

# Clinical Handover: Perspectives and Priorities in Clinical Communication

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Clinical Handover and Clinical Communication

Perspectives and Barriers

Culture, Leadership and Organisational Change

The Power of Information

Moving Forward – Application of Perspectives and Priorities

## Clinical Handover and Clinical Communication

## Defining Clinical Communication

### Current Situation

Good communication recognised as essential to quality and patient safety

Good communication skills part of health professional expertise

Incidents, complaints and litigation linked to poor communication

Growing interest in training for teamwork and technology support for communication

### But increasingly,

Communication sited as a cause in the “too-hard’ basket

## Clinical Communication - Categorising Communication

Communication at Handover

Communication on transfer between facilities

Communication with patients and carers re processes of care

Communication with patients and carers about clinical care and information

Interpersonal communication principles and practices

Formal documentation

Relaying concerns about deteriorating clinical condition to senior staff

Speaking up for safety

## *Perspectives and Barriers*

### **The Face of Change in the Health Care Environment**

The rate of change is increasing

Medical technology innovation continues

New specialities are appearing

Community expectations are changing

Communication technology such as the internet are now part of daily life

The nature of the workforce is changing

Management and administration paradigms are changing

## Perspectives and Barriers

There are challenges to be overcome:

- strengthening internal faith that communication can be improved in the existing environment
- profession-based training balanced with practical interprofessional teamwork
- patients at the centre of events- their expectations and our responsibility to them
- potential (compared with practical) applications of infrastructure and information management
- work practices, including evaluation and sustainability of system and practice change
- Balance between the urgent, the immediate and the strategic

## Culture, Leadership and Organisational Change

## Clinical Culture - The Culture of Patient Care

### Health care Professionals:

- Are motivated to do the best they can
- Are trained to look at things scientifically, and respond to data
- Enjoy intellectual challenge and will debate readily
- Prize clinical autonomy
- Respect expertise and value its acknowledgement
- Tend to disengage if they feel their time is being wasted
- May seek additional information in order to eliminate any risk
- May focus on the immediate single issue rather than wider future perspectives

## Culture and Clinical Communication in Health Care Environment

The impact of the apprentice model of training

Acknowledgement of the impact of human factors

Undergraduate preparation for clinical practice, especially team work

In-service and ongoing professional development

Understanding of the impact of communication on quality and safety

Intergenerational workforce diversity

Fragmentation and priority of communication innovation such as electronic handover and communication devices

The way forward seems too big or too hard or too far into the future

## Cultural and Environmental Factors - HALT

Hungry

Angry

Late

Tired

## The Leadership Paradigm

## What Leaders Really Do

*" They don't make plans; they don't solve problems; they don't even organize people.*

*What leaders really do is prepare organizations for change and help them cope as they struggle through it."*

*Kotter (reprinted 2001)  
Harvard Business Review*

## Leadership and Management

Two distinctive and complementary systems of actions:

- Management is about coping with complexity, bringing a degree of and consistency to key dimensions such as outputs and quality
- Leadership is about coping with change – technological, workforce drivers, the external environment

## Organisational Development and Change

## Features of Organisational Change

**Vision**

**Direction**

**Consultation and Communication**

**Engagement and Champions**

**Modeling and Motivation**

**Reinforcement**

**Integration**

## The Clinical Governance Paradigm

### The Principle

Board directors, chief executives, managers and clinical staff are jointly responsible for the quality of care provided by their services

### The Definition

Clinical Governance is the structure by which this accountability is ensured and demonstrated.

## The Building Blocks of Learning Organisations

Systematic problem solving

Learning from past experiences

Learning from others

Transferring knowledge quickly throughout the organisation

Experimenting with new approaches

*Garvin, 1993*

## Quality in Health Care: the Learning Organisation Parallel

- Excellence is the standard
- Priority is placed on ensuring safety and quality
- There is transparency and constructive debate
- A culture of identifying opportunities for improvement
- Discussions are based on data, and reasons for variance are sought
- Sharing ideas and experiences, as over these two days
- There is willingness to try new communication models and work-practices

