

Clinical Handover

Summary The purpose of this Policy Directive is to enhance patient safety by ensuring systems and processes are in place to provide a consistent approach to clinical handover. The policy mandates key principles designed to guide and direct NSW Health staff to implement a minimum standard for conducting patient care handovers. Health Services must demonstrate the engagement of patients and family/carer as key participants.

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Applies to Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals, Private Hospitals and day Procedure Centres

Distributed to Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Health Associations Unions, Tertiary Education Institutes

Audience All clinical staff and administrative staff impacted by or with authority over policy implementation

CLINICAL HANDOVER

PURPOSE

The purpose of this policy is to enhance patient safety by ensuring systems and processes are in place to provide a consistent approach to clinical handover. The policy outlines key principles designed to guide and direct NSW Health staff to implement a minimum standard for conducting patient care handovers. Health services must demonstrate the engagement of patients and family/carer as key participants. This policy applies to all staff involved in the delivery of health care to patients in the NSW Public Health System.

MANDATORY REQUIREMENTS

NSW Health Local Health Districts/ Specialty Health Networks must have a governance structure in place to support all elements of clinical handover and demonstrate systems are in place to:

- Ensure a documented, consistent approach to clinical handover
- Apply the seven (7) key principles outlined in this policy for all types of clinical handover
- Partner with patients and family/carer during clinical handover
- Monitor the effectiveness of clinical handover and documentation processes
- Develop an action plan for continuous quality improvement, based on the outcomes of monitoring.

IMPLEMENTATION

Clinical Excellence Commission

- Work with clinical staff and Executive Sponsors to support implementation of this policy across NSW Health.
- Provide tools to support implementation, monitoring and evaluation.

eHealth and local Information and Communication Technology

- Collaborate with local teams to ensure tools based on the key principles are available in a responsive manner.
- Collaborate with clinical staff to identify digital solution needs in relation to this policy.

Chief Executive of Local Health Districts/ Specialty Health Networks

- Assign leadership responsibility, personnel and resources to implement and monitor this policy.

Directors of Clinical Governance

- Ensure that the policy is communicated to all managers and health workers.
- Ensure local monitoring and reporting processes are in place.

- Address system issues relating to compliance with this policy.
- Take responsibility for the oversight of continuous quality improvement and the development of action plans.

Hospital, facility, clinical stream and unit managers

- Set the expectation that clinical handover is valued and an essential part of patient care and safety.
- Develop a documented process for clinical handover based on this policy maximising consistency across all settings.
- Ensure sufficient resources and staff training opportunities are available to support clinical handover.
- Demonstrate continuous quality improvement activity, through action plan development based on lessons learned during monitoring processes.
- Address performance issues relating to compliance with this policy.

Clinical staff

- Ensure their work practices are consistent with the key principles for clinical handover.

REVISION HISTORY

Version	Approved by	Amendment notes
June-2019 (PD2019_020)	Deputy Secretary, People, Culture and Governance	Revised policy to replace PD2009_060
PD2009_060 July 2009	The Secretary, Ministry of Health	Creation of new policy directive for the implementation of standard key principles for clinical handover

ATTACHMENTS

1. Clinical Handover: Procedures.

Clinical Handover



Issue date: June-2019

PD2019_020

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1 BACKGROUND

1.1 About this document

Clinical handover is the effective transfer of professional responsibility and accountability for some or all aspects of care for a patient/s to another person or professional group on a temporary or permanent basis.

Clinical handover does not just happen at the change of shift. It happens within and between teams constantly and is considered a time of risk for patients, where gaps in information transfer can impact patient safety. Examples include:

- Escalation of the deteriorating patient
- Patient transfers:
 - to another unit/clinic or facility
 - for a test, procedure or appointment
 - to, from and within Community settings, including Residential Aged Care
 - involving other teams (e.g. Ambulance, patient transport)
- Shift to shift change over
- Multidisciplinary team handover

1.2 Key definitions

Patient/family/carers	Includes guardian or those nominated to advocate on the patients behalf
Journey board	Indicates a board or portal that provides information about patients which directly relates to care coordination
Briefing	A tool, which can be used before or after clinical handover, for teams to summarise the key concerns, anticipate changes and to assign accountability
Huddle	A tool which, when used in this context serves the same function as a briefing and can be scheduled before or after clinical handover

2 KEY PRINCIPLES FOR SAFE AND EFFECTIVE CLINICAL HANDOVER

The seven (7) key principles provide a framework to guide the structure and process for safe clinical handover.

