

No Longer Lost in Translation eClinical Handover

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eClinical Handover Objectives

- **To replace the manual clinical handover book used at the Multidisciplinary Clinical Handover meeting with an electronic process. The book was a record of those patients discussed at the clinical handover meetings and was reviewed monthly by the Patient Care Committee**
- **To create a handover system/process to assist clinicians to review patients and delegate tasks at clinical handover**
- **Align the design of eClinical Handover and the handover process with the guiding principles of SSWAHS Clinical Handover Policies**
- **Prove that benefits can be achieved from utilising an electronic clinical handover system to review patients, assign tasks and provide a handover list and task list for clinicians**
- **Reduce reliance on informal &/or verbal handovers that are dependent on clinicians personal style, attention level and memory**
- **Provide a record of handover information available in the eMR to support clinicians involved in the patients' care**

An integrated electronic clinical handover

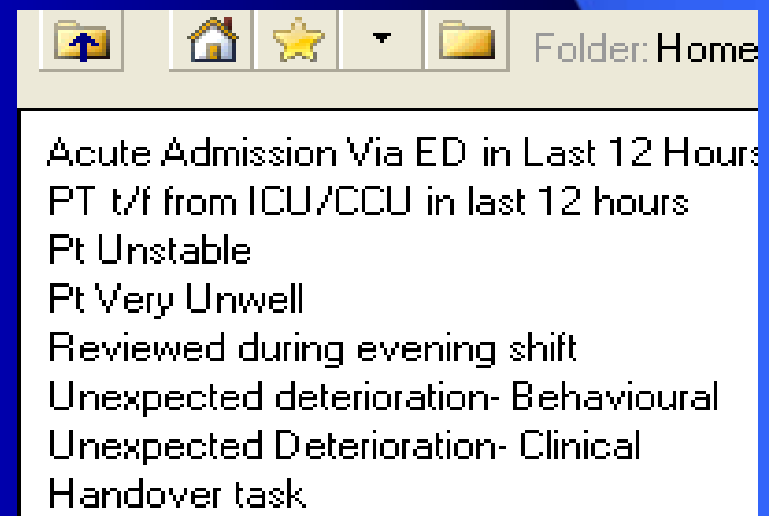
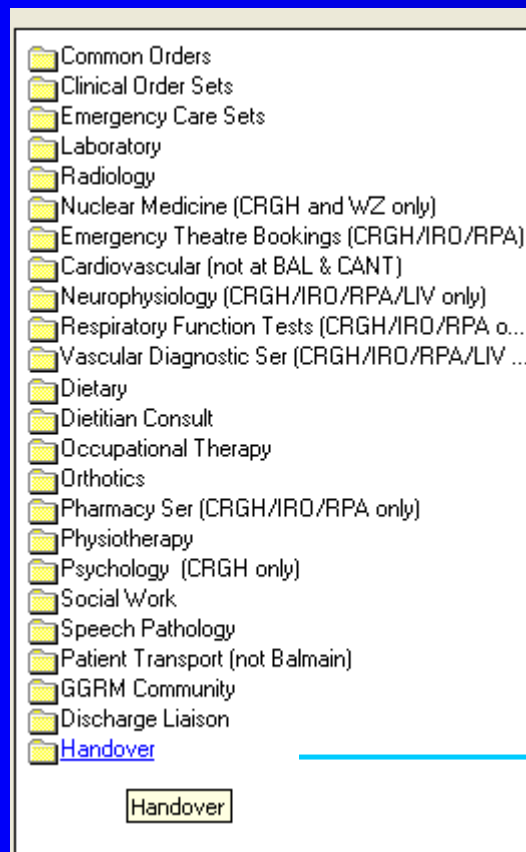
- **Uses Cerner™ PowerChart, PowerForms & tasklist functionalities**
- **Incorporated into the electronic medical record**
- **Information is entered at any time from any location**
- **Patients are reviewed & information updated at the Handover meeting**
- **Handover information can be viewed by authorised users throughout the hospital**

Handover Orders

There are two general types of orders used in the system:

1. Group of orders that are used to designate a patient as requiring handover.
These orders contain a general description of the reason for handover
2. Single order that is used to order a job that needs to be performed by the next shift [Handover task].

The handover orders are created in the 'Orders' tab.



Designating a patient as requiring handover

When a handover order is selected, a PowerForm automatically opens to collect information relating to the relevant history and current condition

Handover Form - [Patient Name]

*Performed on: 24/10/2008 1551 By: Robertson, Louise Vida

Handover Details

Reason for handover

☐ Acute Admission via ED in last 12 hours
☐ Pt t/f from ICU/CCU in last 12 hours
☒ Pt Unstable

☐ Pt Very Unwell
☐ Reviewed during previous shift
☐ Unexpected deterioration- Behavioural

☐ Unexpected deterioration- Clinical

Priority

☒ 1- Normal
☐ 2- Medium
☐ 3- Urgent

Problem/ Issue

rapid AF.
Usual Dialysis today.
Trop 0.13 baseline. CK ?
Dr Pawsey aware
Given regular metoprolol and digoxin initially.

