How to rescue a poor handover

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This sheet deals with:

- **the communication skills required by the 'receiver' of a poor handover**
- **effectively redirecting the 'sender' of information**
- **using an agreed handover communication tool such as ISBAR3**

What is clinical handover?

Clinical handover refers to the transfer of professional responsibility and accountability for some or all aspects of care for a patient, to another professional (group) on a temporary or permanent basis. It is extremely common with approximately seven thousand such events occurring daily in large tertiary referral units. ISBAR3 is a handover method using the following steps: Identification, Situation, Background, Assessment, Recommendation, Readback and Risk.

Why is poor handover a problem, and why does it happen?

Ineffective communication between team members is a well-recognised contributor to patient harm. Research indicates that clinical handover is one of the most important contributing factors in serious adverse events. The WHO has listed handover communication in its top five patient safety solutions.

- Too often in healthcare settings the safe handover of clinical information between healthcare professionals is compromised by the sender being unaware of existing methods of information transfer such as ISBAR3 or an inability to adhere to these methods.
- This may lead to poor professional interactions especially if such conversations are taking place out-of-hours or in stressful situations.
- A poor handover may also occur because of inadequate preparation prior to the call.
- Hierarchical challenges may also need to be taken into consideration. A junior colleague may be intimidated by the presence of a more senior colleague, especially while asking for 'readback' at the end of the handover.

How?

The receiver (usually senior colleague) may quite quickly realise that the sender (junior colleague) is not adhering to expected protocols for handover communication, because of the use of unstructured, disorderly pieces of information being relayed in a haphazard fashion. This can be compounded if the receiver is obviously under stress at the time of the call.
Attempting to rescue a poor handover requires the use of particular communication skills. Basic skills such as active listening, relationship building, effective feedback and use of empathy are crucial to enable the effective redirection of a poor handover of patient care.

1. Redirect the handover

The receiver needs to redirect the conversation. This is best achieved with the use of reflection empathy and sign posting initially: *I can hear from your voice that things seem pretty busy at your end (reflection). I know it can be difficult speaking to a senior person at times like this (empathy). I'm happy to work through a method that will help the process be more effective for both of us (sign posting). Let's work together on this.*

Starting with these communication skills allows for a pause for the sender to listen and be redirected from the receiver on how best to proceed. The receiver redirects using the following type statements: *I realise you're doing your best to give me the information… I need to help you… to enable you to do just that. Just now the information you are providing… is not coming across in a way that is making it easy for me to assist you. I use a method called ISBAR3, have you heard of it?*

2. ISBAR3

At this point in the conversation the sender has either heard of ISBAR3 or not.

- If they have heard of it the next statement could be something like: *that's terrific – let's just refresh on how it's used… (Receiver initiates by providing the acronym) … are you familiar with how it's used?* This statement indicates to the sender that although they may have heard of it, they are not currently using it in the proper fashion. It also allows the sender to 'save face' by saying that they have heard of ISBAR3 but are not overly comfortable in its use. This can then be followed up a statement such as: *let's start this handover conversation using ISBAR3 from the beginning … I will assist you if you get stuck. The outcome of using ISBAR3 process is that I'll be in a much better position to help you with an effective handover.*
- Alternatively, the sender may indicate that they are not familiar with ISBAR3: *that's ok – we can get around this working together using ISBAR3… and I'll be in a much better position to assist you. This will take a few minutes but you will find it easier the more you apply it as a method. Let me talk you through how this works. 'I' is for identification, etc.*

3. Supportive feedback

Encouraging the sender to try to use a new technique involves feedback skills in real time as the sender attempts to comply: *You have practiced a different method in doing handover. How did you feel while you were trying to share the information using ISBAR3 (reflection in action)? How do you feel having used ISBAR3 with a colleague (reflection on action)?*
It should be remembered that the goal of the sender is to transfer safe care of the patient and hearing such phrases will reinforce the importance of adhering to an agreed agenda: *The information you have provided using ISBAR3 method has ensured safer care of the patient you are handing over and like all new skills it will become easier and more efficient through practice.*

Limitations:

In an acute clinical context, the receiver might choose to limit the teaching to the stepwise extraction of all ISBAR3 information.

Read More?

1. *E-learning ISBAR3: https://msurgery.ie/course/handover-course/*
2. *Lee et al. Hand offs, Safety Culture and practises: evidence from the hospital survey on patient safety culture. BMC Health Serv. Res. 2016 Jul 12;16:254*
3. *Benjamin F, Hargrave S, Nether K. Using the Target Solutions tool to improve Emergency Department Handoffs in a Community Hospital JT. Comm. J. Qual. Patient Saf. 2016 Mar;42(3):107-118*
4. *European Commission communication relating to handover 2015*
5. *tEACHing Tip Sheet: Feedback on Observed Communication in the Workplace*