## Environmental and Cultural Factors in Clinical Handover

Training in interprofessional communication and teams

Focus on practical skills, but not on communication

Work practices – eg time for handover

Physical space for handover

Standardisation of processes eg handover guidelines

Electronic tools help, but can't effectively computerise a non-working system

## **The Power of Information in Clinical Culture and Organisational Change**

## **Clinical Communication: Leads from Incidents and Complaints**

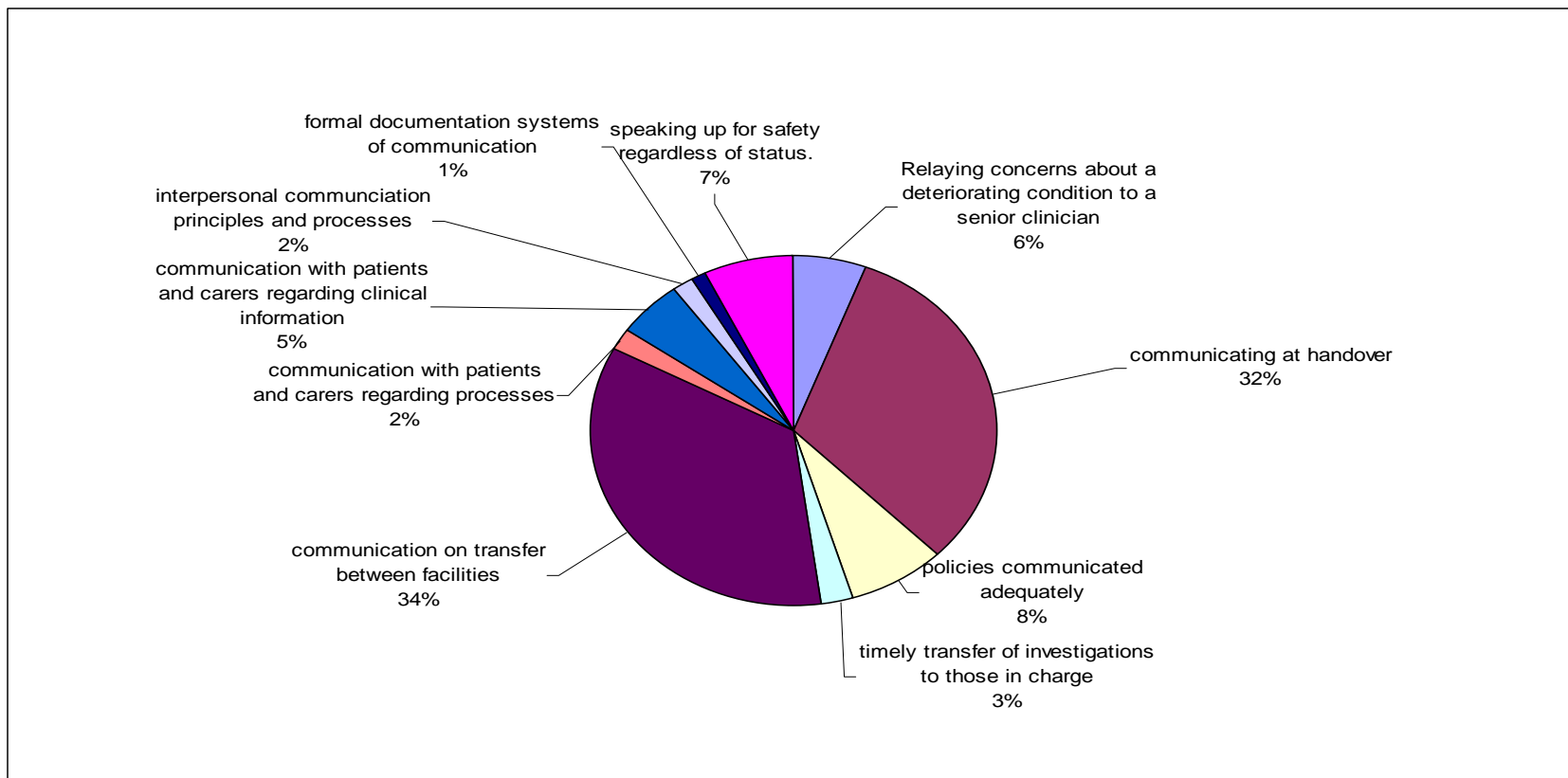
Data from calendar year 2006

403 incidents reported to involve clinical communication.