Clinical Summary

Presented for regular dialysis, went into rapid AF, asymptomatic and history of same, on metoprolol/digoxin and warfarin.
Given usual evening meds, admitted overnight. Baseline bloods taken.

Assessment

Plan

Review, if hasn't slowed with usual meds could consider iv amiodarone as per Dr Pawsey

Additional problems identified at handover

Amiodarone if rapid Af not settled.

Action

Position Responsible

Has the consultant been contacted about this issue?

☒ Yes ☐ No

Handover list maintenance

☒ Discus Pt at next handover
☐ Remove Pt from list

Reason for removal from handover list

☐ Problem Resolved
☐ transfer to ICU/CCU
☐ Patient deceased

☐ Transfer to another hospital
☐ Other

Other reason for removal from list

Handover Action History

Action Requested	Position Responsible	Date/Time Requested	Status	Date/Time Completed
Review.	Medical Officer	23-OCT-2008 22:10:44	Ordered	
Review.	Medical Officer	22-OCT-2008 21:35:05	Completed	23-OCT-2008 23:39:09
Check Bloods.	Medical Officer	22-OCT-2008 22:15:12	Completed	23-OCT-2008 23:39:10

The patient condition is given a rating of severity [Handover Priority].

Orders for Signature

	Order Name	Status	Start	Details
7W-1; 1; 28	Admit: 14/03/2008 2:10 PM			
Patient Care				
	Unexpected deterioration- Behavioural	Order	19/05/2008 10:38 AM	Priority: 3

Details for **Unexpected deterioration- Behavioural**

Details | Order Comments

Order details

Requested Date and Time [19/05/2008 10:38 AM]
handover task order required [Yes]
Handover Priority [3]

Detail values

1
2
3
4
5

If a job is known to be required by the next shift, a handover task order can be initiated

The handover task box will open if the task order required response is YES

Discern:

Handover

Order a handover task.

Add Order for:

☒ Handover task -> .

OK

The handover task order collects information relating to:

1. When the job needs to be done

Order details

Requested Date and Time

Handover Task Desc [.]

Handover Task person

Handover Task Position

Detail values

2. A freetext description of the task

Order details

Requested Date and Time [20/05/2008 2:00 AM]

Handover Task Desc [freetext to des...]

Handover Task person

Detail values

freetext to describe one or more jobs that need to be done at the same time.

3. Ability to either designate an individual or a position to perform the job

Order details

Requested Date and Time [20/05/2008 2:00 AM]

Handover Task Desc [freetext to des...]

Handover Task person

Handover Task Position [Night MO]

Detail values

provider list

«No Matches»

Order details

Requested Date and Time [20/05/2008 2:00 AM]

Handover Task Desc [freetext to des...]

Handover Task person

Handover Task Position [Night MO]

Detail values

(None)

Afterhours CNC

Intern

MOIC

Night MO

Registrar

Resident

4. Both orders are signed at the same time

Patient Care			
<input checked="" type="checkbox"/>	Handover task	Ordered	freetext to describe one or more jobs that need to be done at the same time., POSITION TO PERFORM JOB: Night MO
<input checked="" type="checkbox"/>	Unexpected deterioration- Behavioural	Ordered	Priority: 3

PowerChart Organizer for Robertson, Louise Vida

Task Edit View Task List Options Help

In-Box Patient List Co Sign Scheduling **Multi-Patient Task List** Patient Access List

Departmental View (no time frame defined)

RPAH Emergency Theatre **Handover** Intern/ RMO Tasks Medical Registrar Tasks Surgical Registrar Tasks Medical Oncology

Task retrieval completed

MRN	Name	Location/Room/Bed	Order Details	Scheduled Date and Time
[REDACTED]	[REDACTED]	6N / W6N / 21 single	Priority: 1- Normal. Reviewed during previous shift	23/10/2008 21:57
[REDACTED]	[REDACTED]	3E-CCU / CCU / 52 single	Priority: 1- Normal. Pt Unstable	23/10/2008 22:10
[REDACTED]	[REDACTED]	3N / W3N / 33	Priority: 2- Medium. Pt Unstable	23/10/2008 22:12
[REDACTED]	[REDACTED]	15 / W15 / 12	Priority: 2- Medium. Pt Very Unwell	24/10/2008 15:03
[REDACTED]	[REDACTED]	4E / W4E / 44	Priority: 2- Medium. Pt Unstable	23/10/2008 22:08
[REDACTED]	[REDACTED]	15 / W15 / 14	Priority: 2- Medium. Pt Very Unwell	24/10/2008 15:38

PROD ROBERV 24 October 2008 15:38

	MRN	Name	Location/Room/Bed	Order Details	Scheduled Date and Time
	6N / W6N / 21 single			Priority: 1- Normal. Reviewed during previous shift	23/10/2008 21:57
	3E-CCU / CCU / 52 single			Priority: 1- Normal. Pt Unstable	23/10/2008 22:10
	3N / W3N / 33			Priority: 2- Medium. Pt Unstable	23/10/2008 22:12
	15 / W15 / 12			Priority: 2- Medium. Pt Very Unwell	24/10/2008 15:03
	4E / W4E / 44			Priority: 2- Medium. Pt Unstable	23/10/2008 22:08
	15 / W15 / 14			Priority: 2- Medium. Pt Very Unwell	24/10/2008 15:38

