

Small group block

2nd training occasion



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HANDOVER

2nd training occasion

- I. Self-assessment
- II. Identifying the fields to improve and developments
- III. Conditions of the successful implementation, aspects of change management
- IV. Working out project plan for implementation of changes, scheduling of implementation and maintenance



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I. Self-assessment



The role of self-assessment

- ❑ In order to know what to improve, we have to know the current practice.
- ❑ It is very often that there is difference between the perceived and the real practice – these differences should be found.
- ❑ Having a protocol (written or unwritten) doesn't mean that practice follows it.



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I. Handover processes on the ward

1. Which handover processes exist on the ward?

- Shifts change
- Handover after duty
- Morning meeting
- Discharge
- Transmission
- Further referrals
- Critical results communication
- Other:

I. Handover processes on the ward

2. What regulates how should a handover be realized ?

- Local protocol, instruction, procedure, etc.
(on hospital/department/ward level?)
- Routin, formed habit, custom
- It is always told by the senior.
- Nothing regulates it.
- Other:



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I. Handover processes on the ward

3. How colleagues can get to know the protocol, instruction, procedure, etc. even it is written or oral?

- Intranet
- Education, training, adaption
- During the training of new colleagues
- Circular from management
- Other:

I. Handover processes on the ward

4. If protocol, procedure, instruction, etc. exists, does handover realize in that way?
5. In which cases handovers are not like they are required as in the protocol, instruction, procedure, etc,?
6. In your opinion in these cases what stands in the background?
7. What kind of factors make sure handover processes are realized without disturbance ?

I. Handover processes on the ward

8. What kind of disturbing factors occur during handover processes?

- Noise, sound effects
- Factors given from the physical environment
- Calls of colleagues (mobile, beeping, knocking)
- Language factors
- Factors related to one's personality, behaviour
- Factors deriving from time (e.g. tiredness, etc.)



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I. Handover processes on the ward

9. How often these disturbing factors occur?

10. What can be done in order to avoid these disturbing factors?

11. Which handover processes works well?

12. Which handover processes do you think could be improved?

II. Types of handover processes

1. How different handover processes happen on your ward?

Oral:

- face to face:

 bedside:

 in a separate room :

- by phone:

- taped:

- other:

Written:

- by specific form, copybook:

 summarized:

 by patients:

- by notes (not defined form):

- other:

Oral and written:

II. Types of handover processes

2. What ensures that in the different types of handover the recipient understand and clearly understand the shared information?
3. How do you ascertain in the different types of handover that the recipient clearly understand the shared information?
4. If the deliverer has questions during handover what kind of possibilities he has in order to get answers to them?

III. Standardization of handover

1. What kind of standardized elements do handover processes have?
2. What kind of tools, supporting materials are applied in the handover processes?
 - forms, samples, tables
 - IT tools
 - checklist
 - guideline
 - memory card
 - other:

III. Standardization of handover

3. What is the minimal information set that has to obligatory be shared during the different handovers?
4. How has this information set developed?
5. Who developed that?
6. Beside this minimal information set, what kind of other information are shared in the oral and written handover?
7. What kind of unnecessary information are shared during handovers?

IV. Time of handover

1. When handover processes happen on the ward? What is the fixed time for them?
2. How punctual do handover processes start?
3. How do you ensure continuity of care of patients during handover? Who are the responsible for care at this time?
4. How long are the different handover processes on the ward?

V. Participants of handover

1. Who are the participants of handover processes?
2. How multidisciplinary appears in handovers?
3. In case of which patients are you trying to lead multidisciplinary handover?
4. How do different jobs participate in the different handovers?
5. Who leads the different handover processes?

V. Participants of handover

6. What are the leader's tasks at handover?
7. What are the different participants' tasks at handover?
8. How could you ensure that participants are able to take part in the handovers?
9. What happens if any participant can't take part in the handover?
10. How do you involve patients into handover processes?

