



Royal College of
General Practitioners

Safety at Interfaces of Care

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Mind the Gap!

Interfaces of care are
dangerous places for
patients

What can go wrong?

- Patient not in 'right' place
- Patient misidentification
- Incorrect information
- Confused information (medication, results, notes, follow-up)
- Patient has incorrect medication
- Patient transported to wrong place

Types of handover

- Ambulance to Emergency department
- Inter-departmental transfer
- Shift-to-shift Medical and Nursing
- Inter-profession handover
- Inter-hospital handover
- Hospital to Community (secondary to primary care)

Wong et al (2008)

And from my perspective....

Community to hospital

- Practice to practice (lifelong medical history)
- Referrals within primary care (physio; mental health; GPwSI; family planning; etc)

Minding the Gap

- Reliably identify the patient
- Reliably match patient with record
- Reliably match patient with medication record
- Reliably match patient with results
- Reliably match patient with drugs

Patient identification

- Last name
- First name
- Date of Birth
- NHS Number (unique patient identification number)

This forms the dataset for NPSA Safer Practice Notice No 24 on standardised wristbands

What else do I need to know?

Varies with setting but probably includes:

- What is wrong with this patient? - active clinical problems
- What has been done? - relevant investigations & treatments to date
- What needs to be done? - action plan, including when and by whom.
- Anything else I should know? - risks, allergies, disability
- Responsible consultant/team/clinician

Standardised communication protocols

- Aim to specify general topic areas that need to be included in handovers
- Specific data items are generally left to participants to determine
- SBAR most common, and most reported
- Recommended by Joint Commission in USA (*JCAHO 2008*)

SBAR

US Navy technique

- **Situation**
- **Background**
- **Assessment**
- **Recommendation**

Aim is to make errors and omissions of information more obvious – but difficult to do if no face-to-face handoff

Supporting tools and techniques for handover

- Protocols, eg SBAR or identification protocols
- Electronic flow of information eg GP2GP
- Secure sharing of patient information eg SCR
- Systemic use of unique patient identifying number – NHS Number
- Core minimum dataset

What can patients do?

- Know NHS number?
- Have expectation (and tolerance) of identification protocols
- Be prepared to challenge

Timeliness of information

- Important in physical transfers (ward to ward; hospital to hospital; community to hospital; hospital to community)
- Information should be available when receiving clinician needs it
- Delays in receipt of information contribute to patient safety incidents (medication; delay in treatment; mis-diagnosis; allergic reactions; incorrect procedures etc)

Ensuring timeliness

- Discharge/referral notes to accompany patient
- Real-time access to electronic patient information – PDS;SCR
- Electronic transfer of information (Choose and Book; 2WW; email referral and discharge letters)

Requirements for safe handover

Reliable, timely, communication of information that is reliably matched to patient

Any questions?

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