Clinicians at the clinical handover meeting & on the wards can open the Handover Form via the patient's flowsheet

COOREY, Catherine - 1061018 Opened by Robertson, Louise Vida

Task Edit View Time Scale Options Help

As Of 15:55

DOB: 31/05/1931 Age: 77 years Sex: Female MRN: 1001018
Location: 6N; W6N; 21 single CRGH Inpatient [18/10/2008 8:08 <No - Discharge date>]

Flowsheet Orders Patient Information Form Browser Clinical Notes Health Insurance Transfer History Task List Patient Schedule MAR MAR Summary Allergies Medication List Powernotes

Flowsheet: All Results Flowsheet Level: ALLRESULTSECT Table Group List

Last 300 Results

	24/10/2008 10:15	23/10/2008 21:54	23/10/2008 21:53	23/10/2008 15:44	23/10/2008 11:30	22/10/2008 14:33	22/10/2008 10:00	20/10/2008 10:00	18/10/2008 19:00	18/10/2008 16:00	18/10/2008 13:10
CLIN DOCS											
Discharge Referral											
ED Triage Note											
Handover Summary		Handover Summary									
RADIOLOGY											
CHEST-REP											
CT-REP				CT-REP							
US-REP						US-REP					
NUCLEAR MEDICINE											
DIAG-REP											
CARDIOLOGY											
Cardiac Cath											

Navigator

- Blood Chemistry
- Haematology
- Coagulation Studies
- Micro-organism Investigations
- Immunology
- Vital Signs
- Medications
- CLIN DOCS
- RADIOLOGY
- NUCLEAR MEDICINE
- CARDIOLOGY

PROD ROBERTV 24 October 2008 15:55

start Calendar - Micros... Inbox - Microsoft... To do - Drafted Handover refers t... PowerChart Orga... COOREY, Catheri... Microsoft PowerP...

Detailed information on the patient's clinical condition, management plan, transfer of care etc continues to be documented in the paper medical record. Information within the Handover Form is a brief summary only.

061018 Opened by Robertson, Louise Vida

Task Edit View Time Scale Options Help

As Of 15:55

DOB: 31/05/1931 Age: 77 years Sex: Female MDN: 1061018

Handover Summary 018

Flowsheet Orders F

Flowsheet: All Results Fl

Navigator

- ☒ Blood Chemist
- ☒ Haematology
- ☒ Coagulation Studies
- ☒ Micro-organism Inves
- ☒ Immunology
- ☒ Vital Signs
- ☒ Medications
- ☒ CLIN DOCS
- ☒ RADIOLOGY
- ☒ NUCLEAR MEDIC
- ☒ CARDIOLOGY

Handover Form Entered On: 23/10/2008 21:57
Performed On: 23/10/2008 21:54 by Cheung, Henry

Handover Details
Reason for handover: Reviewed during previous shift
Priority: 1- Normal
Problem/ Issue: Central chest discomfort with dyspnoea. Angiogram with single vessel disease and Mibi negative for ischaemia.
Clinical Summary: 77 year old with left knee pseudogout for intraarticular injection of steroid.
Assesment: Haemodynamically stable.
Plan: 1. ECG
2. Trop CK
Action required: Check Bloods
Position to perform: Intern/ RMO
Consultant notified?: No
Keep patient on handover list?: Discus Pt at next handover

Cheung, Henry - 23/10/2008 21:54

Result type: Handover Summary
Result date: Thursday, 23 October 2008 21:54
Result status: Auth (Verified)
Result title: Handover Form
Performed by: Cheung, Henry on Thursday, 23 October 2008 21:54
Verified by: Cheung, Henry on Thursday, 23 October 2008 21:54

History Forward Image Print OK

PROD ROBERV 24 October 2008 15:56

start Calendar - Micros... Inbox - Microsoft ... To do - Drafted Handover refers t... PowerChart Orga... COOREY, Catheri... Microsoft PowerP... 3:56 PM

Outcomes

- **Functionality is easy to use & requires minimal training resources**
- **Information may be entered in real time (in 46% of cases data was entered at the ward level)**
- **Improved legibility of information eliminates the potential for misinterpretation & difficulties associated with deciphering hand written notes**
- **Communicates key patient care management tasks, which is especially useful between shifts**
- **Reduces data duplication for patients that require discussion across several handover meetings. There was a significant increase in the number of patients discussed at more than one clinical handover meeting (from 18% to 74%)**
- **Improvement in the information entered for key clinical handover data items. There was a significant improvement in identifying the position responsible for actions to be attended the next shift (from 2.5% to 80%)**
- **An auditable record of clinical handover information with easy access to current and past clinical handover information**

Contact Details

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