

Lay summary for **Evaluation of a predevelopment service delivery intervention: an application to improve clinical handovers.**

Guiqing Lily Yao, Nicola Novielli, Semira Manaseki-Holland, Yen-Fu Chen, Marcel van der Klink, Paul Barach, Peter J Chilton, Richard J Lilford. Evaluation of a predevelopment service delivery intervention: an application to improve clinical handovers", *BMJ Qual Saf* 2012, Dec, 21 Suppl 1:i29-38.

This study aimed to understand the cost-effectiveness of a service intervention to improve the transfer of patient care from hospitals to community organisations (clinical handovers).

Health professionals are undecided whether new services for understanding emergency preparedness (that is, the ability to respond to healthcare emergencies) represent a sound investment or not. In this paper, the authors describe creating a way to estimate the expected cost-effectiveness of proposed new services, which they tested by evaluating a potential service intervention to improve clinical handovers.

The new method focuses on economic evaluation at the pre-implementation stage, before a new service or intervention has actually been introduced. Applying the method to a service intervention to improve clinical handovers required the authors to guess the number of potential adverse events, and which adverse events were potentially preventable. Adverse events were classified by severity and duration, but not frequency. Afterwards, the authors estimated the level of success of the proposed intervention, by asking experts their opinion on the effectiveness of the intervention. After incorporating the experts' opinions into the evaluation, the authors then estimated the costs associated with categories of adverse events and the savings resulting from the intervention.

Health policy reforms for emergency preparedness and response are being hampered by poor understanding of the health economics of proposed service interventions. This study offers a method that could be applied to evaluations of service interventions in general, while the interventions are still at the design stage. As such, the study might help with projected health economic evaluations of health service emergency preparedness interventions.