of funds for flexible arrangements & facilities	●●
Competition for training positions	●
Loss of income	●

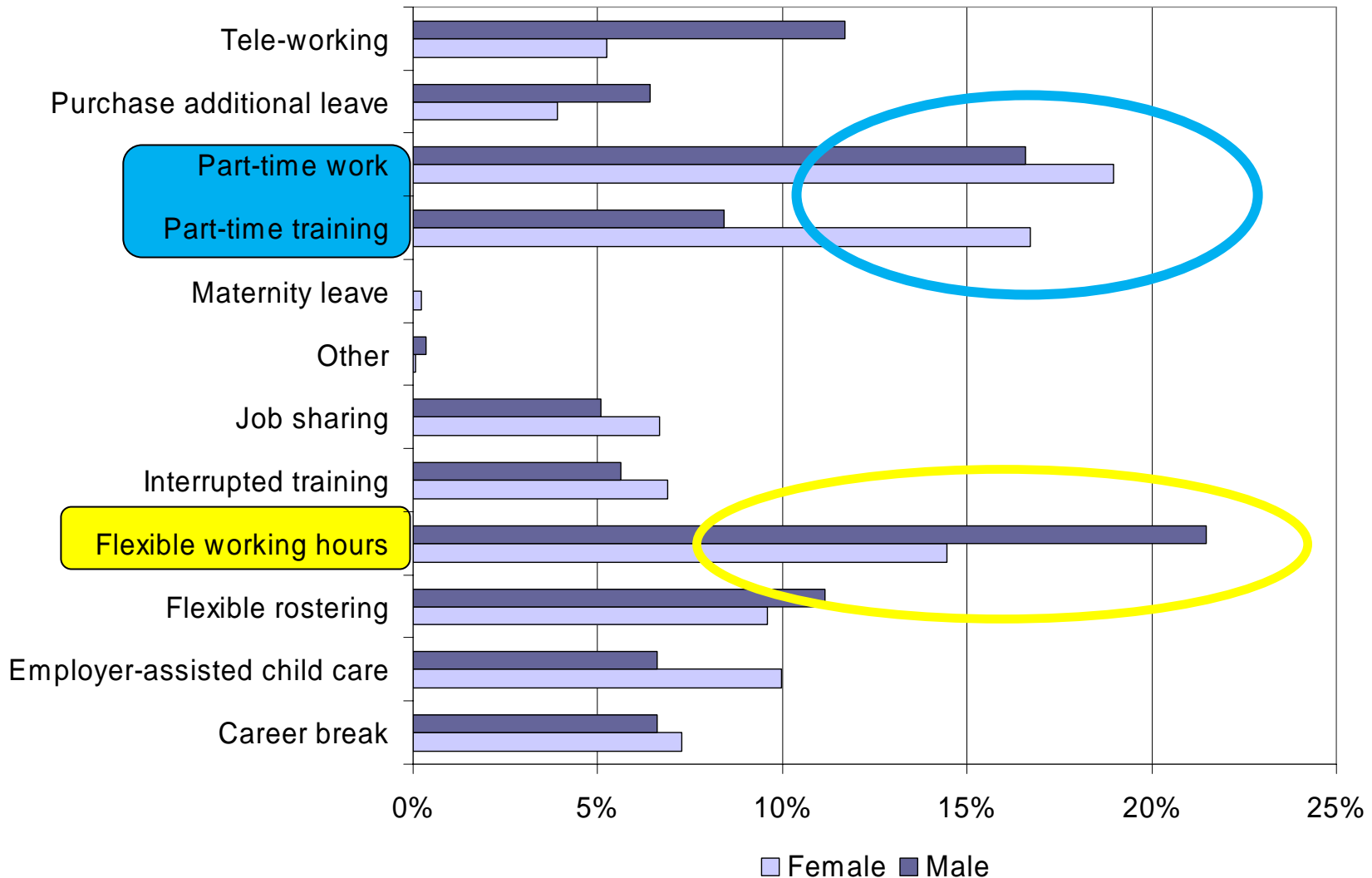
SHORT TERM (2-5YR) FLEXIBLE WORK- GENDER



