The Handover project
Improving the Continuity of patient care Through Identification and implementation of Novel patient handoff processes in Europe
The HANDOVER project

Shorter hospitalizations, more frequent patient transitions
→ high demands on the quality of clinical handovers

- Missing information
- Incomplete information
- Delay
- Wrong address
- Wrong medication
- ...

Focus of HANDOVER
Failures in communication are the most common root cause for near misses and adverse events in the medical domain.
The tasks for CELSTEC

The objectives of workpackage 4 (CELSTEC) are:

1. To identify and validate factors determining the success of integrating the optimal patient care micro-system continuum;

2. To develop training tools to assist a successful implementation of the communication model
The tasks for CELSTEC

“Actually just a checklist and a course design.”
The tasks for CELSTEC

“Actually just a checklist and a course design.”

“An e-learning environment like BlackBoard so that students can study at any time.”
The tasks for CELSTEC

“Actually just a checklist and a course design.”

“An e-learning environment like BlackBoard so that students can study at any time.”

“Something that creates an e-learning course when exporting the collected content.”
The tasks for CELSTEC

“Actually just a checklist and a course design.”

“An e-learning environment like BlackBoard so that students can study at any time.”

“Something that creates an e-learning course when exporting the collected content.”

“An awareness raising medium to disseminate importance of handover training; the toolbox is the actual intervention.”
Tools to improve Handover procedures?
So, what is the solution?

Kaptain Kobold
http://www.flickr.com/photos/kaptainkobold/3203311346/
## Methodology

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<td>3. The toolbox</td>
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<td>Think aloud</td>
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</tbody>
</table>
Phase 1. Problem analysis and solution generation

Question
Why are handovers problematic and what could we do about it?

Aim of this phase
Identification of facilitators and barriers for effective handover
Interviews and focus groups

- 222 interviews with medical professionals and with 92 patients
- Focus group with medical professionals
  - Experience with problematic handovers
  - Possible solutions
Process mapping

Handover info

Electronic medical record in primary care center (photo not available)

Referral report (photo not available)

Patient’s medication list

Patient consultation to Primary Care → Patient referral to specialist → Appointment for first consultation → Admission?

OR anesthetics review

Patient with a health problem

Patient consultation to emergency care → Admission?

Control with specialist

No

Inpatient Care → Surgical Intervention → Patient discharge

Patient is attended in Primary care

Doctor discharge report with detailed information about the hospital care

Nurse discharge report with information about needs (communication, learning capacity, linguistic barrier, self-care capacity, etc.)

Patient is programmed to continue visit with specialist (at hospital or primary care, depending on the specialist)

Information about previous visits and specialist control

Emergency care report

Medication dispensing and administration register (only in paper)

Referral request

Patient daily review chart during the hospital stay

Information regarding GP and primary care nurse contact information

Information available about main clinical reports from other hospitals and primary care center

Mon, Mar 21, 2011 Week:
Systematic review – Ishikawa diagrams
Conclusion of phase 1

High diversity of
- handover practices
- problems
- solutions

Training is needed…but on what and how?

→ We need to gain more insights of the training to address the diverse solutions
Phase 2. Content and design of the training

Question
What are the needs of the trainees (i.e., med. professionals) regarding the content and the design of a training?

Aim
Gain insight into the needs of the trainees
Methodology

Phase

1. The problem
2. The training
3. The toolbox
4. Evaluation

Methods

Interviews
Focus group
Process mapping
Literature review

Training needs analysis
Questionnaire
Writing Persona

Requirement analysis

PMI – rating
Cogn. Walkthrough
Think aloud
Writing persona

“Creation of an archetypal user of a website that represent the needs of larger groups of users, in terms of their goals and personal characteristics. They help guide decisions about functionality and design.”

(Alan Cooper)

Although personas are fictitious, they are based on knowledge of real users.
“People often think, that it is training in handover that is the major issue. It is not. We need to put necessary structure, regulations, guidelines policy, and tools in place. We need to create a culture of handover.”
Great what a nice website! There is already quite a lot of information about handover and how to design a training for this topic.
Great what a nice website!
There is already quite a lot of information about handover and how to design a training for this topic.

Yeah, nice website but there are some things missing with respect to our particular medical domain.

