

Improving Handover of Care

Glen Brown

It is rare, if not unheard-of, for a single pharmacist to provide pharmaceutical care to an individual patient over the complete continuum of health care provision. This lack of continuity forces each pharmacist to develop processes and techniques for handing off to the next provider of pharmacy-related care along the continuum. The need for smooth and effective communication of medication therapies at transitions of care is deemed so vital that Accreditation Canada has adopted it as a requirement of practice.¹ Yet historically and (I would vouch) currently, pharmacists have generally performed poorly in handing off the pharmaceutical care plans of individual patients to other health care professionals. In this issue of the *CJHP*, Zhu and others² describe an untapped resource for ongoing care of patients following discharge or disengagement from institutions (where “disengagement” refers to discharge with no further follow-up through that institution). In their survey study, they found that pharmacists in community practice welcomed the opportunity to be more involved in the care of patients receiving therapy outside health care institutions, specifically those with chronic kidney disease. In fact, 90% of community pharmacists who responded to the survey identified obtaining the medical history and diagnoses of individual patients as a positive contributor in ongoing care. Given these findings, we might anticipate that colleagues within our respective institutions would also welcome or require similar information to assume care upon transfer of patients between care units or over time as our individual work schedules alter our availability for continuous care—none of us works 24/7 over the entire year! Investigation of adverse consequences resulting from inadequate handover of care has shown that critical information about an individual patient’s medical condition or care plan is frequently not conveyed to the new care provider.³ Providing such information should not be an overwhelming obstacle for hospital pharmacists.

The study of factors contributing to unsuccessful care handover and methods for improvement is a growing field. One suggestion for improvement is establishing and enforcing a

minimum standard for information that should be provided regarding the conditions and care plan of each patient.³ The Scottish Intercollegiate Guideline Network has recently published a guideline outlining the information recommended for handover of care upon hospital discharge.⁴ Canadian pharmacy investigators have proposed a tool with mandatory elements regarding the patient’s drug therapy and unresolved drug-related issues.⁵ Such a tool could be used for communication between pharmacists within institutions or between hospitals, and could also be used to communicate with community pharmacists.

To facilitate the handover of information in an efficient manner, Dawson⁶ suggested that the use of electronic resources would be desirable. Canadian institutional pharmacies need to explore the capabilities and functionality of electronic health care record systems within their sites to determine how the desired information can be captured, organized, and forwarded to care providers further along the continuum of care. Evidence supporting the benefits of using electronic records has been available for the past decade.⁶ A process of forwarding information does require careful planning to ensure that the information is relevant, understandable, useable, and timely for the new care provider. The process should also fit within the usual workflow to facilitate its adoption and efficient utilization. It may be necessary to formally teach pharmacists how to efficiently communicate care at handover, as other disciplines have discovered.⁷ The process must also ensure privacy of patient information and must incorporate the patient’s consent for information transfer, if this extends beyond the scope of the health care facility. The process should also include a method of permanently documenting the forwarded information and the timing of handover, as well as the identity of those involved.

These requirements should not be barriers. The technology exists, pioneers have demonstrated a pathway, and researchers have documented the benefits. What is required is for all of us to dedicate our attention and efforts to improving this potential weak link in the care of our patients.

References

1. *Required organizational practices handbook 2014*. Ottawa (ON): Accreditation Canada; 2013 [cited 2014 May 18]. Available from: www.accreditation.ca/sites/default/files/rop-handbook-2014-en.pdf
2. Zhu L, Fox A, Chan YC. Enhancing collaborative pharmaceutical care for patients with chronic kidney disease: survey of community pharmacists. *Can J Hosp Pharm*. 2014;67(4):268-73.
3. Thomas MJW, Schultz TJ, Hannaford N, Runciman WB. Failures in transition: learning from incidents relating to clinical handover in acute care. *J Health Qual*. 2012;35(3):49-56.
4. Guideline 128: The SIGN discharge document. Edinburgh (Scotland): Scottish Intercollegiate Guideline Network; 2012 [cited 2014 May 18]. Available from: www.sign.ac.uk/guidelines/fulltext/128/
5. Cesta A, Bajcar JM, Ong SW, Fernandes OA. The EMITT study: development and evaluation of a medication information transfer tool. *Ann Pharmacother*. 2006;40(6):1074-81.
6. Dawson LE. Communication failures across facilities and at hospital discharge. *Contin Lifelong Learn Neurol*. 2011;17(5):1124-8.
7. Darbyshire D, Gordon M, Baker P. Teaching handover of care to medical students. *Clin Teach*. 2013;10(1):32-7.

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Competing interests: None declared.

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ON THE FRONT COVER

Starfish Donkersley Beach, British Columbia



CSHP member Scot Simpson describes this issue's cover photograph in his own words: "This image was taken on a hot July day in 2013 during our summer vacation on the Sunshine Coast of

British Columbia. Our family was having a great time skimmer boarding, swimming, and playing in the sand at a small beach

located about 20 km south of Powell River when I spotted these purple starfish caught in a tidal pool." The image was captured with a Nikon D3200 camera.

The *CJHP* would be pleased to consider photographs featuring Canadian scenery taken by CSHP members for use on the front cover of the journal. If you would like to submit a photograph, please send an electronic copy (minimum resolution 300 dpi) to Colleen Drake at cdrake@csHP.ca.