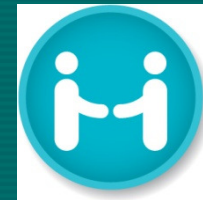
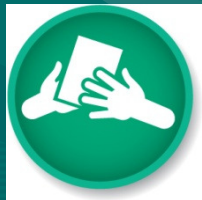


# Consumer Perspectives on Clinical Handover (CH)

CH Consumer Representatives  
Helena Lake & Faileen James

Lisa Mitchell (CNC)  
RBWH Safety & Quality Unit  
May -Sept 2015



# Aims

- Represent consumer perspectives
- Identify improvement areas for consumer engagement
- Understand clinical environments & CH process
- Target CH education strategies for the future
- Contribute to the National Standards Audit

# Methods - Steps

- Audit – not research (descriptive snap shot)
- 2 CH Consumer Representatives “auditors”
- 2 medical (complexities) & 2 surgical wards (specific purpose)
- Endorsement - Service Lines & CH Committee
- Time to Plan
- Timeframe – Consumer Driven April – Sept 2015
- Consumer training PPT– Including - Intro NUM, AO, ID, Hand washing, Report concerns
- Introduction Script
- Staff memo & follow up telephone calls to NUM
- Review of Results
- **Feedback to local areas & organisational committees**

# Sample - 40 patients

- Every 2<sup>nd</sup> patient (unless ward staff deemed unwell)
  - Absent
  - Asleep
  - Infectious
  - In pain
  - Not willing
- 10 patients in each ward
- Mainly Patient Responses
- 3 Carer or Family member
- Age
  - 9BN Average 67 (range 34-92) \* *only 7 ages*
  - GARU Average 74 (range 49-91)
  - 9AN Average 54 (range 23-87)
  - 7AN Average 51 (range 27-78)
- Gender – 18 Females & 19 Males \* *not collected on 3*

# Tool - CH Questionnaire

- Developed Questionnaire – collaborative
  - Patient Experience results
  - Clinical Handover feedback
  - Consumer Representatives input
- Piloted questions
- Reviewed tool
- Consumer Reps undertook interviews

# Analysis

- **Quantitative**
  - 8 Clinical Handover/communication questions reflecting pt's experience
- **Qualitative**
  - CH coordinator with research experience
  - Themed consumer comments
  - Consumer Reps review & re iterative process (where possible)
  - Cross checked with 2 independent senior nurses
  - Compared with S&Q Australian Commission 2015 Report (Consumer Engagement Barriers)
  - Data is not mutually exclusion – can go into more than one theme
  - Nurse Bias – not surprising

Consumer Evaluation of Patient Communication (Clinical Handover)

Surveyor Name:.....

Area:.....

Bed No:.....

- Identification:**
- Patient
  - Carer
  - Family Member

**Deliver Script**

Questions

1. Since you were admitted, and you felt well enough, were you included in the sharing of information (clinical handover) about your treatment at important points of your care?
- Yes     No     Sometimes

Comments.....  
.....  
.....

2. If you weren't involved in discussions about your care did you want to be?
- Yes     No     Sometimes

Why?.....  
.....  
.....

3. If you or your family or someone else close to you wanted to talk to a staff member, did they have enough opportunity to do so?
- Yes, definitely
  - Yes, to some extent
  - No
  - No family or friends were involved
  - My family did not want or need information
  - I did not want my family or friends to talk to a doctor

Comments.....  
.....  
.....  
.....

4. When you have important questions to ask a staff member, do you get the answers that you could understand?

On a scale between 0 – 10, 0 being the worst response and 10 being the best, how would you rate the staff's reply?

Scale: 0 - 1- 2- 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Comments.....  
.....  
.....

5. How much information about your condition or treatment has been given to you?

On a scale between 0 – 10, 0 being the worst response and 10 being the best, how would you rate the staff's reply?

Scale: 0 - 1- 2- 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Comments.....  
.....  
.....

6. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different, which may be confusing and unhelpful to you. Did this happen to you?