There are very interesting materials on the internet already that should be added to the website.
Great what a nice website! There is already quite a lot of information about handover and how to design a training for this topic.

Yeah, nice website but there are some things missing with respect to our particular medical domain.

There are very interesting materials on the internet already that should be added to the website.
Hi Maria and Dirk, you have very interesting information in that ToolBox. We still have systematic challenges with handover in Poland. Maybe, I could translate some of your content to our needs.
Hi Janusz, let’s try to change the system from bottom upwards. We could create a Special Interest Group on handover between Krakow and Nijmegen in the ToolBox. Let’s invite persons from both institutions and exchange experiences on handover.

Hi Maria and Dirk, you have very interesting information in that ToolBox. We still have systematic challenges with handover in Poland. Maybe, I could translate some of your content to our needs.
Conclusion phase 2

Diversity of training needs and solutions
→ A standardized training is not suitable

We will need something like a TOOLBOX
Phase 3. Creation of the toolbox

Questions

• How should the toolbox look like?
• What should be its content?
• How should it be structured?
• How to meet the needs of the users?

Aim

Develop an environment in which training specialists can find all kinds of solutions to create *themselves* a training that *fits the needs* of their trainees.
Methodology

1. The problem
   - Interviews
   - Focus group
   - Process mapping
   - Literature review

2. The training
   - Training needs analysis
   - Questionnaire
   - Writing Persona

3. The toolbox

4. Evaluation
   - Requirement analysis
   - PMI – rating
     - Cogn. Walkthrough
     - Think aloud
Requirement analysis
Requirement analysis

1. Writing personas
Requirement analysis

1. Writing personas
2. List of functionalities
Requirement analysis

1. Writing personas
2. List of functionalities
3. Comparison of potential online environments

<table>
<thead>
<tr>
<th>Categories</th>
<th>Selection criteria</th>
<th>Liferay</th>
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<td><strong>53</strong></td>
<td><strong>50</strong></td>
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</table>
Requirement analysis

1. Writing personas
2. List of functionalities
3. Comparison of potential online environments
4. Customization of the selected environment
Conclusion phase 3

A toolbox is also not fully adequate.
→ it does not address the awareness of the target group for the diversity of the problem

A learning network is more suitable to reach this aim.

Most important features of this LN
- is the sharing of knowledge and experiences
- Customizing solutions for problematic handovers to local needs and conditions
Result phase 3

The European Handover Learning Network (a.k.a. Handover toolbox)

...which we will show you in a minute
Methodology

Phase

1. The problem

2. The training

3. The toolbox

4. Evaluation

Methods

Interviews
Focus group
**Process mapping**
Literature review

Training needs analysis
Questionnaire
**Writing Persona**

**Requirement analysis**

**PMI – rating**
Cogn. Walkthrough
Think aloud
Phase 4. Evaluation

Question
What is the first impression of the toolbox of experts in the medical domain?

Aim
Gather feedback to further improve the handover learning network
Plus Minus Interesting rating

Look at and listen to the presentation of the Handover Learning network

Meanwhile…create notes on

P:  Plus

M:  Minus

I:  Interesting

Write down everything that comes to your mind, generate as many ideas as possible, do not filter your ideas!
Conclusions
Most important feedback

- STRUCTURE
- GUIDANCE
- USABILITY
- TARGET GROUP
- Content
- Purpose

Technology platform
Toolbox make-over

Helping the user

Structuring the toolbox

Both static and dynamic content
Structuring the toolbox – 8 main groups
Structuring the toolbox – 8 main groups

1. How do I use this toolbox?
Structuring the toolbox – 8 main groups

1. How do I use this toolbox?
2. How do I determine what to train during a handover training?
Structuring the toolbox – 8 main groups

1. How do I use this toolbox?
2. How do I determine what to train during a handover training?
3. What skills, knowledge and attitude of the individual professionals should I train to improve handover?
Structuring the toolbox – 8 main groups

1. How do I use this toolbox?
2. How do I determine what to train during a handover training?
3. What skills, knowledge and attitude of the individual professionals should I train to improve handover?
4. What standardized process, protocols or tools should I train?
Structuring the toolbox – 8 main groups

1. How do I use this toolbox?
2. How do I determine what to train during a handover training?
3. What skills, knowledge and attitude of the individual professionals should I train to improve handover?
4. What standardized process, protocols or tools should I train?
5. How can I empower the patient in handover through a handover training?
Structuring the toolbox – 8 main groups

