



North East Valley  
Division of General Practice Ltd.

# **Pushing the Envelope:**

## *Clinical Handover from Aged Care Home to Hospital*

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**4th Healthcare Without Walls:  
Best Care in the Most Appropriate Place**

Sydney 28 October 2009



# Overview

- Value of primary medical care
- Context: population & setting
- Clinical handover between Aged Care Homes (ACHs) & hospitals
- *National Clinical Handover Initiative*  
Transfer-to Hospital Envelope project
  - Development
  - Implementation
  - Outcomes



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# Primary Medical Care Aged Care Homes

Regular organised primary medical care that includes anticipatory planning is likely to

- decrease need for out-of-hours/crisis care
- decrease transfers to hospital
- produce organised health records
- support *safe clinical handover*

*Best shot at*

*best care in best place*



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# Context: population & setting

- Residents
- Workforce issues
- Residential aged care sector
- Need access to acute services



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# The need for Clinical Handover

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

Professor Sir John Lilleyman BMA 2004



# *Need for clinical handover*

- **Multiplicity of factors results in**
    - handover scenario with high risk of communication failure
    - risk to resident safety
  
  - **Demand issues**
    - time patient spends in ED
    - staff time
    - changes in patient cognition
- so... **good quality clinical handover** is needed
- to be recognised
  - to meet duty of care
  - in both directions



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# Clinical handover issues

- Multiple & different
- Several separate handovers
- Not what the (ED) doctor ordered

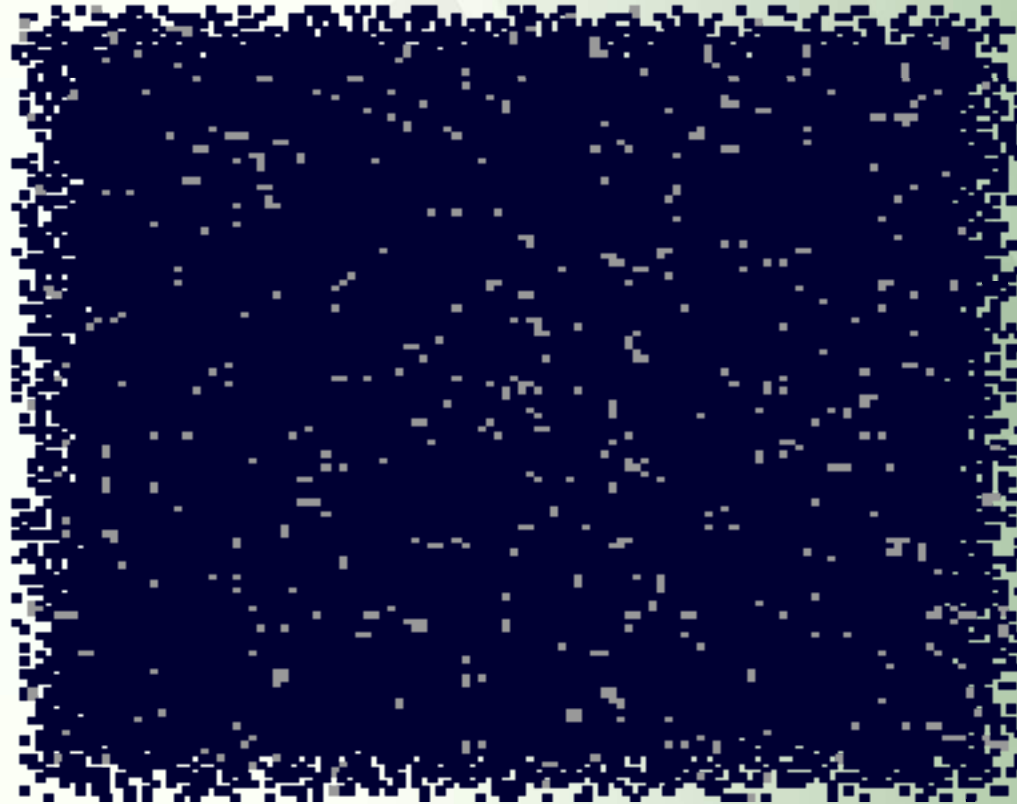
*and.....*



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# Clinical handover issues

- The 'black hole'
  - Documentation disappears





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# Our solution: Development of a tool

- Enabler
- Consulting & *listening*
- **What would work**
  - Practical
  - Simple
  - Easy to use
  - Useful
  - Cheap
  - Easy to access
  - Sustainable and transferable
- ***'Borrowing' & building*** on a good idea



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# *The Aged Care Home Transfer-to-Hospital Envelope*

- Container
- Checklist of key standardised information
- Privacy
- Flags ACH resident in ED
- Resealable
- **BIG** (C4), **Yellow**, & **CHEAP**

Likely to support...

....safe clinical handover *in to* hospital



## 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 **'Ageing 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



## 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)



# Implementation: the Trial

- ACSQHC\* *National Clinical Handover Initiative*
- One-year project 2007/08
- To evaluate
  - aspects of use of the Envelope
  - impact on clinical handover
  - awareness of the need for clinical handover
  - potential for ongoing and national use

\*Australian Commission on Safety and Quality in Health Care



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# Trial participants

- 7 Divisions of General Practice in Vic
- 26 Aged Care Homes (1545 beds)
- 6 major public teaching hospital EDs
- Ambulance Victoria
- Large area of metropolitan Melbourne



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# Phases of the trial

- Engagement & recruitment
- Data collection
  - Simple tools
- Evaluation
  - Written surveys
  - Face-to-face interviews/discussions with ACH & ED staff, & Ambulance Officers
  - Reference Group
  - Input from other States



# Findings

- Use
  - in 89% ACH transfers to ED
- Usefulness
  - 90% ACH staff ; 100% ED staff
  - 100% AOs- information more organised
- Improves clinical handover
  - To ED: 78% *surveyed* ACH staff
  - To AOs: 84% *surveyed* ACH
  - 100% *interviewees*



# Why did project succeed?

- Change management strategies
  - Identified a need by listening
  - Stakeholder buy-in
  - KISS principle
  - Data collection tools simple
  - 'Personal is best' approach
  - Realistic & achievable goals



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# Why else did project succeed?

- Easy to implement
- Ease of use
- Useful
- Staff belief
- Access & sustainability



## Key messages

- **Best care:** medical care that is;
  - regular & timely
  - organised & well documented
  - anticipates need
- **Best place**
  - usually the ACH, but sometimes hospital is best

***The Envelope supports...***

***safe clinical handover from ACH to hospital***

***...best care, best place***



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## Where do you get it?

- Envelope template freely available from ACSQHC & NEVDGP websites
- Envelope available for purchase from Compact Business Systems

T: 1800 777 508

[www.compact.com.au](http://www.compact.com.au)



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# Further Information

## Medical Journal of Australia

- Belfrage, M., Chiminello, C., Cooper, D., & Douglas, S. (2009). Pushing the envelope: clinical handover from the aged-care home to the emergency department. MJA ,190 (11): S117-S120. Retrieved 26<sup>th</sup> October 2009 from [http://www.mja.com.au/public/issues/190\\_11\\_010609/bel11181\\_fm.html](http://www.mja.com.au/public/issues/190_11_010609/bel11181_fm.html)

## Australian Commission on Safety and Quality in Health Care

- [http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/content/PriorityProgram-05\\_NEVDGP](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/content/PriorityProgram-05_NEVDGP)

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- <http://nevdgp.org.au/?content=24#Aged%20Care%20Home%20Transfer-to-Hospital%20Envelope>