

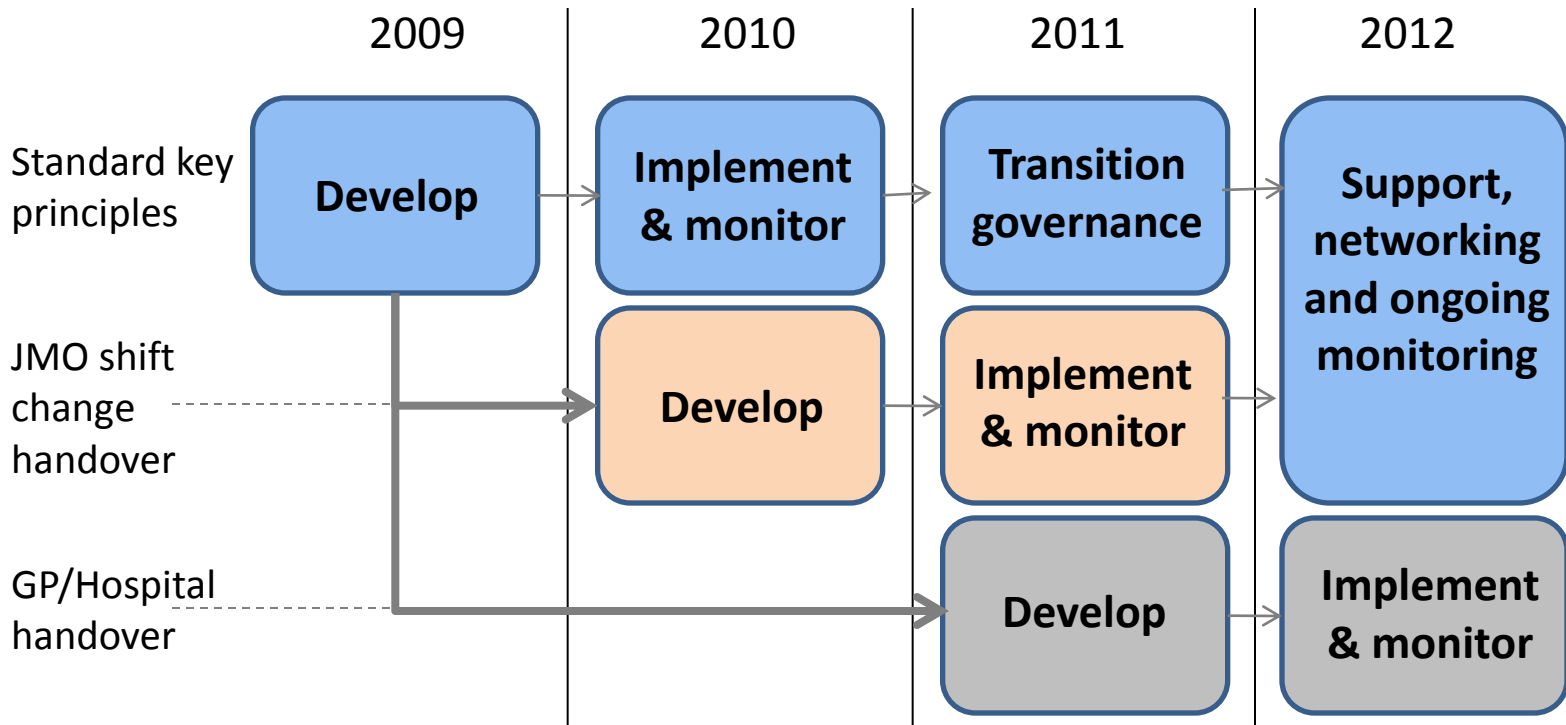
JMO clinical handover, engaging medical officers in a clinical and quality priority

