

# Overdracht van zorg: nog veel te verbeteren

Europees onderzoek naar overdracht van zorg  
tussen 1e en 2e lijn

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UMC Utrecht Huisartsendag, 9 februari 2011

## Handover



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# Workshop vandaag



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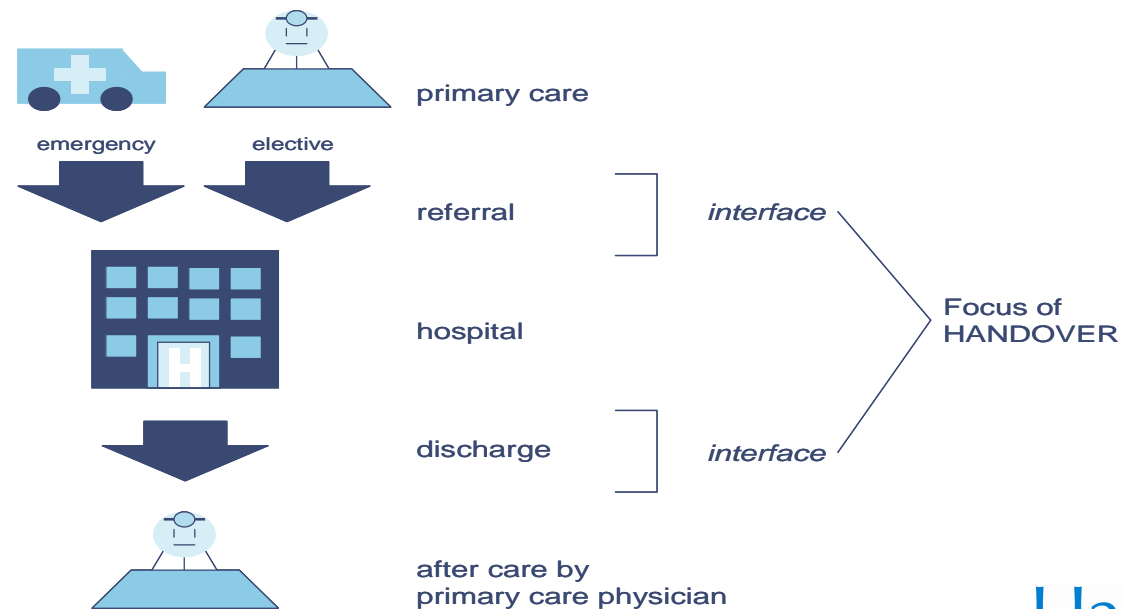
- Presenteren HANDOVER-onderzoek
- Bespreken van:
  - Bevorderende en belemmerende factoren van de overdracht van en naar het UMC Utrecht
  - Discussie over taken en verantwoordelijkheden bij de overdracht van huisarts, specialist en patiënt
- Afsluiting / take away-messages

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# HANDOVER background and definition



*Shorter hospitalizations and more frequent patient transitions from hospital to the community put high demands on the quality of clinical handovers, especially those of high-risk patients with multiple co-morbidities (Halasyamani et al, 2006)*



# Discussie 1



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# Partners in

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Centre for Learning Sciences and Technologies  
celstec.org

UNIVERSITY OF  
BIRMINGHAM



Karolinska  
Institutet

KAROLINSKA  
Universitetssjukhuset



Centrum  
Monitorowania  
Jakości w Ochronie Zdrowia



WHO Collaborating Centre for Development  
of Quality and Safety in Health Systems



Scientific Institute for  
Quality of Healthcare

Radboud University Nijmegen Medical Centre

UMC  St Radboud



University Medical Center  
Utrecht



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DONABEDIAN  
ISTITUTO UNIVERSITARIO-UAB

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# HANDOVER participating organisations



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- Sweden: Karolinska Hospital
- United Kingdom: University of Birmingham
- Spain: Avedis Donabedian Institute, Autonomous University of Barcelona
- Italy: Azienda Sanitaria Firenze
- Poland: National Centre for Quality Assessment in Healthcare
- The Netherlands
  - Radboud University Medical Center
  - Centre for Learning Sciences and Technologies
  - University Medical Center Utrecht (coordinator)

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# EU FP7-project HANDOVER



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- 3 year, 3,5 million euro project to study handovers in 6 countries, awarded in October 2008
- The first time the EU has funded a project on coordination and transitions of care
- A key driver was growing recognition of adverse care caused by informal, non standardized handovers