171 complaints involved clinical communication

127 RCAs involved communication

## Incidents Reported via IIMS in 2006



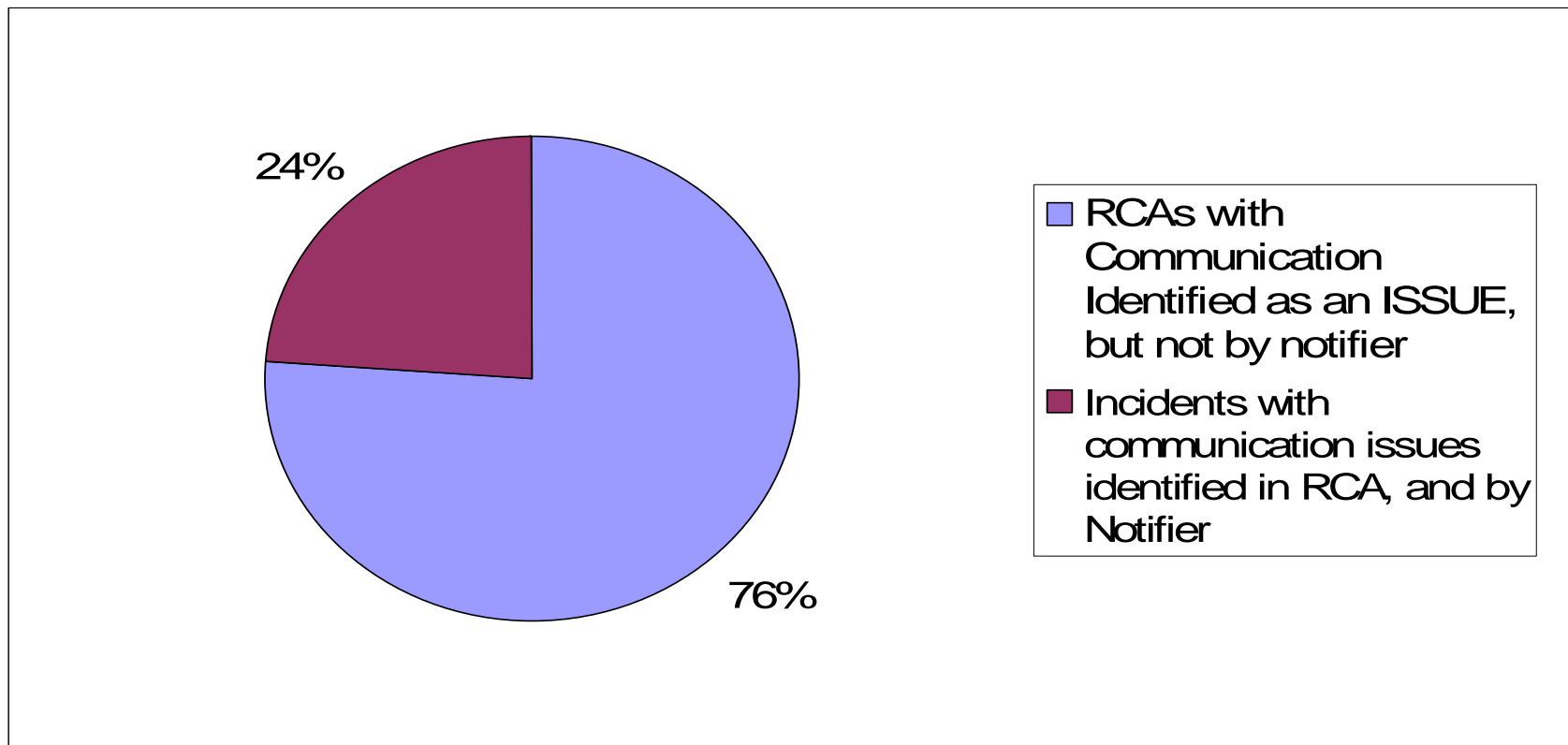
## Incidents Reported via IIMS in 2006

Communication around transfer between facilities (34%)