1. How do I use this toolbox?
2. How do I determine what to train during a handover training?
3. What skills, knowledge and attitude of the individual professionals should I train to improve handover?
4. What standardized process, protocols or tools should I train?
5. How can I empower the patient in handover through a handover training?
6. How do I handle external and organisational factors that can influence my training?
Structuring the toolbox – 8 main groups

1. How do I use this toolbox?
2. How do I determine what to train during a handover training?
3. What skills, knowledge and attitude of the individual professionals should I train to improve handover?
4. What standardized process, protocols or tools should I train?
5. How can I empower the patient in handover through a handover training?
6. How do I handle external and organisational factors that can influence my training?
7. What training activities should I use and what practical issues should I consider when implementing the training?
Structuring the toolbox – 8 main groups

1. How do I use this toolbox?
2. How do I determine what to train during a handover training?
3. What skills, knowledge and attitude of the individual professionals should I train to improve handover?
4. What standardized process, protocols or tools should I train?
5. How can I empower the patient in handover through a handover training?
6. How do I handle external and organisational factors that can influence my training?
7. What training activities should I use and what practical issues should I consider when implementing the training?
8. How do I evaluate and adjust the handover training?
<table>
<thead>
<tr>
<th>Member</th>
<th>Name</th>
<th>Message</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Marcel van de Klink</td>
<td>Good luck with preparing for Handover and see you this afternoon!@Hendrik2 (yesterday)</td>
<td>Open University of the Netherlands located in Heerlen</td>
</tr>
<tr>
<td></td>
<td>Wendy Kicken</td>
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<td></td>
<td>Slavi</td>
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<td></td>
<td>Giulio Toccafondi</td>
<td></td>
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<td></td>
<td>Hendrik</td>
<td>Preparing presentation for handover meeting tomorrow update (2 days ago)</td>
<td>The Netherlands, Heerlen</td>
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<tr>
<td></td>
<td>Oliver Groene</td>
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<td></td>
<td>Peter Sloep</td>
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</table>
Welcome Hendrik

Hendrik has started a new discussion topic titled: Cultural differences in EU countries (3 minutes ago)
Hendrik has posted a new comment on this discussion topic | How can we improve the discussion on handovers problems at our local ward? (7 minutes ago)
Gijs Hesselinck has posted a new comment on this discussion topic | How can we improve the discussion on handovers problems at our local ward? (15 minutes ago)
Gijs Hesselinck has started a new discussion topic titled: How can we improve the discussion on handovers problems at our local ward? (19 minutes ago)
Hendrik posted a comment on this file Levels of culture (20 minutes ago)
Hendrik posted a comment on this file HANOVER Report: cultural barriers and facilitators in clinical handover (21 minutes ago)
Hendrik posted a comment on this file Article on the development of a discharge checklist (28 minutes ago)
Gijs Hesselinck uploaded a file (29 minutes ago)
Gijs Hesselinck uploaded a file (31 minutes ago)
Hendrik is now a member of Handover en Grupos minoritarios (38 minutes ago)
Hendrik is now a member of Culture and clinical handover (39 minutes ago)
Thomad Minestator is now a member of How to improve the HandOver toolbox (40 minutes ago)
Thomad Minestator is now a member of Content of the training: What to train? (41 minutes ago)
Thomad Minestator is now a member of How to train: training activities (41 minutes ago)
Thomad Minestator is now a member of Culture and clinical handover (42 minutes ago)
Thomad Minestator is now a member of Handover en Grupos minoritarios (42 minutes ago)
Gijs Hesselinck is now a friend with Slavi (50 minutes ago)
Gijs Hesselinck is now a friend with Marcel van de Klink (50 minutes ago)
Gijs Hesselinck is now a friend with Wendy Kicken (50 minutes ago)
Culture and clinical handover

There is the assumption that culture (norms, beliefs, attitudes et cetera) influences handover in daily practice. However, this is often difficult to identify and assess. In het HANDOVER project we looked at cultural barriers and facilitators to effective and safe handover. Main findings were that more awareness among care providers is needed for the handover process (communication, information exchange and coordination of care), to ensure continuity of care at referral as well as discharge.