2.1 Patient/Family/Carer involvement

- Emphasise a culture where patients and their family/ carer are partners in care.
- Support patients and their family/ carer to be involved in clinical handover, in line with the wishes of the patient (e.g. patient/ family/ carer is given the opportunity to lead their clinical handover where appropriate).
- Establish the patient's care goals, preferences and needs regarding their admission/presentation/illness.
- Ensure there is a system for the early identification of Aboriginal and Torres Strait Islander patients and a process in place for including the Aboriginal Liaison Support Officer or Aboriginal Health Worker (where appropriate).
- Identify individual patient needs for example, Culturally and Linguistically Diverse (CALD) patients or those with communication challenges such as hearing or vision impairment.

2.2 Leadership

- Nominate a leader at each clinical handover.

2.3 Handover participants

- Handover is attended by relevant members of the multidisciplinary team who:
 - When handing over, arrive prepared with current information and knowledge of the patient's clinical situation.
 - Are provided the opportunity to ask questions and to seek clarity.

2.4 Handover time

- Schedule an agreed time and duration for clinical handover to occur.
- Ensure the clinical handover process remains interruption free (with the exception of emergencies).
- Have in place strategies to reinforce punctuality.
- Provide sufficient time for family/carers involvement by notifying them of clinical handover times.

2.5 Handover place

- Set an agreed location for clinical handover aiming for minimal interruption.

- Ensure access to all clinical results and healthcare records.
- Occurs in the patient's presence where possible.

Face-to-face handover is preferred, although it is recognised that many handovers involve telephone or telehealth communication, especially in community or clinic settings. Any written information is to be supplementary only, that is, it must not replace verbal handover. Voice recorded handover is never permitted. When handover occurs and the patient is not present, processes must ensure that the patient/family/carer is aware of who will be taking over their care.

2.6 Handover process

Include tools such as electronic clinical communication tools, flow charts and scripts to help keep clinical handover relevant, succinct and consistent. A documented and approved approach must include:

- A 'journey board' meeting, huddle or briefing is held prior to or after bedside handover
- Introduction of team members and their roles and the patient/ family/ carer
- Confirmation of the patient's identity using at least three (3) approved patient identifiers
- Summary of relevant clinical history and current clinical situation, including infectious status, diet/fluid/supervision requirements, invasive or implanted devices and medications
- Review of the most recent recorded set of observations noting any trends, recent clinical review and/or rapid response calls and resultant management plans
- Assessment of recent test results which require follow-up, for example, scans, x-rays and blood tests
- Identification of timeframes and requirements for transition of care/discharge
- Cross-check information in the patient's health care record/s including medications and observations to support the handover communication
- Respond to patient/family/carer concerns
- Acceptance of responsibility for the care of the patient by the clinician receiving handover.

2.7 Documentation

- Document findings and include changes in clinical condition and feedback from patient/ family/ carer regarding ongoing care requirements; update management/care plans.

Cross-check documentation has occurred in the electronic medical record and on paper when using hybrid systems.

3 EVALUATION

All Public Health Organisations must collect and monitor data to evaluate the implementation of clinical handover based on the key principles. The results of data analysis will be provided to clinical units, facility, Local Health District/ Specialty Network quality and safety committees in a timely manner.

Scheduled reviews of clinical handover audit results and incidents should form the basis of the organisation's evaluation plan. Although not exhaustive, examples of supplementary data, to complement the scheduled audits, are outlined below.