- Yes, often
- Right amount
- Too much
- I was not given any information about my treatment or condition
- Don't know/can't remember
- No

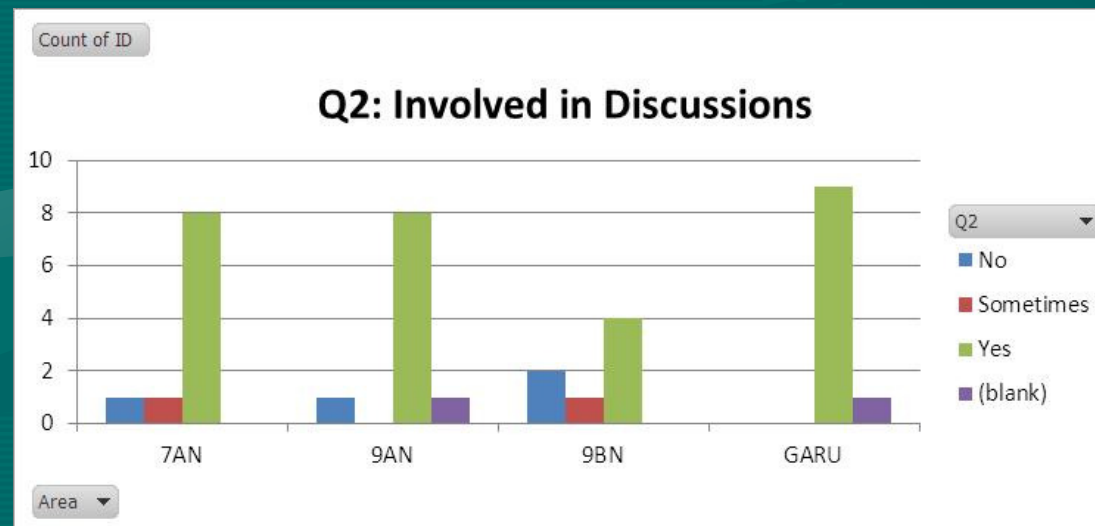
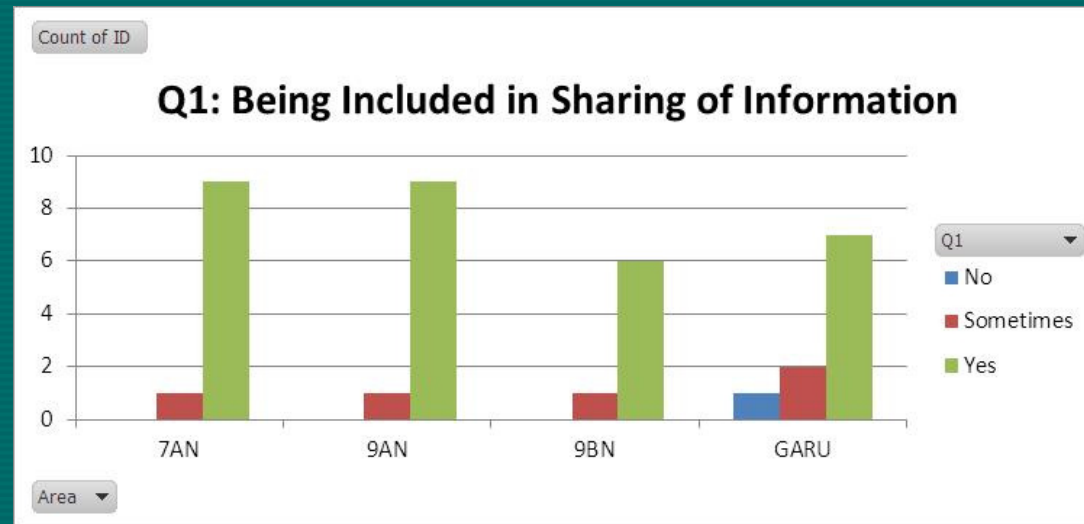
Comments.....  
.....  
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7. If you felt you were getting worse did you advise staff?     Yes     No

If No, why not?  
Comments.....  
.....