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# Global calls to improve handover



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The Joint Commission, 2006  
National Patient Safety Goal:  
a standardized approach to hand-off  
communications



World Health Organization, 2006

**World Alliance for Patient Safety**  
Alianza Mundial para la Seguridad del Paciente

**Communication during Patient Care Handovers**




**The problem**  
Incomplete or unclear communication of information, responsibility, and accountability for a patient's care can lead to harmful errors

**The Solution**  
For intra-hospital transfer of the patient from one unit to another:

- Identify the points in the patient care process at which handover of responsibility and accountability occur
- Standardize the handover process
- Provide an opportunity for the receiving care team to get clarification
- Provide easy access to additional information, if needed

**High 5s**



# Global calls to improve handover



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## USA, Institute of Medicine 2008

Teaching programs “should train resident in how to hand over their patients using effective communications”



Australian Commission on Quality and Safety in Health Care, 2008

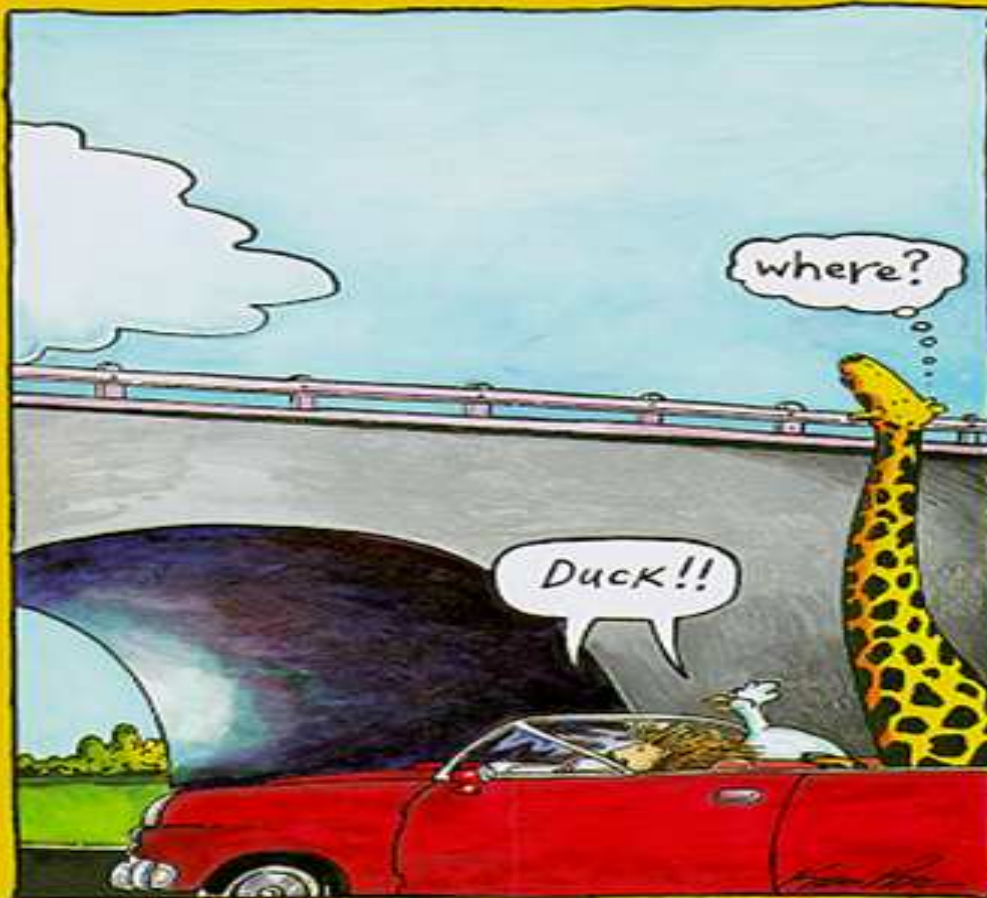
Belgian Ministry of Health 2008 Intramuros transfer of patients in 12 hospitals supported by 3 Public Health Schools

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# Communication of animals (health professionals?)