Data source	What to look for
Incident Management data/Root Cause Analysis review/other case review protocols	<ul style="list-style-type: none"> - Readmissions due to gaps in handover of care - Medication incidents due to gaps in communication - Number of complaints/compliments about clinical handover - Number of RCAs where clinical handover was identified as a contributing factor
HIE data	<ul style="list-style-type: none"> - Readmissions where patients were not able to be cared for at home or care was impacted by ineffective clinical handover
Mortality and Morbidity meetings/mortality review	<ul style="list-style-type: none"> - Readmissions that were due to inability to be cared for at home, according to patient/family/carer wishes, during the last days of life, where clinical handover was identified as a contributing factor
Patient Experience Survey	<ul style="list-style-type: none"> - Review the results in relation to how patients/family/carer perceive the communication between themselves and the multi-disciplinary team (MDT) and between members of the MDT

4 APPENDIX 1: OBSERVATION AUDIT

- Observational clinical handover audits must occur annually, as a minimum, or more frequently as clinical incidents relating to clinical handover are identified, and based on audit outcomes.
- Audits must be completed at the point-of-care, in real time, and be undertaken by a clinician with a good understanding of the clinical handover policy.
- The following audit/criteria has been developed in line with the key principles of the policy
- It can be adapted to reflect care settings and patient cohorts.

Select type (including format) of clinical handover being observed

<input type="checkbox"/>	Shift-to-shift in a hospital setting (record start times in the spaces below)
<input type="checkbox"/>	Intra-facility - the handover of care from one area to another within a facility
<input type="checkbox"/>	Other (please specify) (for example; telephone, telehealth)

For shift-to-shift clinical handover

Record *planned* start time of clinical handover _____:_____

Record *actual* start time of clinical handover _____:_____

Multidisciplinary team members in attendance

<input type="checkbox"/>	Nursing/Midwifery Staff	<input type="checkbox"/>	Medical staff
<input type="checkbox"/>	Nursing Unit Manager/Midwifery Unit Manager/Nurse/Midwife in Charge	<input type="checkbox"/>	Allied Health Staff
<input type="checkbox"/>	Management/Executive	<input type="checkbox"/>	Non-clinical staff
<input type="checkbox"/>	Other (provide details)		

Preparation

	Yes	No	N/A
There is a nominated leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A briefing or huddle is held prior to or after bedside handover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients/family/carer from CALD background or with communication challenges (such as hearing or vision impairment) are identified and information needs met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal Liaison Support Officer or Aboriginal Health Worker services involved for patients who identify as Aboriginal and Torres Strait Islander. Document here if the service is not available. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Handover – Key Principles

	Yes	No	N/A
Patient present at the handover (if No or N/A, state reason in space below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the commencement of clinical handover the patient/family/carer is introduced to staff taking over their care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient/family/carer is invited to be involved in clinical handover (eg, asked to repeat back or contribute to relevant information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient is given the opportunity to lead their clinical handover, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least three (3) approved patient identifiers are used to confirm the patient's identity (e.g. patient name, MRN, DOB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involve Patient/family/carer in the patient identification process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies are noted and confirmed with the patient/family/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An approved, documented, standardised tool is used to guide clinical handover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant clinical history is provided, such as: infectious status, invasive or implanted devices, medications, most recent observations and test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A summary of the clinical assessment including care needs (e.g. cultural, linguistic, diet/fluid/supervision requirement) and risks (e.g. falls, pressure injury, vulnerability, sexual safety) is provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient's risk factors for suicide attempts are included where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient's risk factors for violence are included where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At conclusion of clinical handover the patient/family/carer is provided the opportunity to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Process

Indicate if there were any interruptions during the clinical handover (tick all that apply)

<input type="checkbox"/>	None
<input type="checkbox"/>	Patient's hygiene needs
<input type="checkbox"/>	Procedures and/or observations
<input type="checkbox"/>	Staff member/s moves away to discuss other patients' issues
<input type="checkbox"/>	Ward rounds/other clinical staff review of the patient
<input type="checkbox"/>	Other (please provide details)
Details:	

Record actual finish time of clinical handover

__ : __

	Yes	No
Handover occurred within the agreed time-frame	<input type="checkbox"/>	<input type="checkbox"/>
Health care record reflects that clinical handover and transfer of responsibility/accountability of care has occurred with all findings and changes in the patient's clinical condition documented	<input type="checkbox"/>	<input type="checkbox"/>