Integrated Telehandover Project Initiative Type Model of Care Status Sustained Added 05 February 2019 Last updated 28 September 2021 **URL**

Summary

The Integrated Telehandover Project commenced at The Townsville Hospital in October 2017 and has concluded 30th June 2018. It was anticipated that a video-conferenced inter-facility clinical handover could provide safer, higher quality clinical handovers for inter-hospital transfers. The project operated through six phases; defining, mapping, planning, implementation, control and closure. 22 Telehandover occasions of service were recorded. Nine occurred within the THHS, 11 occurred inter-

https://test.clinicalexcellence.qld.gov.au/improvement-exchange/integrated-telehandover-project

occasions of service. All six project objectives were accomplished. Telehandover supported person centred care, provided a higher quality clinical handover, assisted patient transfer and enhanced interfacility communications. Telehandover supported the increase of Telehealth inpatient activity and utilised current Telehealth resources. Telehandover was also integrated into pre-existing patient flow pathways.
Key dates
Oct 2017
Jun 2018
Implementation sites
Townsville Hospital and Health Service
Partnerships
Telehealth Support Unit, TEMSU
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health service, one interstate and one international. TEMSU were involved with 14 out of the 22

Aim

- It was anticipated that a video-conferenced inter-facility clinical handover could provide safer, higher quality clinical handovers for inter-hospital transfers.
- Enhance person centred care, supporting inter-hospital patient transfer processes.
- Provide clear, concise clinical handovers that occur in a timely manner.
- Support early patient transfer, and the reduction of patient length of stay.
- Enhance clinical handover service, through supporting inter-facility communications and the maximization of available resources.
- Utilise Telehealth equipment and support the increase of Telehealth inpatient activity.
- Integrate Telehandover into pre-existing inter-hospital transfer processes, following current policies and procedures.

Benefits

- Safer, higher quality clinical handovers; with improved handover accuracy.
- Safer, sustainable discharge planning; through collaborative care.
- Higher quality inter-facility communications; through real time conversation.

Background

The project was expected to develop a holistic model that enhances service delivery for interhospital transfers. To achieve this, the facilitation process needed to be integrated, unsophisticated, versatile and sustainable; as well as abide with pre-existing patient flow processes and with NSQHS, Standard Six – Clinical Handover.

Solutions Implemented

Telehandover supported person centred care, provided a higher quality clinical handover, assisted patient transfer and enhanced inter-facility communications. Telehandover supported the increase of Telehealth inpatient activity and utilised current Telehealth resources. Telehandover was also

ntegrated into pre-existing patient flow pathways.
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