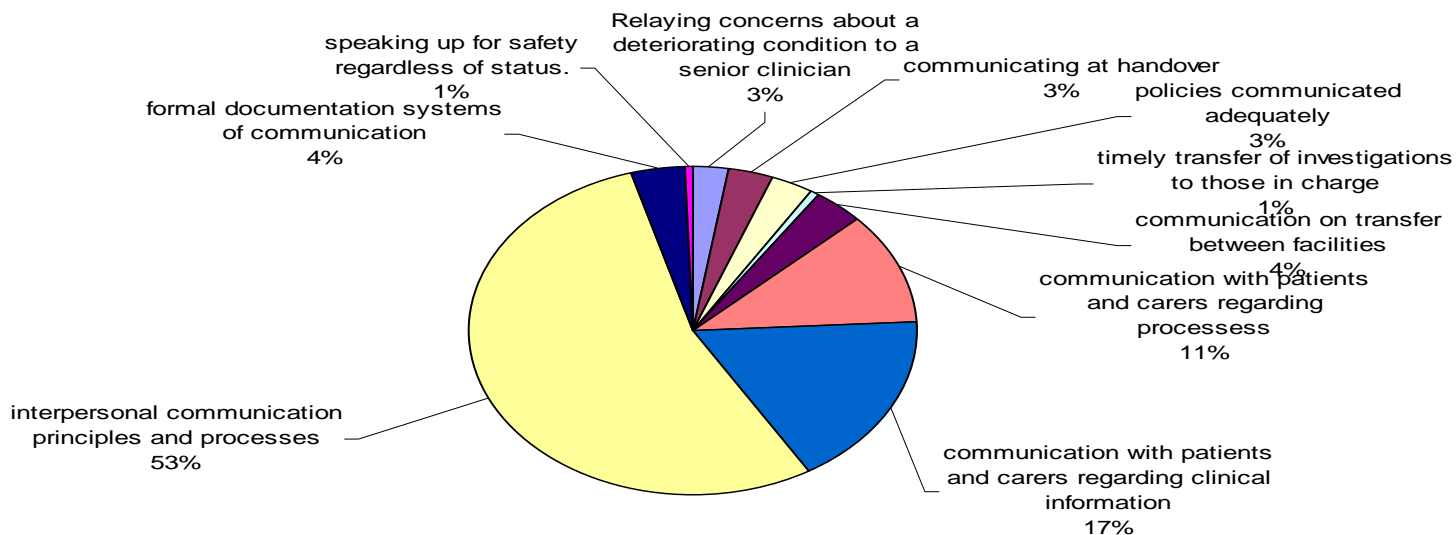
Communication over handover (32%)

Other (34%)

## Comparison of RCA findings relating to Communication with Initial Incident Report



## Complaints associated with Communication reported through IIMS in 2006



## Complaints associated with Communication reported through IIMS in 2006

Interpersonal communication principles and processes (53%)

Communication regarding clinical information (17%)

Other (30%)

## Summary of Findings

Incidents and complaints have markedly different communication issue profiles

96 out of 127 root cause analyses identified communication as a contributing factor

Only one in four of the initial incident notifications that led to the root cause analysis had identified communication as a factor

There may be a correlation between SAC1 complaints and communication about clinical information

## Conclusions and Outcomes

Classification is an effective tool for analysis of communication factors and setting an evidence-based direction