VI. Documentation of handover

1. What kind of information are documented during the different handover processes?
2. What are the information that must be documented obligatory?
3. Who prepare documentation?
4. In which form documentation are prepared?
 - by hand
 - by typing
 - by IT solution
 - by making notes
 - by tape recording
 - other:

VI. Documentation of handover

5. What kind of unified samples, forms, tools are used to document handover?
6. What is the relation between the documentation of handover and patient documentation?
7. Where is the place of the documentation of handover?
8. How does the archiving of the documentation of handover happen?

VII. Any other possible roles of handover

1. Beside sharing the information and responsibility of patient care what any other function handover processes have?

- opportunity to support decisions and decision making by group
- opportunity to asking questions
- opportunity to educate (e.g. new colleagues, young professionals, etc.)
- opportunity to team building
- opportunity to change climate culture (e.g. by learning norms, models)

VIII. Revision of handover

1. How does survey of handover happen?
2. How often do these surveys happen?
3. Who are the surveyors?
4. What do they review along the survey?
5. How do analyses and assessments of results happen?
6. What happens with the conclusions and recommendations coming from the assessments?
7. Who and in which way get feed-back about the results?
8. How do the assessment and development of the survey itself happen?



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II. Identifying the fields to improve and developments



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Exercise 6: Identifying the handover processes to improve

AIM:

- Choosing 1-2 handover processes to improve
- Chosen handover processes should cover all jobs that take part in the training

HANDOVER PROCESSES CHOSEN:

Exercise 6: Identifying the handover processes to improve

GUIDE:

- Which handover process is the most frequent on the ward?
- Which handover process is the rarest on the ward?
- Improvement of which handover process could results for the most of the colleagues?
- Improvement of which handover process could increase patient safety most?

Exercise 6: Identifying the handover processes to improve

- Which handover process is the less standardized, so the most variable?
- Which handover process brings the most patient complaints?
- Which handover process has brought compensation claim to the ward or the hospital?
- According to which handover processes could you detect weaknesses, deficiencies along the self-assessment?

Exercise 7: Let's make a flow chart and process analysis

- Flow chart: illustration of the chosen handover process in a figure.
- Starting point – process steps – end point
- Process analysis: analysis of each step by different aspects (e.g.: requirements of adequate handover) and/or by questions

Exercise 7: Let's make a flow chart and process analysis

Questions that could be thought over at each process step:

- Who participates in the given step?
- What kinds of information and in which forms have to be available for the given step to be realized in the adequate way? (input)
- What kinds of information and in which form are generated by the given step? (output)
- What tools are necessary for the given step?
- When does the given step occur?
- How long does the given step take?
- Where does the given step happen?
- Is the given step critical in the handover process?
- Is the given step necessary?

Review of the handover process to improve

| ASPECTS | ACTUAL STATUS | REQUIRED STATUS | DEFINED IMPROVEMENT |
|---|---------------|-----------------|---------------------|
| Regulation | | | |
| Type | | | |
| Time factors | | | |
| Venue | | | |
| Disturbing factors | | | |
| Participants | | | |
| Minimal set of information to hand over | | | |
| Applied tools | | | |
| Documentation | | | |
| Other possible roles of handover | | | |
| Education | | | |
| Maintainance | | | |



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III. Conditions of the successful implementation, aspects of change management

Aspects to be considered while making change – factors that can frustrate change in general and their solutions* 1.

| FACTOR/ASPECT | SOLUTION |
|--|--|
| Fear from loosing control | <ul style="list-style-type: none"> ▪ <i>Involvement, participation</i> |
| Feel of uncertainty during change | <ul style="list-style-type: none"> • Inspiring, clear <i>vision, targeting</i> • Accountable, transparent process with clear, simple steps, responsables – <i>schedule</i> • Continous, consequente information, <i>communication</i> |
| Unexpected, surprising change | <ul style="list-style-type: none"> • <i>Information, communication</i> started in adequate time |
| Too many things are changing | <ul style="list-style-type: none"> ▪ Justification of change (<i>professional preparation</i>) and related communication |
| According to this did we do things poorly? | <ul style="list-style-type: none"> ▪ Keeping the good elements of previous practice and acknowledgement of them (<i>professional preparation</i>) ▪ Circumstances have changed, we have to adapt to this – <i>targeting, communication</i> ▪ <i>Involvement and participation</i> of key persons and formers of previous practice into forming change |