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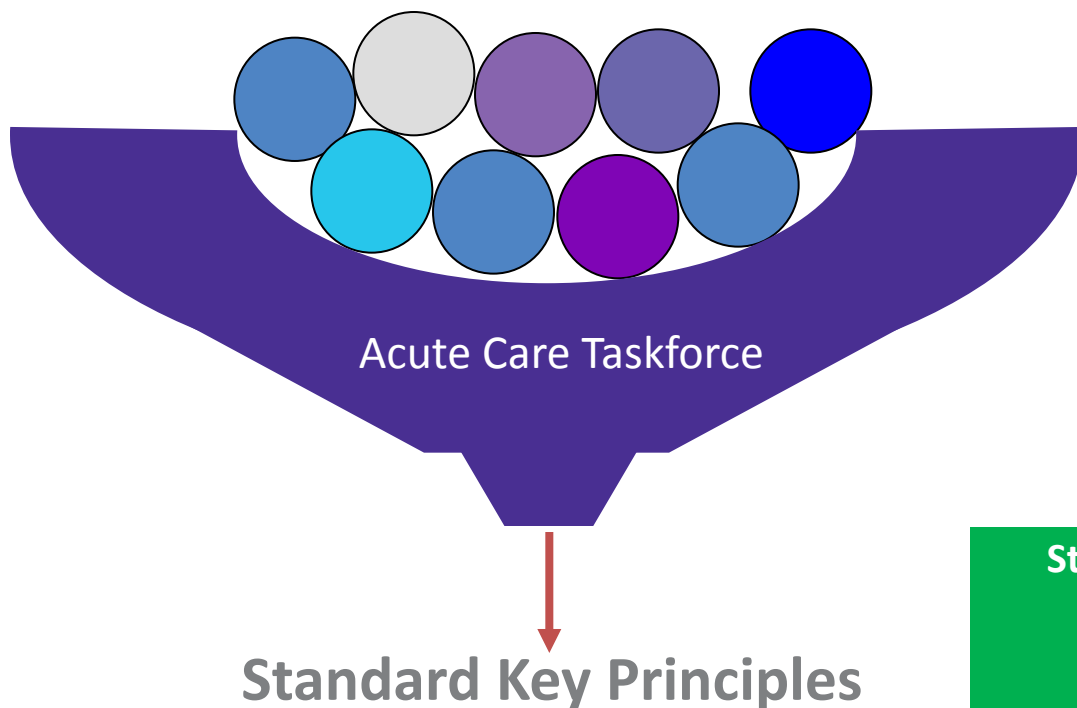
A growing program of work: Safe Clinical Handover



A focus on JMO handover, why...

- **Quality Systems Assessment data 2009:**
 - 14% medical responses report shift to shift medical handover does not occur.
 - A further 18% report that less than 10 minutes is allocated
- **Root Cause Analysis data (CEC 2009)** show that suboptimal handover of clinical information contributes to significant adverse events
- **Literature evidence** identifies that junior clinicians meet high risk categories for suboptimal handover
- Junior and senior clinicians **asked for this focus** in 2009 and 2010

Distilling the work of many



Standard key principles + flexible
standardisation

= System level change

3 key elements of JMO handover

As a result of collaboration with junior and senior clinicians:

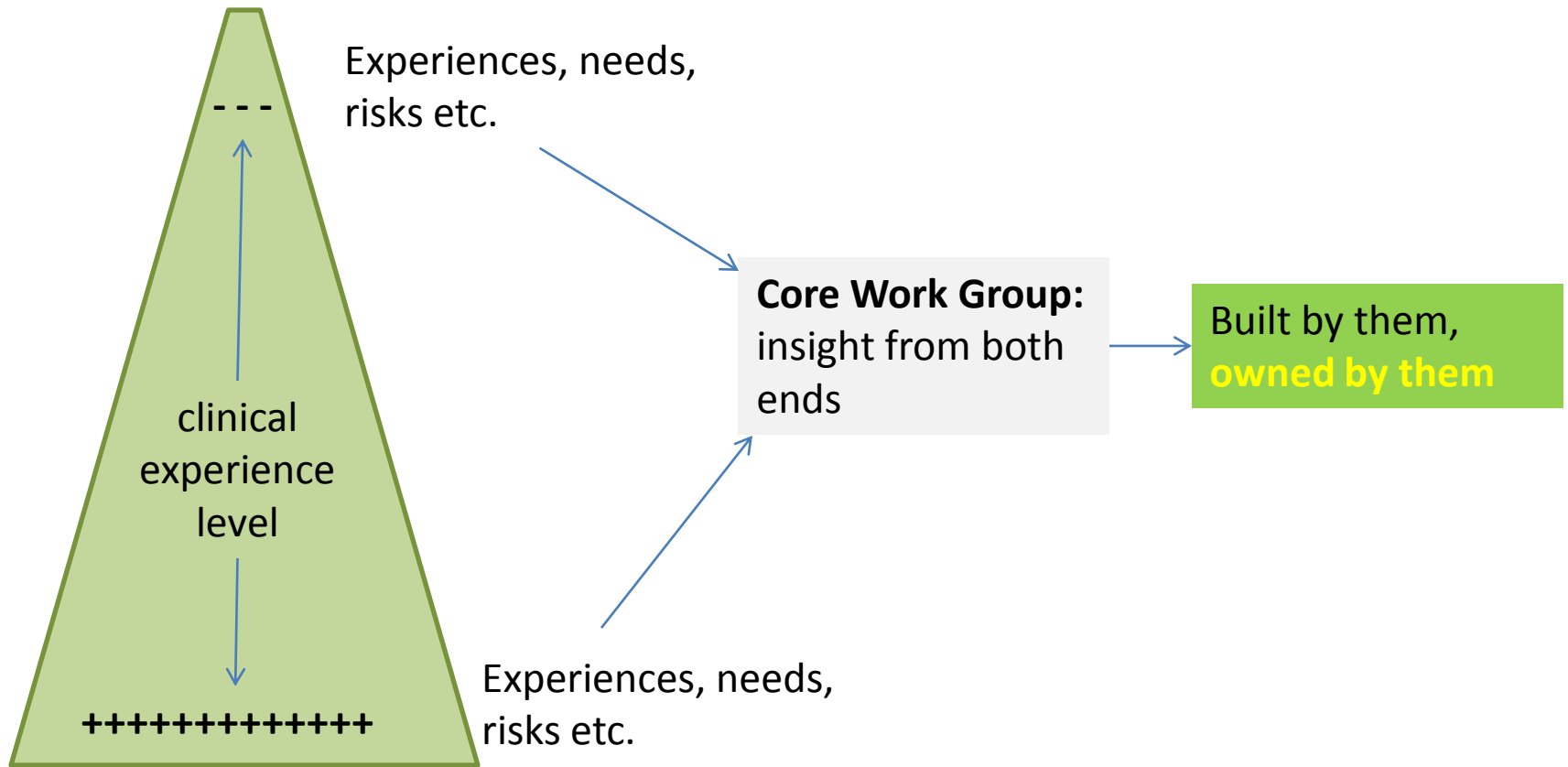
1. A communication framework for JMOs (ISBAR)
2. Senior leadership
3. Key principles for locally appropriate implementation of shift to shift handover

Concept testing at 6 hospitals in 2010

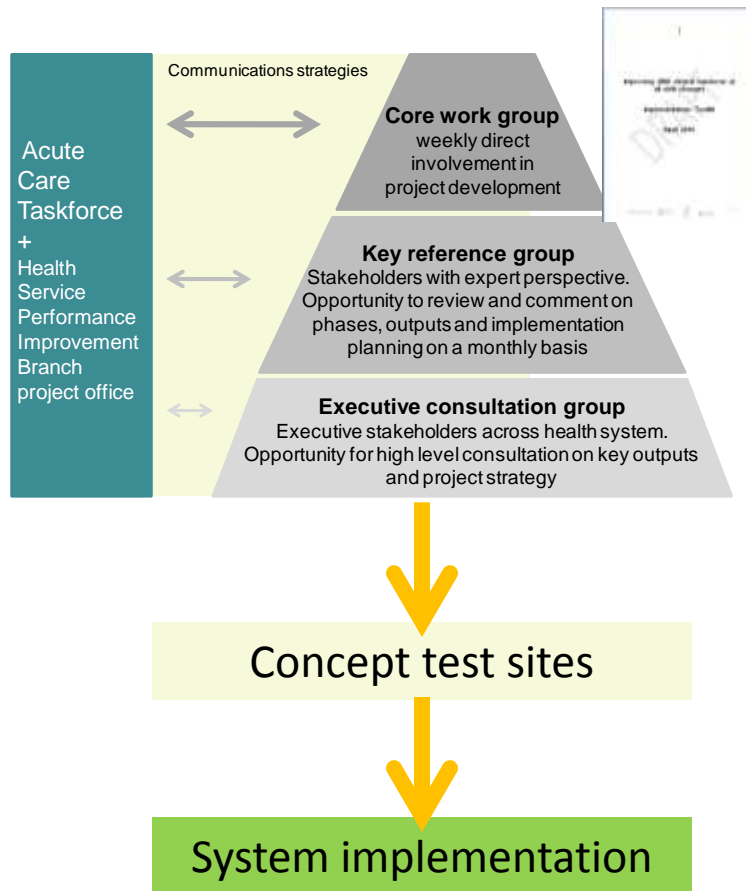
What is ISBAR?

