

Clinical Handover - Standard Key Principles

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Functional Sub group Clinical/ Patient Services - Governance and Service Delivery

Summary This policy mandates the implementation of a standard set of key principles for all types of clinical handover.

Clinical handover is the transfer of information, accountability and responsibility for a patient or group of patients.

Standardisation of key principles for clinical handover will aid effective, concise and complete communication in all clinical situations and facilitate care delivery. Standardising the key principles of clinical handover will contribute to improved safety of patient care.

This policy has been developed utilising evidence and is consistent with approaches endorsed by the Australian Commission on Safety and Quality in Health Care and the Australian Medical Association.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Public Health Units, Public Hospitals

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

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

Review date 28-Sep-2014

Policy Manual Patient Matters

Director-General

File No. H09/48070

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

IMPLEMENTING STANDARDISED KEY PRINCIPLES IN ALL FORMS OF CLINICAL HANDOVER

PURPOSE

The policy mandates the implementation of standard key principles for clinical handover, by all clinicians in the NSW Health system, regardless of a patient's clinical diagnosis, location or the time of day. Compliance with the standard key principles for clinical handover will improve the transfer of information, accountability and responsibility for patient care. Compliance with this policy will improve patient outcomes and experience.

MANDATORY REQUIREMENTS

Health service implementation

Area Health Services, Justice Health, the Ambulance Service of NSW and the Children's Hospital at Westmead must develop and implement a plan for the implementation of standard key principles for clinical handover consistent with the principles as summarised in attachment 1.

Health services should include General Practice, private health care providers and residential aged care facilities in implementation plans of the standard key principles for clinical handover.

Health service evaluation

Health services must monitor and evaluate local clinical handover on a regular basis with feed back of evaluation results provided to staff in accordance with the evaluation framework at attachment 2.

Training and Orientation

Health services must incorporate the standard key principles for clinical handover into the orientation programs of all new clinical staff.

Health services must implement an education program regarding the standard key principles for clinical handover for all current clinical staff.

IMPLEMENTATION

Roles and responsibilities of the NSW Department of Health:

- Provides advice and assistance for the implementation of this policy including maintaining the website and eLearning support.
- Monitors and evaluates the health system implementation of standard key principles for clinical handover.

Roles and responsibilities of Chief Executives:

- Assign responsibility, personnel and resources to implement the standard key principles for clinical handover.
- Report on the implementation and evaluation of standard key principles for clinical handover to the NSW Department of Health.

Roles and responsibilities of the health service executives responsible for clinical operations and governance:

- Ensure successful implementation of the standard key principles for clinical handover across their services.
- Monitor and evaluate the implementation of standard key principles for clinical handover across their services and feedback evaluation results to staff.
- Ensure the standard key principles for clinical handover are incorporated into orientation programs for new clinical staff.
- Educate clinical staff in the use of the standard key principles for clinical handover.

Roles and responsibilities of hospital, facility, clinical stream, unit managers and heads of departments:

- Locally implement the standard key principles for clinical handover.
- Evaluate compliance with the standard key principles for clinical handover.
- Annually monitor and evaluate local clinical handover processes in line with the standard key principles for clinical handover.

Roles and responsibilities of all clinicians:

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

REVISION HISTORY

Version	Approved by	Amendment notes
July 2009	Director-General	Creation of new policy directive for the implementation of standard key principles for clinical handover

ATTACHMENTS:

1. Standard Key Principles for Clinical Handover: 2-page summary document.
2. Standard Key Principles for Clinical Handover: Evaluation framework.

The following materials are provided on the clinical handover website:

- Standard Key Principles for Clinical Handover: Implementation Toolkit.
www.archi.net.au/e-library/clinical/nsw-handover
- Standard Key Principles for Clinical Handover: Implementing Change – Templates.
www.archi.net.au/e-library/clinical/nsw-handover

Attachment 1: Standard Key Principles for Clinical Handover: 2-page summary document.**SAFE CLINICAL HANDOVER**
KEY PRINCIPLES FOR SAFE AND EFFECTIVE HANDOVER**Clinical handover is the effective...**

...transfer of professional responsibility and accountability from some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.

