HandOff HandOver two different concepts

C Sheehan RGN MScN RNP RANP CCRN

Learning from sentinel events

BACKGROUND

Summary of causal, contributory and latent factors of this adverse incident

Safety Indices not on KPI list

Compliance PPPG not measured

More robust Handover policy required

Proactive risk assessments not part (precursor to) of PPPG development

Perception Acute V Chronic Pt. risks

Policy on relief bed selection

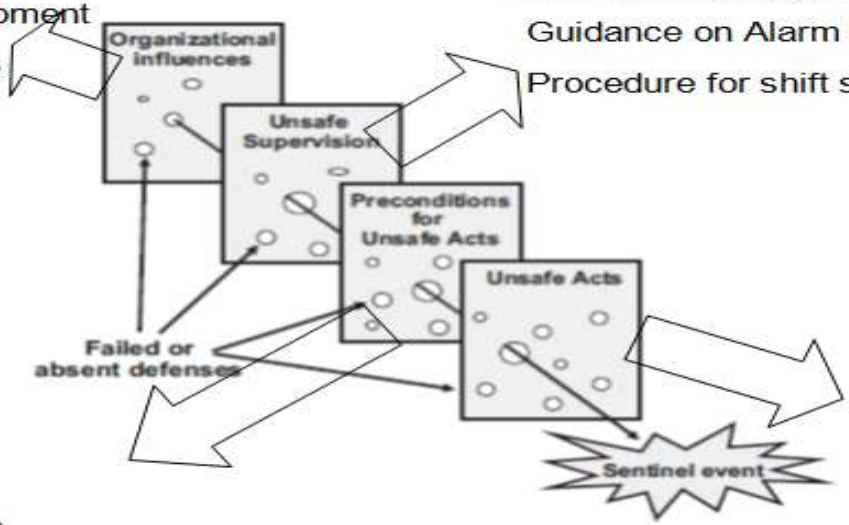
No policy on short absence relief cover

No procedure for checking CPAP device

Bed 1 cover not given special attention

Guidance on Alarm Management not robu

Procedure for shift safety checks not robu



CPAP alarm OFF

Primary Nurse away minutes

Poor Patient observa

Device safety checks correctly

Alarm volume on mo optimum audibili

GE Monitoring remote view feature insufficient

Nurse also primary nurse, too busy

Poor lines of sight to Bed 1

Poor audibility from Bed 1

Cover request not rejected

Figure 1, Reason (1997) "Swiss cheese" model of accident causation, from ElBarissi et al (2007)

ISSUES

- Handover practices has seen very little change
- Often not routinely taught
- Education often not provided
- Historical and ritualistic
- Yes culture

What's the problem

- Handover has gained global attention as an area needing quality improvement due to the high associated patient safety risk.
- WHO (2007) Top five healthcare risks
- ACSQH (2009) Standardized approach to nursing handover
- AHRQ (2010) Implementing Structured Handoff and Sign-out Protocols

Safety Issues

- Handover/handoff Carry a weight of responsibility you can be held legally liable for failing to communicate necessary information

Definitions

- Handover
  - A process in which information about patient care is communicated in a consistent manner when handing over patient care at beginning and ending of care

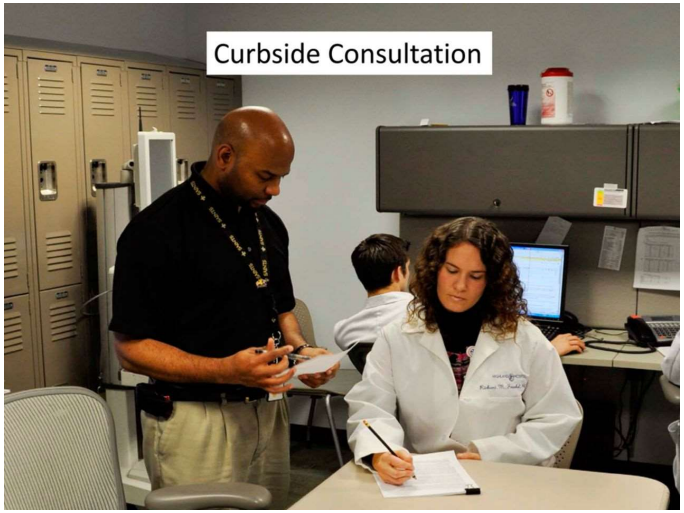
WHATS THE DIFFERENCE

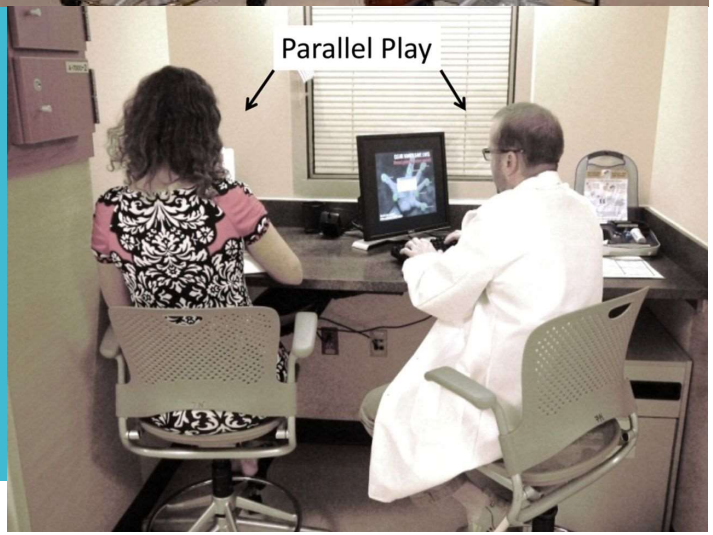
- **Temporary Handoff**
  - For our purpose the term handoff will refer to the temporary handing off of a patient for any absence of the staff nurse from the patients clinical area whether it be 1 minute or 1 hour.

Key Attributes of both Handover and Handoff

- A professional standardised exchange of information
- Demands protected time
- facilitates questioning at the appropriate time


Joint Focus


Curbside Consultation


Parallel Play


Poker Hand

The Fleeting glance HandOFF

- **Keep an eye/ear for a minute**

Joint focus handOFF

Valuing Handover & Handoff

- Set the expectation that clinical handoff is valued an a critically essential part of your daily practice.

- **I**dentify the patient you are caring for and the nurse you are speaking to
- **S**ituation: Can you take hand off I need to go with the doctor to speak to the family
- **B**ackground The family have been called in for a meeting regarding care limitations
- **A**ssessment Mr. murphy is sedated and ventilated with GCS 3 alarms are on and have been checked triple inotropes infusing at max doses MAP is 50
- **R**eturn I am not sure how long we will be can you take responsibility for Mr. Murphy.

Recommendations for practice

STANDARDIZATION

QUESTIONS
Comments
Concerns

Thank you