I	Introduction
S	Situation
B	Background
A	Assessment
R	Recommendation

Engaging senior and junior clinicians...**what's the benefit?**



Communication and consultation in practice



- A core work group developed the key elements and implementation toolkit.
- The work was tested with a broader key reference group in May 2010 and well supported.
- Broad distributed via Chief Executives for comment 15 June – 7 July 2010.
- Concept testing, 6 sites (23 August – 29 October 2010)
- Results from concept sites are influencing system-wide implementation strategy for early 2011.

JMO perspective from concept testing

At handover JMOs valued:

- Senior leadership
- ISBAR as a guide
- Consistency of process
- Education (5 minute pearls)
- Relationship development with senior clinicians
- Senior nursing involvement

Implementation Support

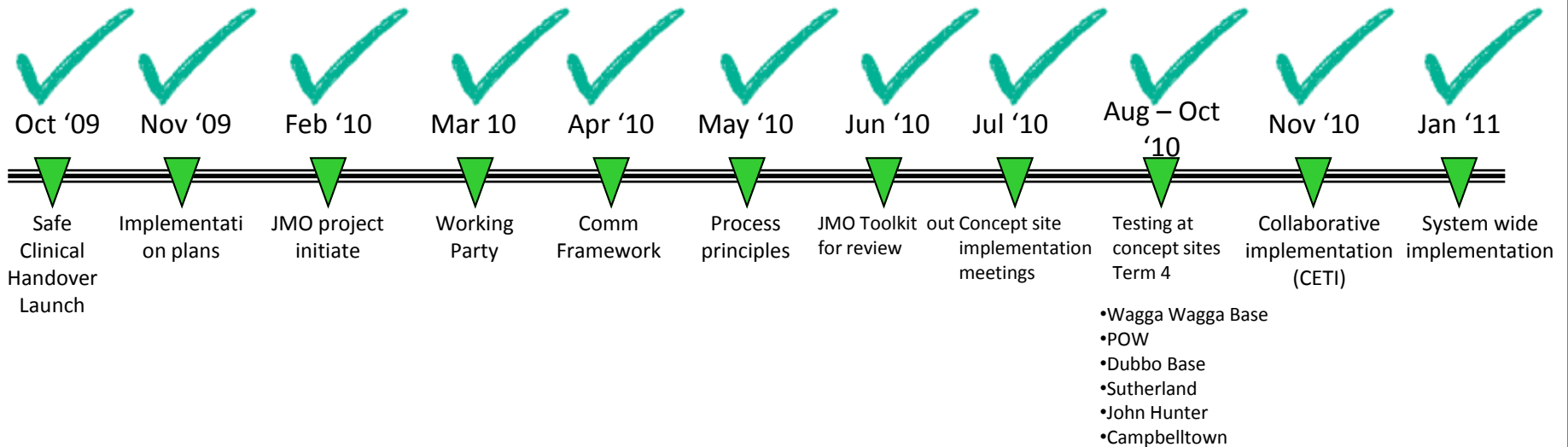
Implementation supporting tools have been distributed to prevocational facilities:

- Implementation Toolkit
- 1 page role descriptions for junior and senior clinicians
- ISBAR tools (prompt card, phone stickers, posters, note pads)
- JMO handover DVD