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*Unfortunately, animals sometimes lack the necessary skills to communicate with each other.*

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# Aim of the HANDOVER-project



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To optimize the continuum of clinical care at the primary care/hospital interface by

- analyzing the barriers and facilitators
- determining how handovers lead to near misses and adverse outcomes
- exploring the roles and responsibilities of healthcare providers, patients and their carers
- examine the costs and benefits of optimal handover training
- develop educational tools to improve patient handovers

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## *Qualitative study:*

321 interviews, 24 focus groups, 5 process maps, 10 fish-bone diagrams, 20 near misses and vignette analyses

## *Key-stakeholders:*

- Patients (diabetes, asthma/COPD, chronic heart failure, 6+ drugs)
- Hospital physicians
- Hospital nurses
- General practitioners
- Home care nurses

# First results



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- First literature review
- Analysis roles and responsibilities patients and professionals

# First literature review (1)



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- Large number of published systematic reviews
- 1 review of reviews (Mistiaen 2007) identified 41 reviews and included 15 higher-quality ones – many condition-specific and/or elderly focused
- 265 primary studies were covered
- Cochrane review of discharge planning: 12 RCTs

# First literature review (2)



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**Clinical handovers** are often suboptimal due to:

- over/incomplete information (60%)
- seriously misunderstood information (10%)
- delayed information (50% > 2 days after discharge)
- absent information exchange (8%)
  
- cause a high number of adverse events (e.g. Forster et al, 2003):
  - unnecessary readmissions (10%)
  - medication error and diagnostic follow-up errors (50%)
  - 20% physically harmed; 62% preventable

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# First literature review (3)



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First tentative conclusions:

- Adverse events & re-admissions are quite common (~ 1/4 patients), but only a proportion are caused by problems specifically at handover
- Re-admission rates are heavily influenced by age and reason for admission
- Most promising interventions
  - Combine pre- and post discharge action
  - Combine discharge planning & discharge support
  - Include educational components (for professional and patient)

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# Interventions found in literature



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- Professional-oriented interventions, e.g.
  - Education and training (education toolbox)
  - Audit and feedback (video)
- Organisational interventions, e.g.
  - Transfer nurse/transition coach
  - Discharge protocol and planning
  - Medication reconciliation
  - Structured standardized discharge letter
  - Electronic tools
- Patient-oriented interventions, e.g.
  - Patient empowerment (education)
  - Discharge information for patients

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# Discussie 2



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# Barriers and facilitators



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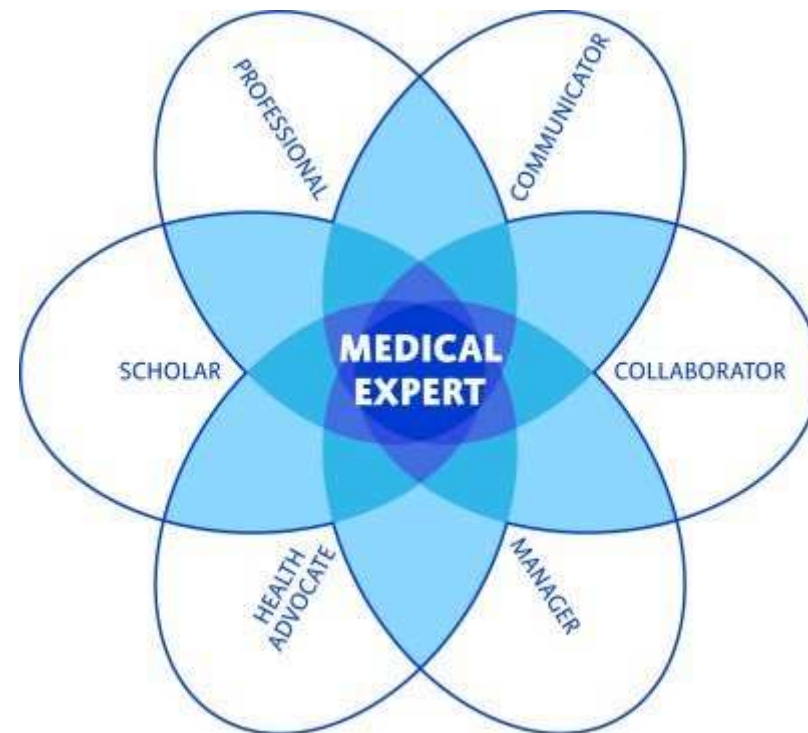
- Barriers (found in WP 2,3,5)
  - Incomplete information/lack of medication lists
  - Fragmented delivery of care and culture between care settings
  - Conflicting professional values
  - Organisations' identity
- Facilitators:
  - Shared IT-systems
  - Personal contact between care providers
  - Special transfer nurses
  - Learning and patient centred-culture
  - Patient empowerment

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## Clinical handover:

Transfer of *professional responsibility and accountability* for some or all aspects of care for a patient to another person on a temporary or permanent basis.