- Safe Handover: Safe Patients' guideline (AMA, 2006)
- United Kingdom National Patient Safety Agency (2004)
- The OSSIE Guide to Clinical Handover Improvement – Australian Commission on Safety and Quality in Health Care (2009)

Does your process for clinical handover meet these standard key principles?**1. Leadership**

- Nominate a leader at each clinical handover.

2. Valuing Handover

- Set the expectation that clinical handover is valued and an essential part of daily work. Ensure staff are available to attend for the handover of all patients relevant to them.

3. Handover Participants

- Identify and orient handover participants. Involve them in regular review of clinical handover processes.
- Wherever possible, patients and carers should be recognised and included as handover participants

4. Handover Time

- Set an agreed time, duration and frequency for clinical handover to occur.
- It is **highly recommended** that, where possible: strategies are in place to reinforce punctuality

5. Handover Place

- Set a specific location for clinical handover to occur.
- Preferably, clinical handover occurs:**
- Face to face
- In the patient's presence, where appropriate (bedside handover)

6. Handover Process

- Standardised Protocol:** Generate flow charts, scripts and cues for how clinical handover occurs each and every time. Your standard protocol should:
- Clearly identify the patient, you and your role
 - State the immediate clinical situation of the patient
 - List the most important and recent observations
 - Provide relevant background/history to the patient's clinical situation
 - Identify assessments and actions that need to occur
 - Identify timeframes and requirements for transition of care
 - Promote the use of the patient record to cross-check information
 - Ensure documentation of all important findings or changes of condition
 - Ensure comprehension, acknowledgement and acceptance of responsibility for the patient by the clinician receiving handover

Clinical handover should be documented. Some examples of effective handover tools that aid clinical handover communication and documentation are explained in the implementation toolkit (e.g. ISOBAR, ISBAR, SBAR)

- Where the condition of a patient is deteriorating:** Escalate the management of these patients as soon as a deterioration in condition is detected.
- Other Critical Information:** Prioritise alerts for any other important information (e.g. outstanding actions, planned patient moves, Occupational Health and Safety risks impacting staff or patient safety).

SAFE CLINICAL HANDOVER

BACKGROUND TO HELP YOU MEET KEY PRINCIPLES

Clinical handover must be valued, supported and embedded

Objective

To contribute to optimal patient care by:

- Embedding the importance and value of effective clinical handover
- Standardising a set of high level key principles for all clinical handover

Origins of this document

The Acute Care Taskforce developed this document and the supporting implementation toolkit, following extensive consultation with Area Health Services, the Clinical Excellence Commission, the Australian Medical Association (NSW), the Greater Metropolitan Clinical Taskforce, other health priority taskforces and their sub-committees.

Cross-referencing of key principles has occurred with current guides published by the Australian Commission on Safety and Quality in Health Care and the Australian Medical Association.

Case for change

The Clinical Excellence Commission (Apr '09) reviewed Root Cause Analysis (RCA) and IIMS data (Jan '08—Apr '09), in relation to adverse events resulting from deficiencies in clinical handover.

All scenarios of clinical handover will benefit from standardisation of key principles, but the following were identified by RCA data as points of clinical handover that require the earliest priority for review:

- Community and General Practice to hospital
- Hospital to the community and General Practice
- Emergency Department to ward
- Multidisciplinary team handover
- Escalation of deteriorating patients
- High acuity to low acuity transfer (e.g. Intensive Care Unit to ward or recovery unit to ward)

- Nursing / midwifery shift to shift
- Junior to senior clinician
- Inter-facility transfer
- Between medical teams
- Transfer of mental health patients

Who should use this document?

This document should be used by all executive and clinical teams (medical, nursing and allied health) to improve clinical handover processes within and between teams. This document is supported by the **Clinical Handover Implementation Toolkit**.

A standardised process

Standardisation of handover will ensure effective, concise and complete communication in all clinical situations and facilitate care delivery.