*Sally Blount and Shana Carroll: Overcome Resistance to Change with Two Conversations; Harward Business Review, 2017 May

Aspects to be considered while making change – factors that can frustrate change in general and their solutions* 2.

| FACTOR/ASPECT | SOLUTION |
|---|--|
| Fear of not being able to acquire the new practice | <ul style="list-style-type: none"> ▪ <i>Education, training</i> ▪ <i>Supporting tools</i> (e.g.: samples, templates, etc.) ▪ <i>Providing plentiful information (communication)</i> ▪ <i>Supporting systems</i> (e.g.: IT) |
| Extra work | <ul style="list-style-type: none"> ▪ <i>Remuneration, acknowledgement</i> |
| The attitude of those who are affected just indirectly in the change, won't be absolutely helpful | <ul style="list-style-type: none"> ▪ <i>Participation, Involvement</i> (exact identifying of stakeholders and their interests) |
| Previous harms | <ul style="list-style-type: none"> ▪ <i>Unlocking of displeasures deriving from the past (stakeholders and their interests) - communication</i> |
| Threat: financial interests, possibility of losing job, changing of power status, losing prestige, etc. | <ul style="list-style-type: none"> ▪ <i>Clear, transparent schedule</i> ▪ <i>Honest, fair communication</i> |
| „Don't want others to tell us what to do!” | <ul style="list-style-type: none"> ▪ <i>Clear targeting and its communication</i> ▪ <i>Stakeholders and their interests – involvement, participation</i> ▪ <i>Professional preparation</i> |

Aspects to be considered while making change – factors that can frustrate change in general and their solutions* 3.

| FACTOR/ASPECT | SOLUTION |
|---|--|
| Expectation communicated by managers and the managers' behaviours are incongruent | <ul style="list-style-type: none"> ▪ Real <i>commitment of management</i> ▪ <i>Targeting and its communication</i> |
| Lack of trust against initiators and leaders of change | <ul style="list-style-type: none"> ▪ <i>Professional preparation</i> ▪ <i>Involvement, participation</i> ▪ <i>Selecting responsables</i> |
| Incongruence between the nature of change and the organizational climate | <ul style="list-style-type: none"> ▪ Clear <i>targeting and its communication</i> ▪ Real <i>commitment of management</i> ▪ <i>Communication (formal and informal)</i> ▪ Adequate time planning - <i>schedule</i> |
| Colleagues don't feel the necessity of change | <ul style="list-style-type: none"> ▪ Clear <i>targeting and its communication</i> ▪ <i>Education, training</i> ▪ <i>Communication</i> |
| No agreement with the content of change | <ul style="list-style-type: none"> ▪ Clear <i>targeting and its communication</i> ▪ <i>Involvement, participation</i> ▪ <i>Education, training</i> ▪ <i>Communication</i> |
| Change is very constrained, pressure is big | <ul style="list-style-type: none"> ▪ Adequate time planning - <i>schedule</i> ▪ <i>Education, training</i> ▪ Providing information - <i>communication</i> |