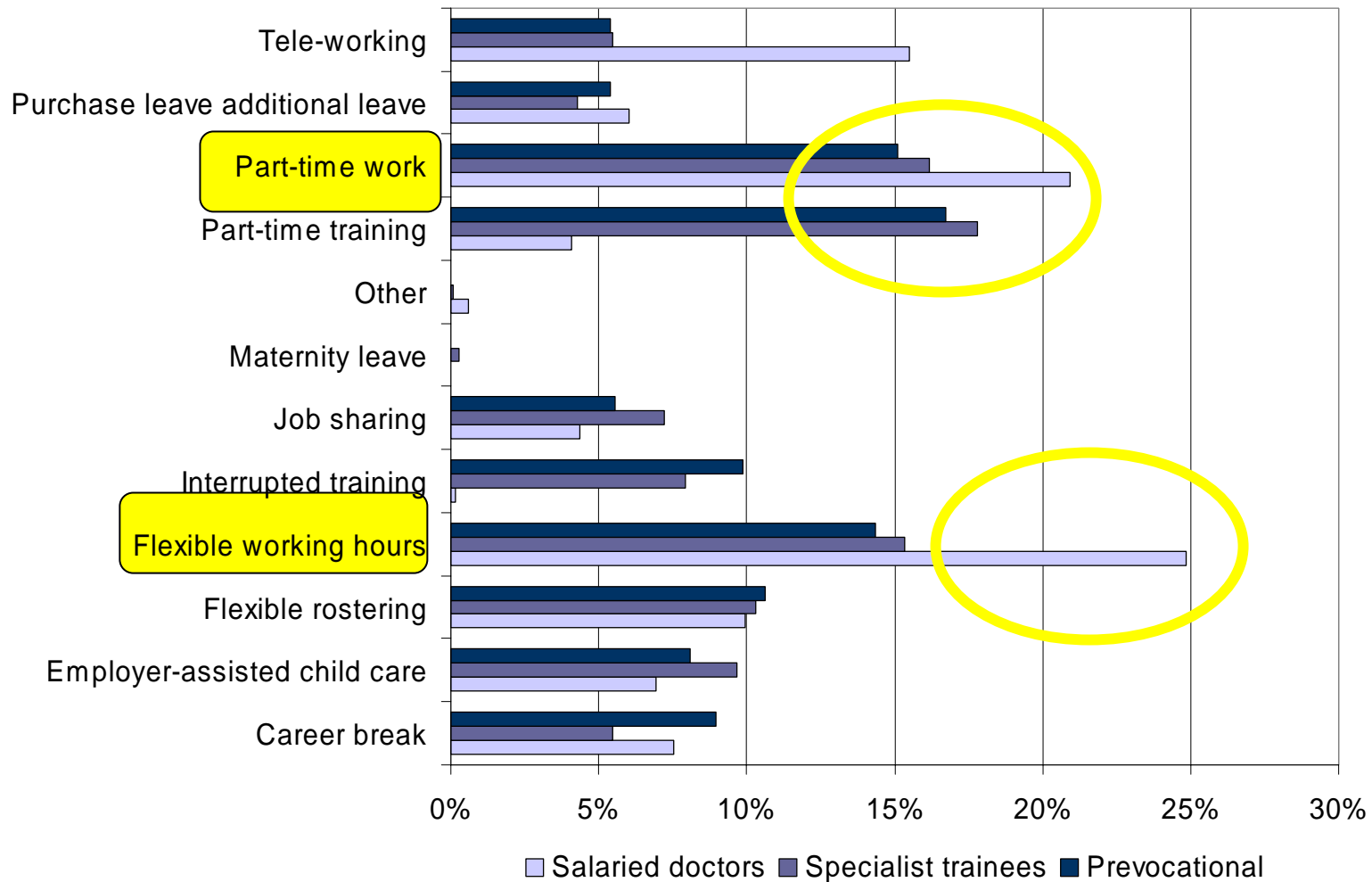
SHORT TERM (2-5YR) FLEXIBLE WORK- GENDER