Incidents and complaints have markedly different communication factor profiles

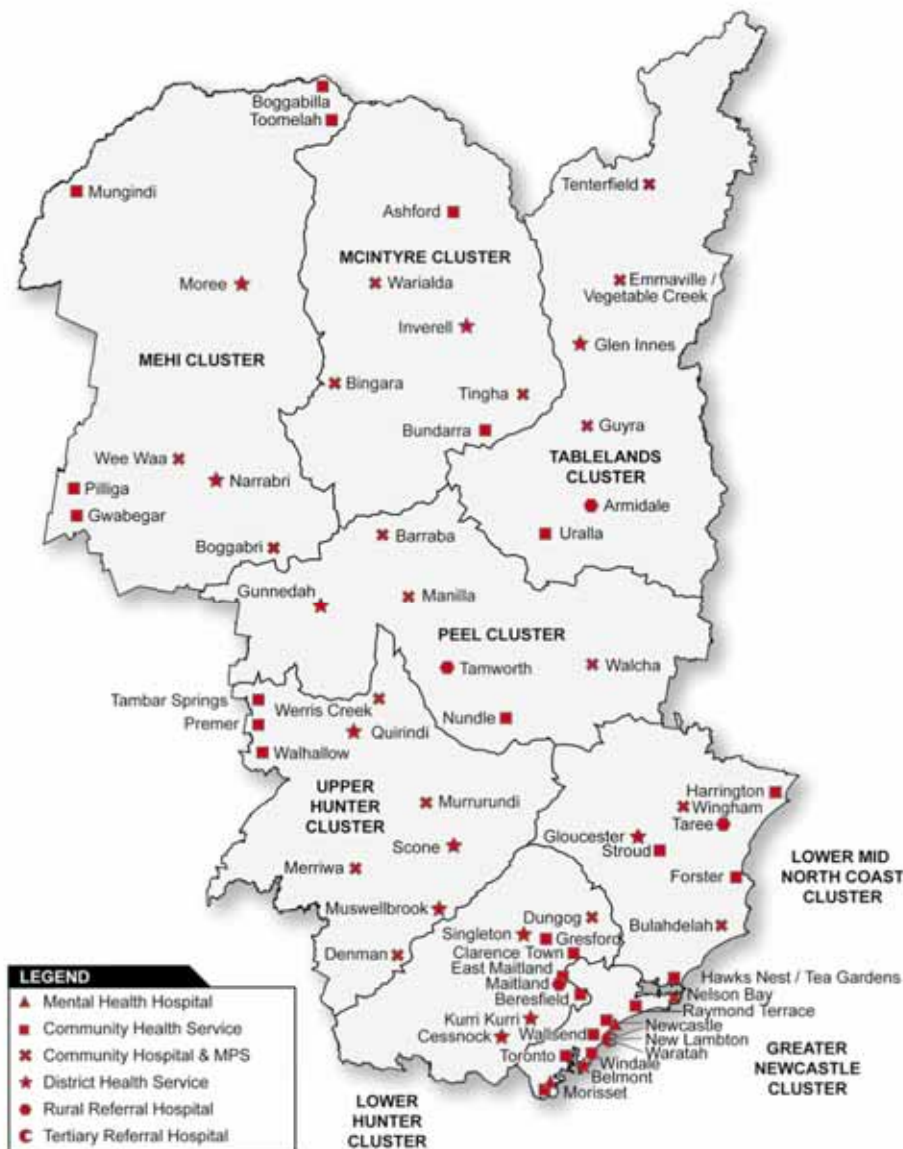
Evidence-based communication factors strategies require input from both

Initial incident reports alone may underestimate the impact of communication as a root cause of adverse events

Presentations of this data in clinical meetings have led to constructive and open debate, and offers of participation and involvement in future directions

## Moving Forward – Application of Perspectives and Priorities

# Clinical Communication: Perspectives and Priorities



## Hunter New England Health

840,000 population (12%)

130,000 sq kms

49 inpatient facilities

68 locations

3225 beds

55,600 operations annually

14,000 staff

**HUNTER NEW ENGLAND**  
**NSW HEALTH**

## A Practical Application

- Organisational Change
- Culturally focussed - a Clinical and Academic Model
- Data-driven story-telling of direct relevance
- Simulation Models of Training (Quality Skills Program)
- Campaign
- Visible, interprofessional and collaborative Clinical Communication Reference Group with clinical champions and clear directions

## An Organisation-wide Approach - ISBAR

- Identification/Introduction
- Situation
- Background
- Assessment
- Recommendation/Request

Reactions from Clinical Council- enthusiasm, offering of anecdotes, response to a practical innovation, desire to engage in training

## **The Strength of Simulation in Clinical Communication**

Executive commitment and clinical champions

Building on experience in emergency skills development training

Teamwork

Open Disclosure Training – including via web cast

Modules around Clinical Communication

Undergraduate Curriculum

Continuing Professional Development

## In Conclusion

Clinical Communication is patient care

Improving communication is about culture, leadership and organisational development

The ideal culture for communication is the same as the ideal culture for clinical governance

Developing the ideal environment is a long-term project

Gains will be made by organisations that can transfer knowledge within quickly

It is essential to learn from others, to avoid the impact of learning only from our own mistakes

Good communication and effective teamwork go hand-in-hand

*“...Science may never come up with a better communication system than the tea break...”*

Earl Wilson, American Columnist, 1907-1987

**Thank you**