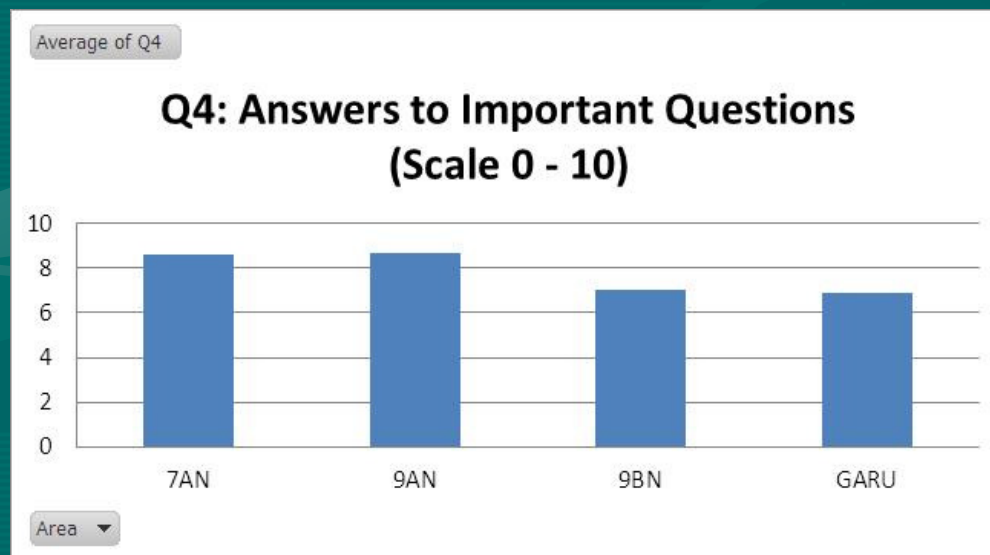
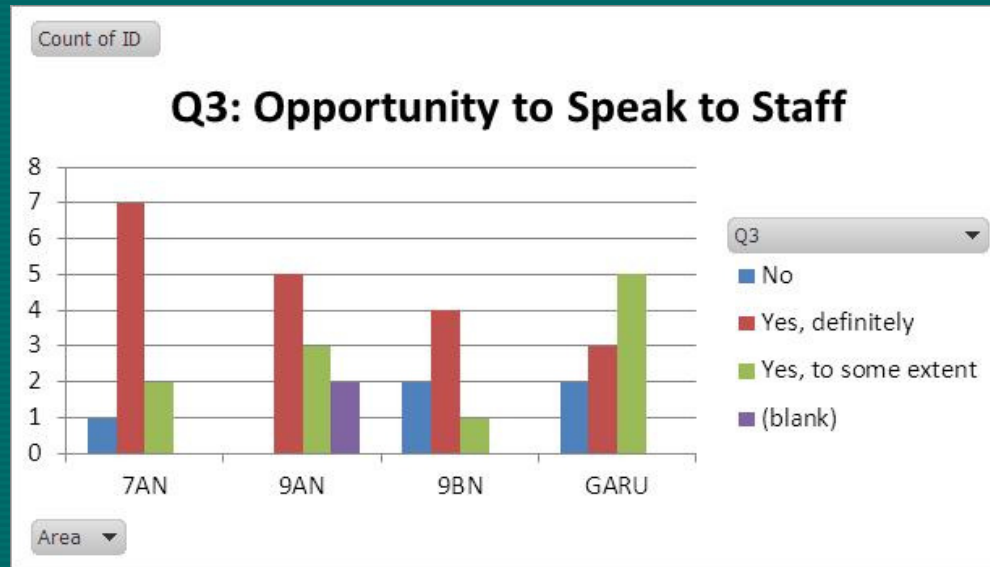
- If Yes, did the staff act on your concerns?  
 Yes     No