Handover en Grupos minoritarios

Este grupo ha sido creado para colaborar en la formacion de profesionales sanitarios sobre posibles estrategias para mejorar la comunicacion con pacientes pertenecientes a grupos minoritarios.

Desde la perspectiva de la comunícacion, entendemos grupos minoritarios, personas que entren en contacto con el entorno sanitario y que puedan tener dificultades para comprender la informacion otorgada por los profesionales sanitarios:

How to train: training activities

The content of the training can be delivered by means of several training activities. However, the effectiveness of these training activities differs per situation. For instance, for large groups a lecture-based training with interactive elements is most appropriate, whereas for small groups role play or co-creation of handover procedures can be used. Because all training activities have their advantages and disadvantages, combining training activities improves the effectiveness of the training. This variation is not only motivating, it also takes into account different learning preferences of the participants.

Content of the training: What to train?

The content of the training strongly depends on the interventions that have been selected to improve handover practices of the medical and care professionals. These interventions can globally be divided into the following
How to train: training activities

In this group several common training activities are described. The learning activities are explained, examples are provided and advantages and disadvantages are described and discussed.

Owner: Wendy Kicken
Group members: 5

Description:
The content of the training can be delivered by means of several training activities. However, the effectiveness of these training activities differs per situation. For instance, for large groups a lecture-based training with interactive elements is most appropriate, whereas for small groups role play or co-creation of handover procedures can be used. Because all training activities have their advantages and disadvantages, combining training activities improves the effectiveness of the training. This variation is not only motivating, it also takes into account different learning preferences of the participants.

Brief description: In this group several common training activities are described. The learning activities are explained, examples are provided and advantages and disadvantages are described and discussed.

Interests: e-learning, co-creation, workplace learning, Problem-based learning, Active learning

Website:

Latest discussion
No topics have been created.

Group members

Group files

Reference of an interesting article on the development of a standardized handover protocol
3 days ago
More

Group pages

Co-creation
Last updated 6 days ago by Wendy Kicken

Learning on the Job
Last updated 6 days ago by Wendy Kicken
Co-creation

What is it? Co-creation is a learning activity in which the training participants create together a solution to a problem, in this case ineffective handover. For example, instead of training the participants to use a standardized protocol such as SBAR, the trainer can also guide the participants in creating together their own standardized protocol for the handover situations in their organisation.

How to do this? The training should be provided to those who are involved in the handover situations that need to be improved (e.g., primary and secondary care doctors and nurses). These participants can co-create a protocol from scratch, discussing with each other the most important information elements that need to be handed over. Or participants co-create a new protocol from an existing protocol.

FILES. In the group files several articles and documents can be found in which examples of co-creation are provided.

Wendy Kicken 3 days ago
Delete

Comment

Learning on the Job
Last updated 6 days ago by Wendy Kicken
Article on the development of a discharge checklist

Wendy Kicken
3 days ago

In this article (Transition of care for hospitalized elderly patients - development of a discharge checklist for hospitalist, by Halasyamani et al.) it is explained how a discharge checklist can be developed by taking into account the needs of the organization. Although the development is not explicitly based on co-creation, the principles and the process of the development also apply to co-creation.

Hi Wendy that is a very interesting article! Many thanks for sharing it, it perfectly fits to the challenges I'm facing at the moment by taking into account the needs of our organisation.

Hendrik just now

Comment

Learning on the job
Last updated 6 days ago by Wendy Kicken
Culture and clinical handover
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**Handover en Grupos minoritarios**

**Description:**
Este grupo ha sido creado para colaborar en la formacion de profesionales sanitarios sobre posibles estrategias para mejorar la comunicacion con pacientes pertenecientes a grupos minoritarios.

Desde la perspectiva de la comunicacion, entendemos grupos minoritarios, personas que entran en contacto con el entorno sanitario y que puedan tener dificultades para comprender la informacion otorgada por los profesionales sanitarios:

- Personas con barreras idiomaticas
- Personas con bajo nivel de educacion
- Personas con problematics sociales y limitaciones culturales

Bienvenidos a este espacio y todas vuestras aportaciones seran bien recibidas!!!!