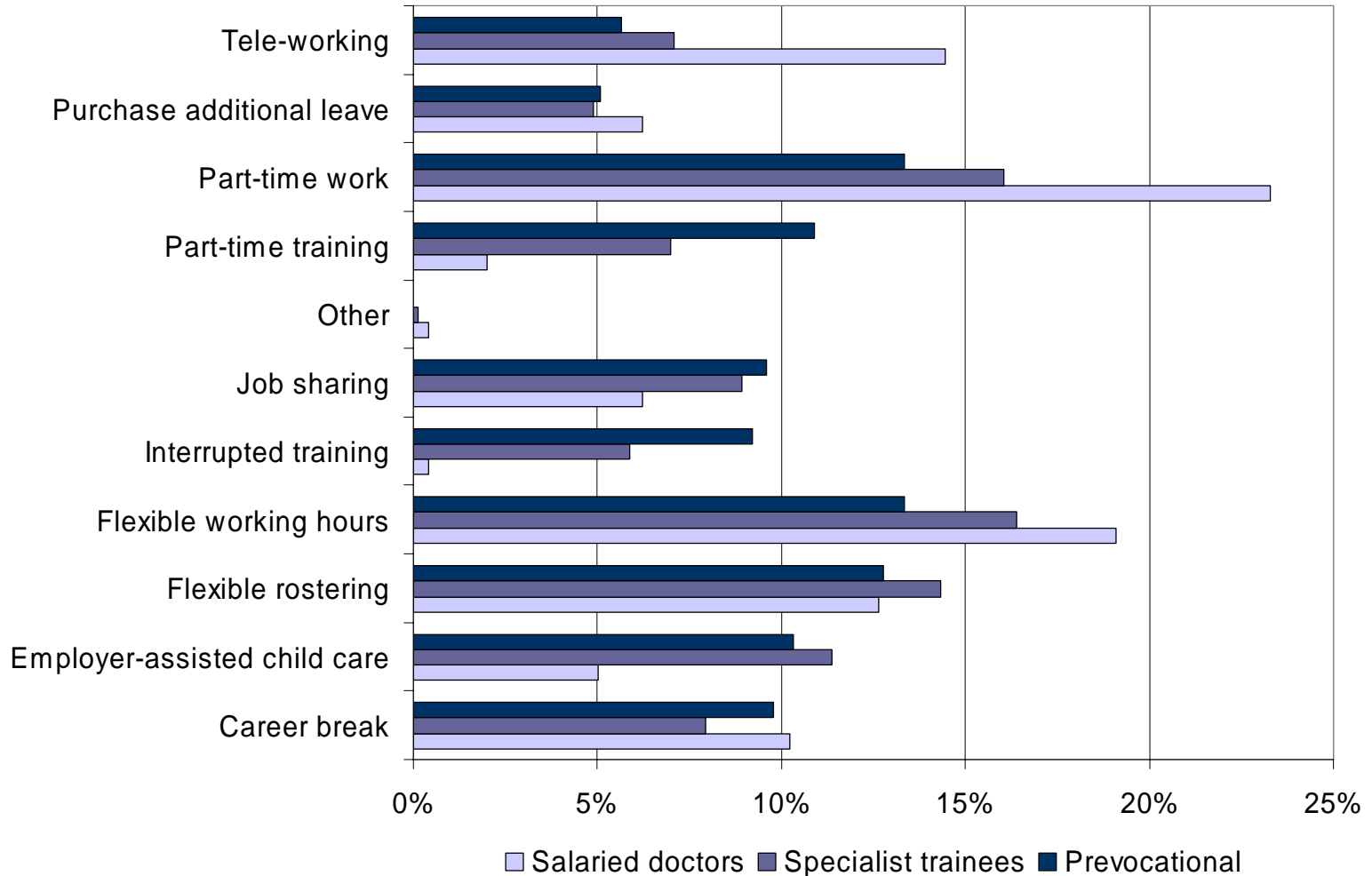
SHORT TERM (2-5YR) FLEXIBLE WORK- GENDER



