Policy

Guideline

Clinical Handover Guidelines

Objective file number: 2010-07073
Policy developed by: Safety and Quality, Public Health and Clinical Systems
Approved at Portfolio Executive on: 20 October 2010
Next review due: 31 December 2018

Summary

The Clinical Handover Guidelines support the Clinical Handover Policy for the purpose of ensuring systems are in place to achieve timely, relevant, consistent and agreed processes to support clinical handover across the whole spectrum of health care providers. This policy will support patient safety by improving clinical handover, provide a consistent approach to handover across SA Health, ensure health services are accountable to improving handover practices and promote clinical handover within and across health. The Guideline is in place to achieve timely, relevant, consistent and agreed processes to support clinical handover across the whole spectrum of health care providers.

Keywords

clinical handover, handover, team, ISBAR, patient safety, guideline

Policy history

Is this a new policy? N
Does this policy amend or update an existing policy? Y
Does this policy replace an existing policy? N
If so, which policies?

Applies to

All SA Health Portfolio
All Department for Health and Ageing Divisions
All Health Networks

Staff impact

All Staff

PDS reference

G0099

Version control and change history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date from</th>
<th>Date to</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>20/10/2011</td>
<td>16/09/2012</td>
<td>Original version</td>
</tr>
<tr>
<td>2.0</td>
<td>17/09/2012</td>
<td>06/06/2013</td>
<td>Update to reflect the restructures within the portfolio and are not material in nature.</td>
</tr>
<tr>
<td>3.0</td>
<td>07/06/2013</td>
<td>Current</td>
<td>Review and inclusion of 6.4.5 – demonstrate local processes for review of clinical handover in collaboration with clinicians, patients and carers.</td>
</tr>
</tbody>
</table>
1 Principles

1.1 Clinical Handover is a core component of effective communication – to support the transfer of responsibility in providing good patient care

1.2 Governance and leadership – to ensure the implementation of effective clinical handover, health services must provide organisational governance and leadership

1.3 Effective clinical handover processes – to ensure accurate and timely clinical handover occurs, health services must demonstrate systems are in place for standardised clinical handover process

1.4 Patient and carers involvement in clinical handover – to ensure care is patient focused, health services must establish mechanisms to include patients and carers in clinical handover processes related to their care.

2 General

2.1 Clinical handover is a team responsibility.

To ensure patient safety, the improvement activities need to include all staff. Wherever possible clinical handover should include all relevant disciplines.

When a standard process for clinical handover is used, the safety of patient care will improve as critical information is more likely to be transferred and acted upon. 1

2.2 All health services should ensure that they have procedures in place to detail their local processes for the management of clinical handover

A procedure should include the following elements:

2.2.1 allocation of resources including time to prepare, provide and receive clinical handover in all clinical handover situations and settings

2.2.2 senior clinical leadership involvement as demonstrated by participation at clinical handover

2.2.3 a multidisciplinary format for clinical handover should be used wherever appropriate

2.2.4 training of staff in clinical handover, communication and teamwork

2.2.5 speciality or context specific standards applied to clinical handover standards including the development of a minimum dataset or information to be included in clinical handover as determined by the clinical leaders

2.2.6 supporting patient involvement in clinical handover where practical

2.2.7 reference to SA Health Clinical Handover Policy and this Guideline

2.2.8 the senior clinician must have a comprehensive understanding of the clinical handover process and their role as the clinical handover leader

2.2.9 assigning the staff that will attend handover and their responsibilities in handover

2.2.10 verbal clinical handover is supported by written or electronic documentation.

3 Governance and leadership

3.1 For each health service a designated member of executive is assigned responsibility and accountability for clinical handover performance and standards

3.2 Health services ensure that appropriate systems and tools are in place to facilitate clinical handover including resources to enable effective and timely discharge summary to occur

3.3 Health services ensure allocation of dedicated time in the rostering system for clinical handover

3.4 Shift handover is a critical safety measure, health services ensure that it should be conducted in the best environment possible, using strategies to minimise or manage interruptions
3.5 Health services ensure that the roles relating to clinical handover are defined, understood and acknowledged by all clinical handover participants and management

3.6 Health services are to identify the circumstances where handover should occur and assign responsibility and accountability for these processes eg shift to shift, patient transfers, escalation of a deteriorating patient, multidisciplinary briefings

3.7 Health services are to identify high risk clinical handover situations and monitor the effectiveness of clinical handover in these settings

3.8 The handover process elements are to be monitored, evaluated and reported on to a recognised clinical governance body

3.9 Health service training programs on clinical handover should incorporate the following points:

   3.9.1 all clinical staff are to receive training in clinical handover
   3.9.2 ongoing training in clinical handover
   3.9.3 training is included in orientation programs
   3.9.4 encouragement of multi-disciplinary and multi-organisational training in clinical handover
   3.9.5 education should be interactive and competency-based with competency assessment outcomes
   3.9.6 reaccreditation should be driven by competency assessment needs analysis.

4 Effective clinical handover processes include:

4.1 Shift to shift handover is conducted punctually at a fixed time and place. This is to be known and attended by all staff identified in the clinical handover process as being clinical handover participants

4.2 Handover should include access to patient lists, pathology and radiology data where clinically relevant

4.3 Timely verbal clinical handover should be conducted whenever possible. Written clinical handover (notes/letters) should support verbal clinical handover

4.4 The clinical handover process (dependant on the purpose of the handover) should identify unstable patients, potential clinical risks to the patients that may arise and the person allocated responsibility for the patients (who to call when needed)

4.5 Ensure there is comprehension, acknowledgement and acceptance of responsibility for the patient by the clinician receiving handover. This cannot be ambiguous and must be specific. It should include: responsibility transfer, read back of critical information, acknowledgement of the plan of care, timeframes for actions, who to contact if concerned and identification of any patient risks

4.6 Use of the structured communication tool ISBAR, contextualised to the specialty or situation, should be used in clinical handover

4.7 Face to face handover incorporating patients and carers if appropriate with opportunity to question/share information/review the risks is best practice

4.8 Taped clinical handover is not best practice and should be replaced with timely verbal clinical handover

4.9 Information provided to primary health care providers on discharge should be supported by a verbal clinical handover where possible and also include a written discharge summary provided in a timely manner.

5 Patient and carer involvement in clinical handover

5.1 Healthcare facilities should provide mechanisms to provide opportunities for patient/carer/involvement

5.2 Healthcare facilities should identify exceptions to the principle and practice of patients/carers being involved in clinical handover.
6 Clinical Handover Resources

Resources to assist in Clinical Handover are available on [www.sahealth.sa.gov.au/safetyandquality](http://www.sahealth.sa.gov.au/safetyandquality) in the communication and teamwork section. These include:

- Education training film on Clinical Handover, Know the Plan, Share the Plan, Review the Risk
- Link to download an ISBAR/iPad application
- ISBAR fact sheet, poster, lanyard card
- ISBAR telephone pad and sticker

References

1 September 2012 Australian Commission on Safety and Quality in Healthcare, National Safety and Quality Health Service Standards, p 45