**Brief description:** Limitaciones en la comunicacion con personas que pertenecen a grupos minoritarios

**Interests:** desfavorecidos sociales, barreras idiomaticas, comunicacion, Transferencia de informacion

**Website:** http://www.fadq.org

**Latest discussion**
No topics have been created.
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<tr>
<th>Group Name</th>
<th>Type</th>
<th>Description</th>
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<tr>
<td>Culture and clinical handover</td>
<td>closed group / 3 members</td>
<td>There is the assumption that culture (norms, beliefs, attitudes et cetera) influences handover in daily practice. However, this is often difficult to identify and assess. In the HANDOVER project we looked at cultural barriers and facilitators to effective and safe handover. Main findings were that more awareness among care providers is needed for the handover process (communication, information exchange and coordination of care), to ensure continuity of care at referral as well as discharge.</td>
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<tr>
<td>Handover en Grupos minoritarios</td>
<td>open group / 3 members</td>
<td>Este grupo ha sido creado para colaborar en la formación de profesionales sanitarios sobre posibles estrategias para mejorar la comunicación con pacientes pertenecientes a grupos minoritarios. Desde la perspectiva de la comunicación, entendemos grupos minoritarios, personas que entren en contacto con el entorno sanitario y que puedan tener dificultades para comprender la información otorgada por los profesionales sanitarios:</td>
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<td>How to train: training activities</td>
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<td>The content of the training can be delivered by means of several training activities. However, the effectiveness of these training activities differs per situation. For instance, for large groups a lecture-based training with interactive elements is most appropriate, whereas for small groups role play or co-creation of handover procedures can be used. Because all training activities have their advantages and disadvantages, combining training activities improves the effectiveness of the training. This variation is not only motivating, it also takes into account different learning preferences of the participants.</td>
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<td>Content of the training: What to train?</td>
<td>open group / 4 members</td>
<td>The content of the training strongly depends on the interventions that have been selected to improve handover practices of the medical and care professionals. These interventions can globally be divided into the following categories:</td>
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Culture and clinical handover

Description:
There is the assumption that culture (norms, beliefs, attitudes et cetera) influences handover in daily practice. However, this is often difficult to identify and assess. In the HANOVER project we looked at cultural barriers and facilitators to effective and safe handover. Main findings were that more awareness among care providers is needed for the handover process (communication, information exchange and coordination of care), to ensure continuity of care at referral as well as discharge.

Brief description: Culture influences the quality and safety of clinical handovers

Interests: handover process, qualitative research, organizational culture, attitudes

Website:

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Group files

Levels of culture
27 minutes ago

HANOVER Report: cultural barriers and facilitators in clinical

Group pages

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Hi Gijs,
very interesting document. I was wondering during reading it, do we need to address the subcultural differences in organisations by offering different kinds of trainings or do you think the handover subcultures need to be standardised?

Cheers,
Hendrik

Hendrik 5 minutes ago
How can we improve the discussion on handovers problems at our local ward?

Gijs Hesselink 2 hours ago

Several hospital nurses also described the benefits of working at a ward where it is appreciated and encouraged to speak out frustrations or to correct each other (e.g. in staff meetings), to put forward suggestions for improvement, to compliment and to support each other. Some expressed that such a 'learning culture' motivates one another in doing things in handover practice better the next day. But how can we stimulate this at wards where such a culture is absent?

Hendrik 2 hours ago

Hi Gijs,

We apply in our institute a kind of tandemship model. Where always two collegues (senior and a junior) can exchange their experiences in a save environment. An environment where mistakes are not a problem rather than a source for improvement. That works quite fine and improves quality for our domain at least. Maybe, a solution for your target group as well.

Best,

Gijs Hesselink 2 hours ago

Thanks Hendrik! While reading this I recall a colleague talking about this. We also have a lot of seniors and juniors here...so it might also work over here I guess...I will let you know!
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!

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3 overall messages
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1. Other domains have still very limited experiences with Web2.0, Research2.0, Learning Networks and informal learning.
3 overall messages

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2. There is a lot we can learn from non-TEL domains as they apply different procedures and background information to the project.
3 overall messages

1. Other domains have still very limited experiences with Web2.0, Research2.0, Learning Networks and informal learning.

2. There is a lot we can learn from non-TEL domains as they apply different procedures and background information to the project.

3. Powerful set of methods to created customized Learning Networks - A golden way?!
Many thanks for your interests

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