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Improving Healthcare in South Australia

IT Supported Clinical Handover - A pilot study

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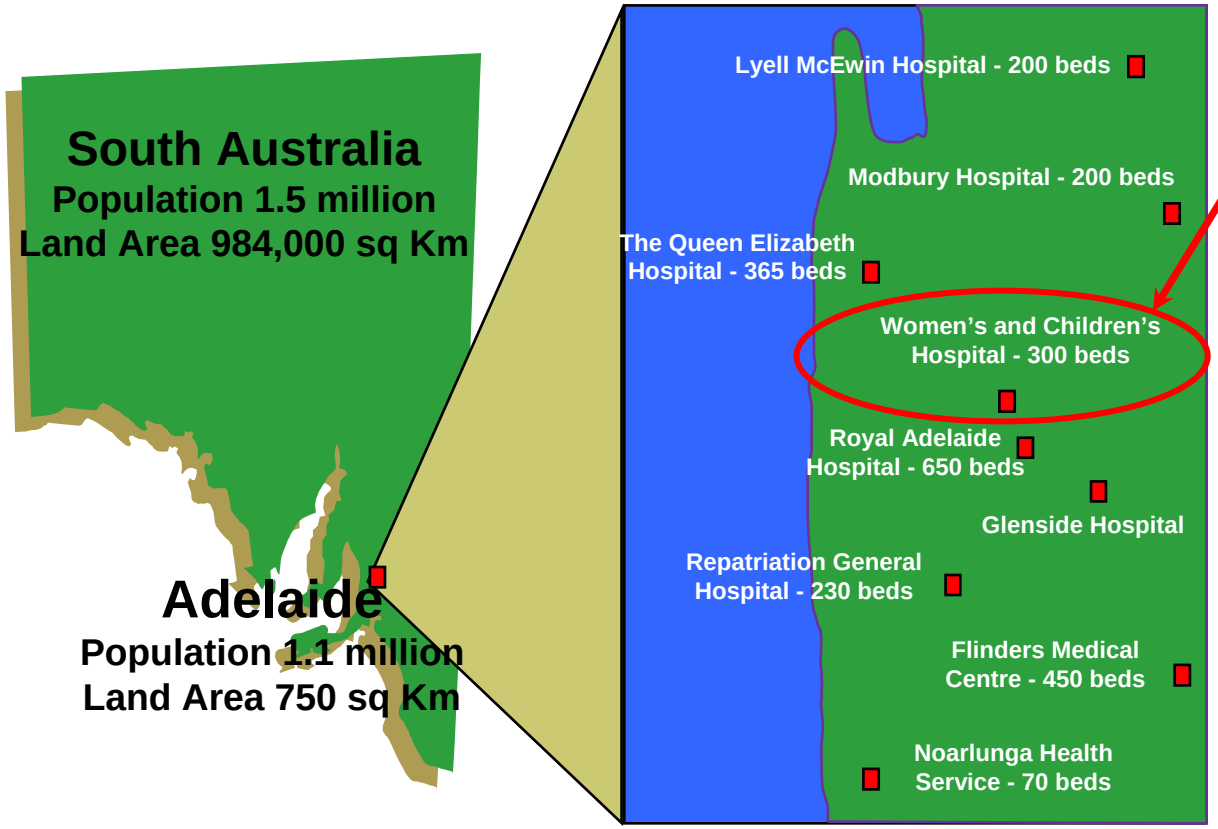
Government of South Australia
Department of Health

South Australian Public Health System

There are 82 public hospitals and health services

Distribution of Metropolitan public hospitals

We are here



Demographic

Metropolitan Adelaide (DH Annual Report 2004-05)

Average daily available beds	3,206
Accident & Emergency attendances p.a	310,661
Outpatient visits p.a	1,373,503
Inpatient separations p.a	250,549

* Source: Australian Bureau of Statistics, 2001 Census Basic Community Profiles Table B01

Illustration only. Not to scale

The rationale for Handover

- Major contributory factor in incident leading to harm to patients
- Changing patterns of medical staff rostering move to shifts
- Background in UK safe working hours European paper suggested IT to support Handover process

Handover via Oacis

- The public hospital clinical system used in 9 metro hospitals
- Established as the daily tool of junior medical staff
- Supporting an already established process

Basic requirements for Handover tool

- **Sufficient and relevant information should be exchanged to ensure patient safety;**
- **Tasks not yet complete are clearly understood by the incoming team;**
- **Tasks should be prioritized;**
- **Plans for patient care are easily accessible; and**
- **The name and contact number of the doctor responsible for the care of the patient is easily accessible.**

Viewing the Handover Screen

Roster column descriptions

- **H** indicates Handover note
- **U** indicates Urgent note
- **C** indicates Current note
- ***** indicates note from other discipline