# Quantitative Results



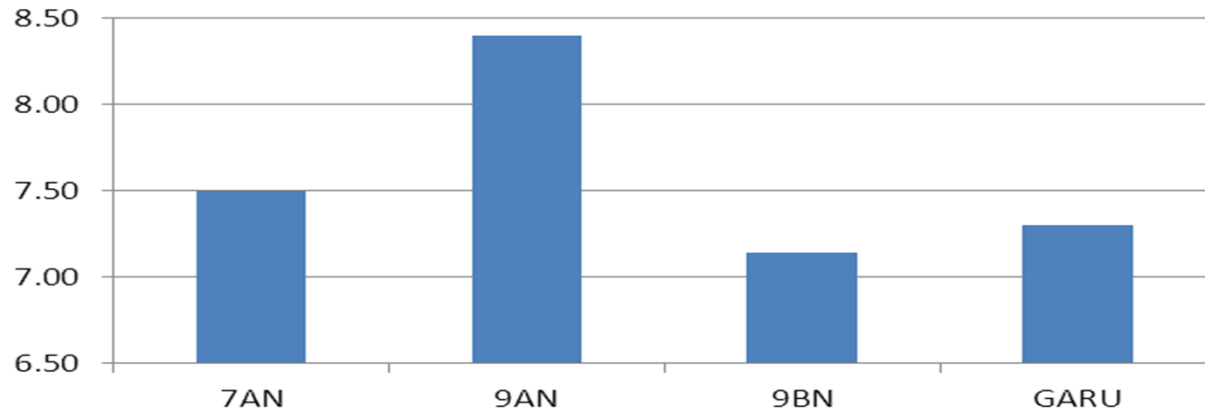


# Quantitative Results



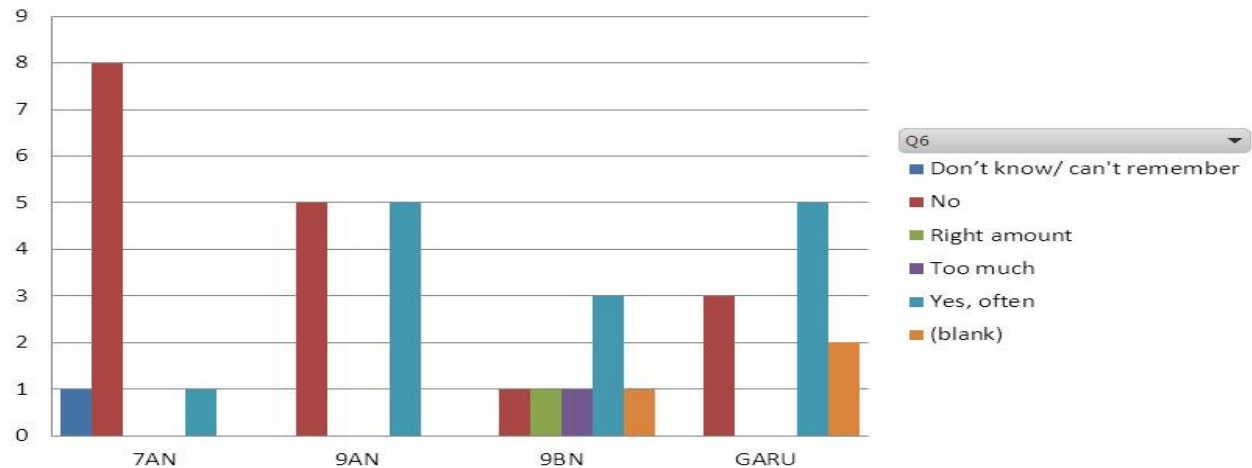
# Quantitative Results

## Q5: Information About Your Condition (Scale 0 - 10)



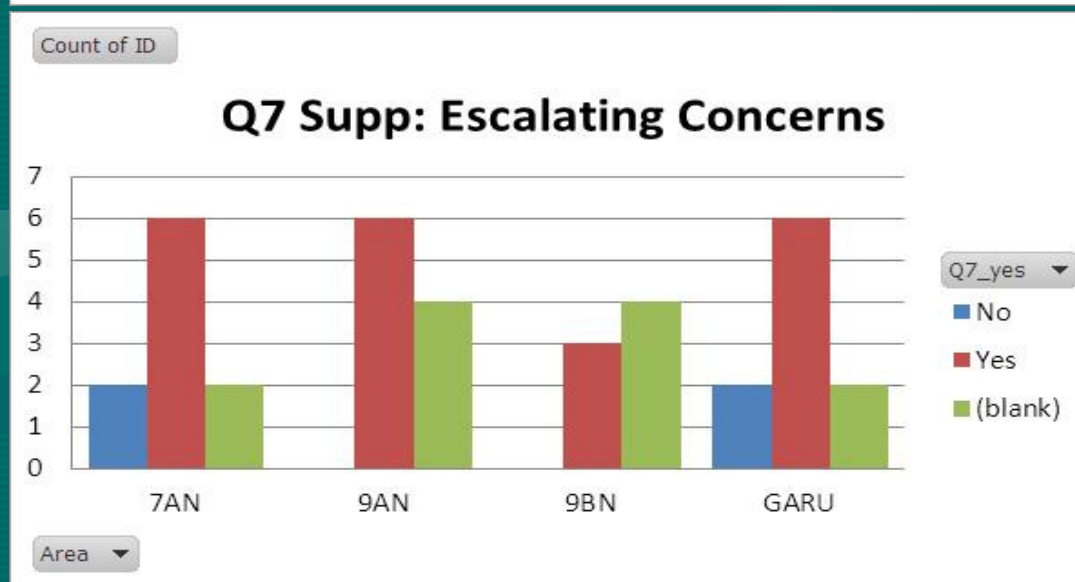
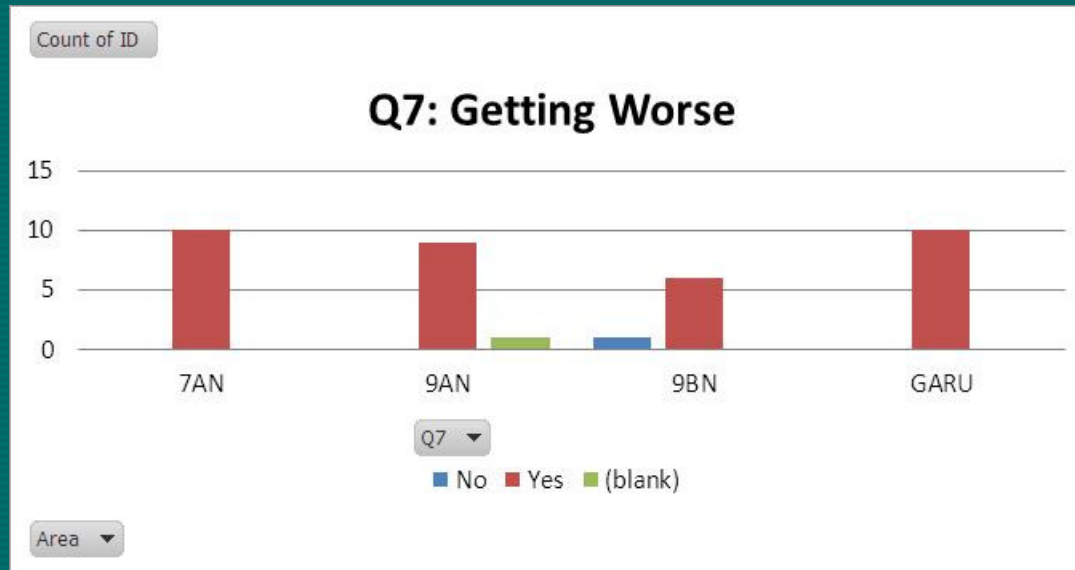
Count of ID