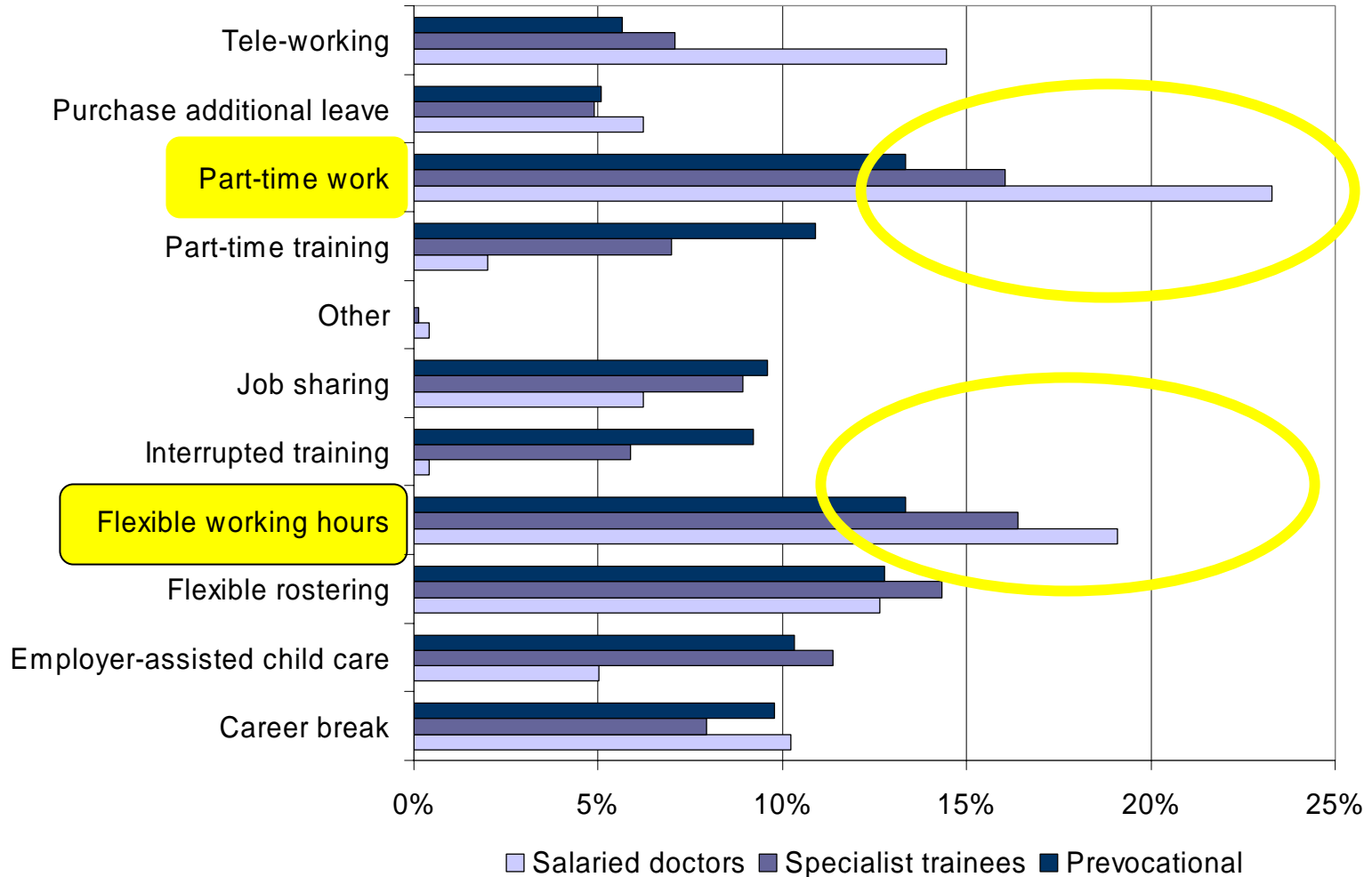
SHORT TERM (2-5YR) FLEXIBLE WORK-CLASSIFICATION



LONG TERM (5-10YR) FLEXIBLE WORK-CLASSIFICATION



LONG TERM (5-10YR) FLEXIBLE WORK-CLASSIFICATION



BACKGROUND



- Changes in patient care:
 - Patient awareness
 - Complexity of patient care
 - Move from hospitals into community
 - Move to day hospital treatment

HANDOVER



- Enables transfer of patient care

*‘the **transfer** of professional **responsibility** and **accountability** for some or all aspects of **care** for a **patient**, or group of patients, to another person or professional group on a temporary or permanent basis.’*

BACKGROUND



- Recognition that handover was/is done poorly in Australia
- Belief still that “unprofessional” to handover the care of a patient
- Need for some guidance and leadership

CLINICAL HANDOVER GUIDE



Safe Handover: Safe Patients

***Guidance on clinical handover for clinicians
and managers***

CLINICAL HANDOVER GUIDE



- Council of Doctors in Training and Coordinating Committee of Salaried Doctors
- Adapted from BMA resource
- 2006

CLINICAL HANDOVER GUIDE



- Practical suggestions
- Models in use
- Resources
- Already used widely
- By popular request...

CLINICAL HANDOVER GUIDE



To achieve good handover:

- ✓ shifts must cross-over;
- ✓ adequate dedicated time must be allowed;
- ✓ handover should have clear leadership;
- ✓ adequate information technology support must be provided;
- ✓ support for the handover process must come from all levels of the medical team.

CLINICAL HANDOVER GUIDE



Sufficient and relevant information should be exchanged to ensure patient safety so that:

- clinically unstable patients are known to senior & covering clinicians
- junior members of team are adequately briefed on concerns from previous shifts
- tasks not yet completed are clearly understood by incoming team

CLINICAL HANDOVER GUIDE



Handover is of little value unless action is taken as a result and:

- tasks are prioritised
- plans for further care are put into place
- unstable patients are reviewed in a timely manner

AMA CDT



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