# Safe transfer principles



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### CONCLUSION

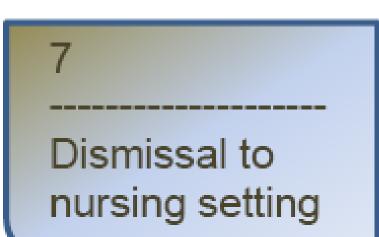
The communication between regional parties is enhanced because the safe principles of transfer have been brought together in one model. It provides a framework for improving the effectivity of handover in the whole chain of care. It makes it easy to determine whether the transfer is complete and safe.

## RANSFER PRINCIPLES

#### 7) Dismissal to nursing setting

- · Pronounce term for dismissal message to
- nursing home doctor
- Pronounce term and dismissal letter content · Carry over to subsequent healthcare provider
- Make agreements on the transfer and the connection between medical, nursing and medication file
- Inform about:
- -Warning signs;
- -When contact and with whom (+ accessibility)?
- -Changes in medication

#### Safe transfer principles



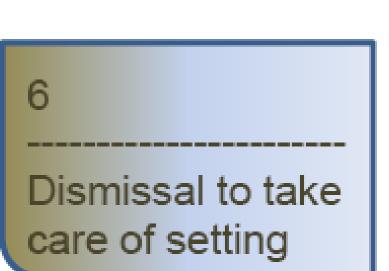


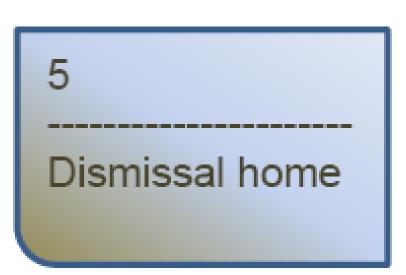
#### 1) Hospital admission via GP

- To make agreements about transfer:
- Application is signed
- Full name and address · Make question clearly defined
- Known information about co-
- morbidity and vulnerability
- Medication information Investigate if a standardisation is possible

#### 6) Dismissal care setting

- Pronounce term for dismissal message to family practice
- Pronounce term and dismissal letter content
- Carry over to subsequent healthcare provider
- Make agreements on the transfer and the connection between medical, nursing and medication file
- · Inform patient/family about: -Warning signs; -When contact and with whom (+ accessibility)?
- -Changes in medication









#### 2) Elective admission

- · Make sure that patient data is fully
- Verify co-morbidity and vulnerability
- Verify Medication information
- · Discuss changes since last visit · Verify information on:
- -allergies;
- -treatment limitation and CPR desire;
- -BRMO; -informed consent

#### 3) Emergency admission

- · Make sure that patient data is fully
- Verify co-morbidity and vulnerability
- Verify Medication information
- · Assess care demand · Verify information on:
- allergies; -treatment limitation and CPR desire;
- -BRMO;
- informed consent

### 5) Dismissal home

- Pronounce term for dismissal message to family
- Appointments from ER in case of No admission or dismissal
- Pronounce term and dismissal letter content
- Inform patient about:
- -Warning signs; -When contact and with whom (+

-Agreements on care at home

- accessibility)?
- -Changes in medication -Follow-up appointment

#### 4B) transfer between hospitals Structured transfer

- · Make sure that the (continued) care demand is
- Provide complete data
- Verify medication information
- · Discuss details
- · Indicate any subsequent data or results Keep in mind the different sources (medical,
- nursing, paramedical, medication)

#### 4A) internal transfer

- Structured transfer(for example.SBARR)
- · Provide complete data

admission

- Make sure that all the information required by the file is present (EPF, check
- lists, formal appointments) Verify medication information
- Discuss details
- Indicate any subsequent data or results
- Keep in mind the different sources (medical, nursing, paramedical, medication)

## BACKGROUND

The Albert Schweitzer Hospital (ASH) and the Maasstad Hospital (MH) are both large non-university teaching hospitals in the South-West part of the Netherlands, and are collaborating in a regional cooperation on quality & safety (SRZ).

The Dutch healthcare Inspectorate (IGZ) audited both hospitals with respect to handover of information after hospital admission. Because of similarities in findings, the inspectorate requested both hospitals to reflect on these similarities together. Because of the geographical proximity both hospitals collaborate with (partly) the same regional providers of care.

Focus of the project was the development of a framework for effective handover between caregivers. From primary care professional to hospital, intrahospital, interhospital and from hospital to primary care professional. The framework aims at improving the effectivity of handover in the whole chain of care.

## METHODS

Focus of the project was the development of a framework for save handover between caregivers. Form GP to hospital, inside hospitals, between hospitals and from hospital to the successive healthcare professional involved. Steps in the process are:

- 1) First stage of the development process was the construction of a general conceptual model, an one-page-picture, which had the function of creating an overview of relevant aspects of handover.
- 2) identification of rules, regulations and rules for handover (legislation, quality system, common practise)
- 3) risk analysis for the handover process
- 4) to validate the model: audit of the internal hospital handover process in two hospitals
- 5) Discussion of the framework in the region
- 6) sharing the framework in the chain
- 7) re-audit in hospital
- 8) audit in chain
- 9) improvement project based on auditresults in the hospital

## RESULTS

The initial framework was designed by Safety experts of the departments of Quality, Safety & Innovation of the ASH and MH. The concept have been discussed with the partners in the regional cooperation on quality and safety (SRZ) and with hospital partners in the chain. Collaboration and dialogue in the regional setting with all partners in the care chain already resulted in improvements in the handover process.

- Three checklists have been developed:
- Transfer to hospital
- Transfer within the hospital setting
- checklist transfer from the hospital
- Ensure transfer within the Hospital by recurring thematic audits started in 2017
- The safe transfer principles have been used as input for the implementation of the electronic medical record (EMR). The overview of rules and regulations has been useful input for the design of the digitalization of the handover process.
- Start audit program in the chain between all parties in 2018

### DISCUSSION

Collaborating in a regional network has many advantages: all teach, all learn.

The common framework for handover provided room for participating organisations to design their own development process within their own care context. In the dialogue on the differences in the translation to their own care context multidisciplinary teams can learn from each other.