Using the Handover Screen

Clinical Handover

Patient: 30/38 MALTA, ANDREA | Age: 81 y | MRN: T95000RAH

Gender: Female | D.O.B.: 24/08/1924 | Site: RAH

Consultant: EASTWOOD, CLINT | Admit Reason: SOB | Location: S6::

Type: Medical | Estimated Discharge Date:

Current Problems:
SOB
Severe congestion in both lungs
Suspected Community Acquired Pneumonia

Current Management:
IV Antibiotic
Restrict fluid intake to 200ml per hour
Monitor fluid out

Management Plans:

Discharge Plans:

Handover Notes:
Passed 300ml fluid in first hour since IV antibiotic attached
Intake was 175ml

Other Notes:

☑ Add to Handover Roster ☐ Flag Patient As Urgent Cover: Medical Emerg

Close | Save | Previous Adm

<u>Type</u> in notes in to text boxes + estimated discharge date

<u>Tick</u>

- **Handover**
- **Urgent**

Printed Work List

Patient List Summary Report

Printed at
from Oacis

Patients on Report: 5

Patient Details | **Notes**

WARD: S6

Patient Details	Notes
1192 18 ANKARA, WILLIAM DOB: 20/11/1961 64 y Sex:M Day:2 (L) GROIN CELLULITIS	Attending: ALGERIA, SIMON Clinical Unit:SURGICAL C (D32) Status:H
4187 20 LIMA, ROSIE DOB: 01/12/1926 79 y Sex:F Day:26 BURNS *** URGENT ***	Attending: ALGERIA, SIMON Clinical Unit:BURNS UNIT (D55) Status:H CURRENT PROBLEMS: Testing for Handover 6.10.06 HANDOVER NOTES: Testing for Handover 6.10.06
8938 24 MALTA, ANDREA DOB: 30/01/1987 69 y Sex:F Day:6 SMALL BOWEL OBSTRUCTION	Attending: BRAZIL, ANDY JAMES Clinical Unit:SURGICAL D (D35) Status:H
1188 28 PERU, LEONIE DOB: 10/03/1944 62 y Sex:F Day:2 (R) BREAST HIGH-GRADE DCIS	
8064 3 PRETORIA, PETER DOB: 20/07/1929 77 y Sex:M Day:6 PAROTID SWELLING *** URGENT ***	
T924683 3 PERU, HERBERT WILLIAMSON DOB: 16/08/1922 83 y Sex:M Day: 161 Est Disch.: 28/07/2006 FALLS FOR INVESTIGATION *** URGENT ***	Attending: DELLAMALVA, MARIA Clinical Unit:MEDICAL 5 Stat CURRENT PROBLEMS: Severe laceration to left hand, knee and elbow Lump on left side of forehead with minimal bleed Concussion/Dizziness Possible # Left index finger HANDOVER NOTES: last meds given @ 11:15am swelling of contusion on forehead has subsided Xray showed #left index finger and thumb and has been splinted Head Xray clear - dizziness and contusion still apparent last meds given @ 14:05pm Swelling of left hand has increased -ensure this kept raised Last meds given @ 17:05pm Swelling has now reduced slightly but patient still complaining of discomfort and pain Changed pain meds to Panadine Forte but only to be given at 4 hrly intervals Last meds given @ 22:00pm *** Text too long - truncated by report *** CURRENT MANAGEMENT: Xray hand + head Pain meds as required Splint for left hand DISCHARGE PLANS: Home visits from Domiciliary Care organised for da visits for a period of 4 weeks. OTHER NOTES: Patient is insulin diabetic/nurses/Medical Staff can see others's handover by changing Type via drop down arrow. Information can be copied and pasted into the other clinical handover form. The correct permissions must be allocated for this to w

Benefits

- Access to Urgent and Cover rosters
- Can be viewed from any location within the Hospital
- Identifies patients most in need of review
- Improved Communications
- No longer working from memory

Benefits

- **Patient Safety Increased – as a result of improved, legibile information**
- **Continuity of Care – improved transfer of clinical information**
- **Decreased Repetition**
- **Handover notes available on Patient List Summary Report**

Evaluation

- The introduction of the Oacis Handover module was well received in the Unit. The greatest impact to the Unit was at the regular meetings at 8am each day. Due to the visibility of the patient list on the screen the order of patients being “handedover” became more structured.

- Access to clinical notes resulted in a more concise delivery of information. The inclusion of clinical notes on the Patient List Summary Report meant doctors could focus more on listening than each of them handwriting notes for themselves.

- Generally it was felt Handover had become more formalised, thorough and increased educational opportunities.

References and Contact details

Australian Council for Safety and Quality in Healthcare. Clinical Handover and Patient Safety. www.safetyandquality.org/clinhovrilitrev.pdf March 2005

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Cheah L-P, Arnott DH, Pollard J, Watters DAK. Electronic medical handover: towards safer medical care. Med. J. Aust. 2005; 183 (7): 369-372

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