Importance of communication

- ❑ Managers generally blame the personal attitude of the affected colleagues for the lack of success of change while the affected colleagues justify this with objective difficulties (insufficiency of the elements related to managing change)
- ❑ Conversations with the colleagues to convince are inevitable. Cornerstones of these are:
 1. Efficiency is not the priority in this case: adequate time must be spent for these conversations, and instead of or beside group occasions personal, face to face communication is needed.
 2. Mindful attention: listening to standpoints, remarks, at most 20% of the conversation should be talked by ourselves.
 3. Openness: if the others feel the conversation formal and no results can be waited from that, their resistance won't end; one should be open for the other's opinion, recommendation and if these can be adopted or used in the development, then these should be built in it.
 4. At least two conversations are needed 2-7 days between them:
 1. listening, exploring roots of resistance, getting know the standpoints and recommendations
 2. feed-back: what why and how could/couldn't be built in the development

Needs for succesful implementation

- clear wording of the aim and importance of change
- commitment of (top) management to change
- adequate preparation of the professional content of change
- exact identifying of stakeholders affected in the change
- exact determination of responsables and their tasks participating in the realization
- ensuring resources needed for change (time, devices, supporting tools, HR, etc.)
- exact and transparent forming of schedule of change
- exact planning of communication of change
- forming educations and trainings related to change
- acknowledgment of efforts for change
- measuring of occuring of change, maintenance*



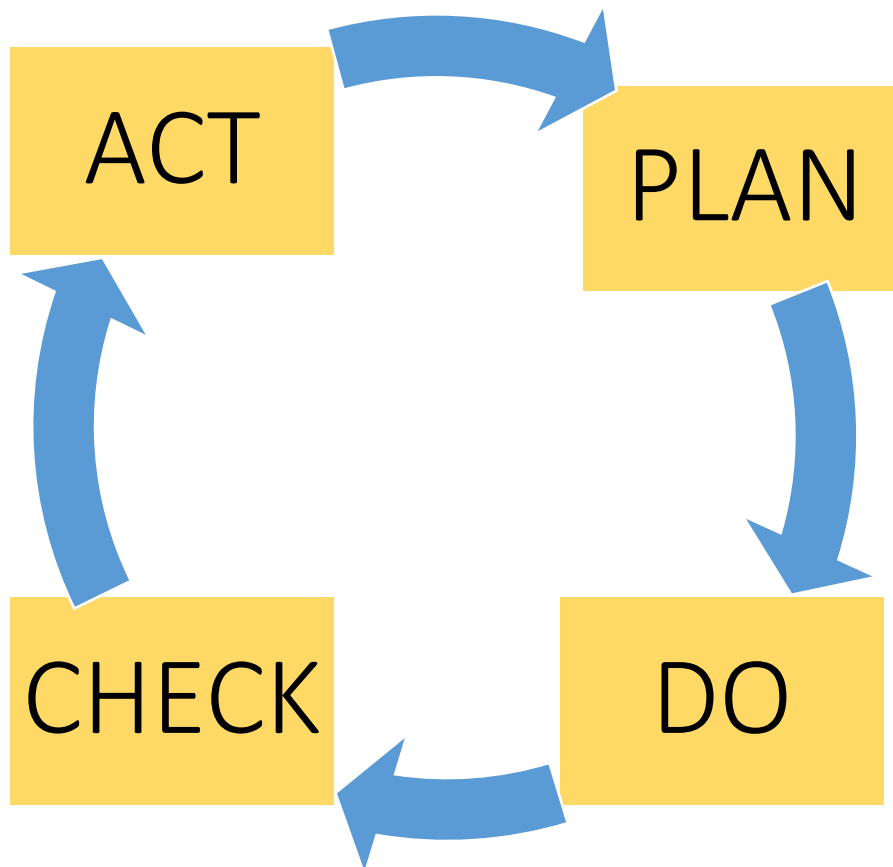
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IV. Working out project plan for implementation of changes, scheduling of implementation and maintenance



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PDCA - cycle





Review of monitoring and maintenance

1. In which steps of handover process does the solution proposal indicate change?
2. What indicate us that the change has really occurred? How does the change manifest?
3. How can it be measured, monitored?
4. By which period should the maintenance of change be monitored?
5. What kind of changes have happened in the education, training of new colleagues?
6. How should these changes be built in their preparation?

Thank you for your attention!