All tools are downloadable:

www.archi.net.au/e-library/safety/clinical/nsw-handover

Timelines, an active project



Locally appropriate implementation – maintaining engagement methodology

Standard key principles
+ Flexible standardisation

System level change



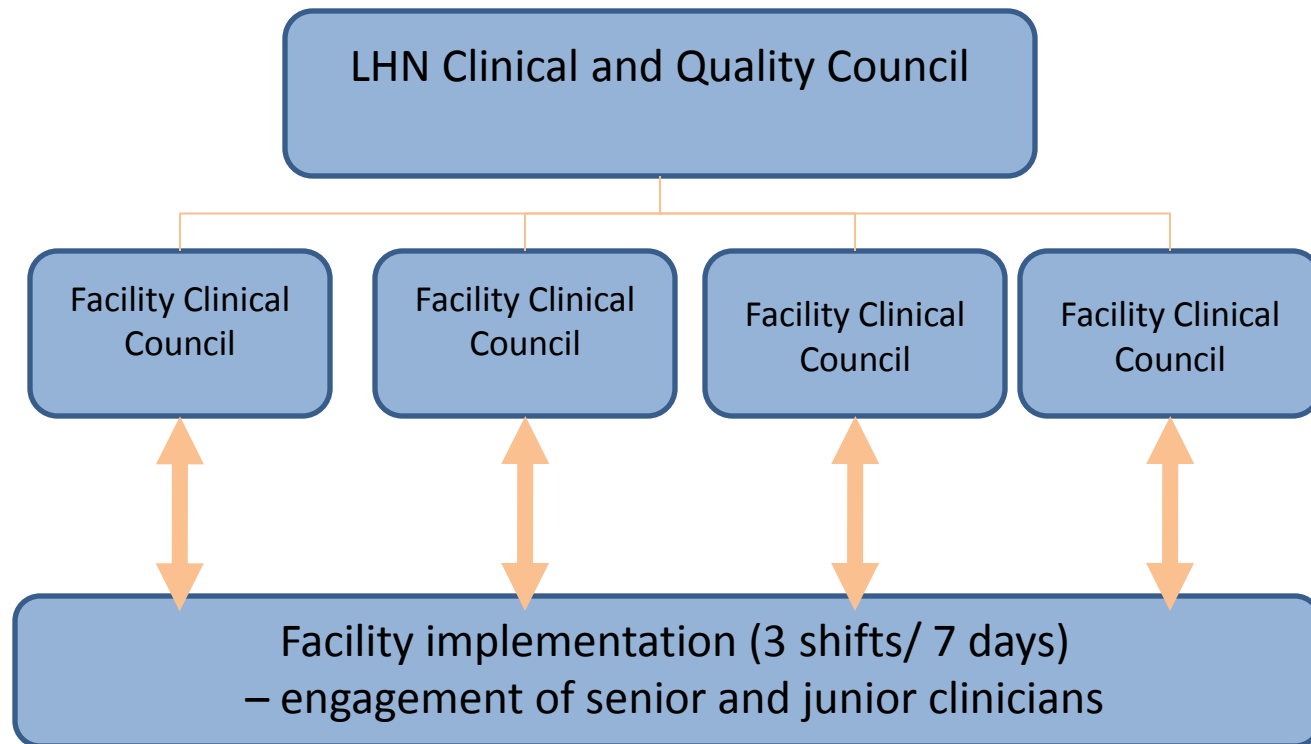
Top down



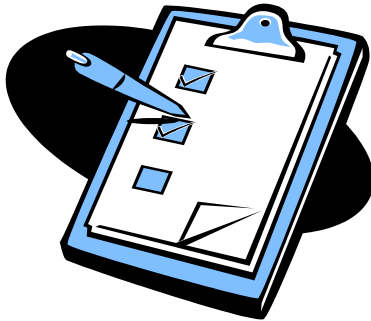
Bottom up

Clinician designed and owned, but with direction from cascading of standardisation.

Senior leadership – The power of clinical leaders to drive system change (example)



Where are we now - Initial evaluation of JMO handover practice



Do the 3 key elements exist?

- All hospitals
- All shift changes
- Weekdays and weekends

What is the experience of the JMOs?

✓ Requested by the JMOs and is being led by the JMOs

✓ All prevocational training facilities (54) in NSW

✓ Close the communication loop – protect the JMOs and protect the project

✓ A methodology for ongoing local evaluation and monitoring

Resources and contacts:

www.archi.net.au/e-library/safety/clinical/nsw-handover

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