*(WHO, 2007)*



# Analysis roles and responsibilities



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## Roles and responsibilities:

- of patients
  - according to the patients
  - according to the professionals
- of professionals

# Roles and responsibilities of the patient



According to patient	According to professional
Feel responsible	Patient and family members/ carers play an important role
More active role professional and more inter-professional communication is desired	Active patient role is stimulated, but (more) inter-professional contact is preferred
Too much responsibility put on patients	Discussion about the amount and content of responsibility put upon patients

# Professionals' opinion on responsibilities



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- WHAT

No shared responsibility, due to lack of awareness of different professional perspectives, inherent to primary and secondary domains

- WHO

General practitioner as coordinator of care plays an essential role. More coordination (by others as well?) necessary

- WHY NOT

Lack of direct contact, involvement multiple professionals and lack of feedback hinders excellent fulfilment.

# Main conclusions on roles and responsibilities



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- Roles and responsibilities are not clearly defined. Individual responsibility dominates
- Feeling responsible *beyond* assigned tasks, together with the assertiveness of patients and family who feel responsible to coordinate care facilitates handover
- Handovers work out in the end by actions of individuals

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# Discussie 3



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# HANDOVER toolbox



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The screenshot shows the Handover toolbox website interface. At the top, the logo 'Handover toolbox' is on the left, and 'Training Materials for Handover Practice in Europe' is on the right. The main content area is divided into several sections:

- Log in:** A form with fields for 'Username' and 'Password', a 'Log in' button, and a 'Remember me' checkbox. Below it are links for 'Register' and 'Lost password'.
- Log in using OpenID:** A section with a 'Service' dropdown menu (set to 'OpenID'), a 'Username' field, a 'Go' button, and a 'Remember login' checkbox.
- Users:** A grid of 16 user profile icons.
- Groups:** A section with several group icons.
- Tags:** A section with tags like 'handover', 'communication', 'needs assessment', 'methods', and 'project'.
- Welcome message:** A paragraph explaining the toolbox's purpose: 'Welcome to HandOver toolbox in which you can find all kind of information and support to help you develop, design and deliver a training in handover or to maximize its impact. The toolbox is funded by the European FP7 project HandOver. The toolbox is not just a box with static information on handover training. It is a dynamic, ever changing box because it is part of a ever growing learning network. In this network people can search for information, comment on available products, add product and discuss with others who are also interested in training of handover. We truly believe that learning can make a difference for handovers and want to encourage you to register and share your knowledge on handover training with others, comment on products and contribute to ongoing discussions. If you share our believe, please do not hesitate and join us today!'.
- Latest activity:** A list of recent posts and updates, including:
  - 'Culture and clinical handover' (closed group / 3 members) with a description of the project's findings.
  - 'Handover en Grupos minoritarios' (open group / 3 members) with a description in Spanish.
  - 'Cartoon on (mis)communication' by Maria Persone (7 hours ago).
  - 'How to communicate effectively - Larsher' by Maria Persone (17 hours ago).
  - 'How to communicate effectively' (last updated 18 hours ago by Maria Persone).
  - 'Link to website on protocol HAND ME OVER THE ISOBAR' by Dirk (3 days ago).
  - 'Vignettes database' (last updated 3 days ago by Wendy Kicken).
  - 'Guidelines on how to use the SBAR acronym during communication with physicians' by Wendy Kicken (3 days ago).
  - 'Article on the development of a discharge checklist' by Wendy Kicken (3 days ago, 1 comment).
  - 'Considering interpersonal relationships and social structures' (last updated 6 days ago by Wendy Kicken).
- Latest discussion:** A section with a post titled 'Cultural differences in EU countries' by Realiza (1).

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# Future work HANDOVER



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- Continue research
  - examine the costs and benefits of optimal handover training
  - develop educational tools to improve patient handover (toolbox)
- Discussing results (roles and responsibilities) with professionals and other stakeholders
- More emphasis on *implementation* of best practices
- New funding for research and implementation

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[www.handover.eu](http://www.handover.eu)



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