## Q6: Confusing Answers



Area

# Quantitative Results



# Qualitative Themes – All ward comments

## Excellent/Positive Clinical Handover (58 comments)

*“ Good information ..explained well”*

*“ Staff considerate”*

*“ Included during handover; had the opportunity to ask”*

*“ I can ask questions and they listen”*

## Conflicting/Inadequate/Poor information (44)

*“ More information for treatment”*

*“ No not helpful ...speak English ....medical jargon”*

*“ Conflicting information ”*

*“ Depends on the staff and the individual ”*

## Patient/Family not involved in Clinical Handover (35)

*“ During handover ... usually talk amongst themselves ”*

*“ 50/50 that staff sometimes look at me and get me involved”*

*“ Family come in at odd hours so not possible ”*

*“ Family not being quickly consulted ”*

# Qualitative Themes - continue

## Access to busy staff/information (16 comments)

*“Should be more senior staff ..many juniors and inexperienced. I believe it is dangerous”*

*“Getting access to staff not always possible”*

*“Waited for ages ...very busy”*

*“Dr not easy to contact for information , Nurse advocate ”*

## Staff Characteristics – Attitudes (14)

*“Intimidating body language... Rude”*

*“Staff don’t always listen”*

*“Staff can talk down to patients ...treat like little children .....uninformed patient ”*

*“Except for one nurse didn’t listen to what I needed”*

## Patient Characteristics – Hearing & Cognition (10)

*“Hearing impairment major concern”*

*“During CH ..not really can’t hear”*

*“Half the time I am not with it”*

*“Can’t remember”*

## Concerns Escalated (10) ( 3 pos & 7 neg comments)

*“Real emergency response too slow”*

*“Lack of escalation and action for patient and family concerns”*

*“They forget when I ask them for pain killers, pain killers don’t arrive in a timely manner”*

*“Yes ...escalated immediately”*



# Recommendations

- Develop culture to include consumers where & when appropriate
- Use findings to inform quality initiatives
- Do regular qualitative consumer rep led auditing –use these results as a benchmark
- Increase staff training regarding engaging consumers in Clinical Handover
- Increase training regarding patient centred care
- Time of pt information delivery – readiness/pts ability to understand

# Learning's for Process

- Consumer Engagement – plan more time!!!
- Easier then originally thought – ward engagement
- **Not unexpected results**
  - Room for improvement
  - Consumers want good information, truth, kind staff
- Triangular methods gained greater understanding
- Staff's interest in feedback



# Acknowledgements

- Consumer Representatives  
Helena and Faileen
- 9BN, 9AN, GARU, 7AN Wards
- IT Dan and Stephen (S&Q unit)