Clinical handover does not just happen at the change of a shift

Clinical handover happens within and between teams. When reviewing clinical handover you need to consider situations where transfer of clinical information, responsibility and accountability impacts patient safety e.g.:

- Escalation of deteriorating patient
- Patient transfers to another ward
- Shift to shift change over
- Patient transfers for a test or appointment
- Patient transfers to another hospital
- Multidisciplinary team handover
- Patient transfers to, from and within the community

Although face to face handover is the preferred modality, it is recognised that many handovers appropriately require telephone communication.

Did you check all of the boxes on page 1?

Even if you did, **this is not a paper exercise**. The *Clinical Handover Toolkit* will help you to:

1. Map your current clinical handover process.
2. Identify areas for process improvement.
3. Develop a plan to implement and continually re-evaluate your new process for clinical handover.

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2. Standard Key Principles for Clinical Handover: Evaluation framework

Evaluation method	Responsibility	Why needs to be collected	Target	How reported	Data sent to	Frequency of reporting	Comments
Health System RCA and IIMS data review, where clinical handover was identified as a contributing factor	NSW Department of Health - Report generated by Clinical Excellence Commission	Case for change highlights high number of RCA incidents where patient care was drastically impacted by ineffective clinical handover	First 12 months baseline data, then reduce	Table of incident occurrence. Key recurring themes highlighted. <u>Specific RCA events explored further with Public Health Organisations, as required</u>	Data reviewed by Acute Care Taskforce. Data sent back to AHS	Quarterly	Self reporting nature of data limitations. May experience an initial rise in incidents due to awareness.
Submission of Area Health Service implementation and evaluation plan for the standard key principles of clinical handover by Area Health Services, Justice Health, NSW Ambulance and the Children's Hospital at Westmead.	Chief Executives, or delegate, of: - Area Health Services - Public Health Organisations - Justice Health - NSW Ambulance - The Children's Hospital at Westmead	To evaluate and monitor health agency implementation of standard key principles in clinical handover.	30 th November 2009	Implementation and evaluation plan	Health Services Performance Improvement Branch HSPiB@doh.health.nsw.gov.au	Once – by 30 th November 2009	Listed health agencies must maintain implementation and evaluation plans. <u>Current implementation and evaluation plans can be requested by NSW Health in relation to future review of RCA events.</u>
Area Health Service annual analysis of RCA and IIMS data, where clinical handover was identified as a contributing factor	Chief Executives, or delegate, of: - Area Health Services - Public Health Organisations - Justice Health - NSW Ambulance - The Children's Hospital at Westmead	Analysis or occurrence and causative factors related to incidents forms an important part of process review for improved patient safety.	First 12 months baseline data	Analysed and stored locally by Health Agency	Data not required to be sent	Annually	Listed health agencies must maintain RCA and IIMS analysis reports. <u>Analysis reports can be requested by NSW Health in relation to future review of RCA events.</u>

The following table represents methods that are recommended for the evaluation and review of local clinical handover processes.

Evaluation method	Responsibility	Why needs to be collected	Target	How reported	Data sent to	Frequency of reporting	Comments
Length, timeliness and location of handover – Template 6 - http://www.archi.net.au/e-library/clinical/nsw-handover	Recommended for local evaluation and process review	Relates to standard key principles for clinical handover	Local baselines for improvement	Locally informing annual review of clinical handover processes	Local usage	As per local governance requirements	These items are described in the “ Annual Check up ” at Appendix C of the Implementation Toolkit
Patient participation in handover – Template 6 - http://www.archi.net.au/e-library/clinical/nsw-handover							
Whether key principles are incorporated into handover – Template 3 - http://www.archi.net.au/e-library/clinical/nsw-handover							
Whether local standard protocol items were included in handover – Template 6 - http://www.archi.net.au/e-library/clinical/nsw-handover							
Staff experience surveys – Template 4 - http://www.archi.net.au/e-library/clinical/nsw-handover							
Patient experience surveys – Template 5 - http://www.archi.net.au/e-library/clinical/nsw-handover							