



CLINICAL HANDOVER POLICY

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INTRODUCTION

The aim of clinical handover is to communicate clinical information when the responsibility and accountability for all aspects of the patient care is being transferred from one health professional to another. Poor clinical handover can have extremely serious consequences for patients, resulting in delayed treatment, tests being missed or duplicated and wrong medication being administered to the patient.

PURPOSE AND SCOPE

The purpose is to achieve effective and high quality communication that ensures the ongoing safety and continuity of care for the patient. Clinical handover occurs between shifts, inter-hospital transfers, admissions and discharges.

This policy, as amended from time to time, applies to all directors, staff, contractors, contractors' employees and volunteers of Albany Community Hospice, hereafter referred to as employees.

DEFINITION OF TERMS USED

Accountability	The act of accepting, acknowledging and assuming the responsibility for action/decision, encompassing the obligation to report, explain and be answerable for resulting consequences
Clinical handover	Any situation in which professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, is transferred to another person or professional group on a temporary or permanent basis.
iSoBAR	The mnemonic used to guide the structure and content of clinical handovers.

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ROLES AND RESPONSIBILITIES

Medical Advisory Committee

- Will provide organisational governance and leadership in relation to effective clinical handover.

Hospice Manager

- Will ensure ACH has the systems in place to make sure that effective and consistent agreed processes for handover are applied whenever accountability and responsibility for patient care is transferred.
- Will ensure sufficient resources are in place to enable effective handover, staff training in handover, and on-going evaluation of the effectiveness of handover to occur.

Staff

- Adhere to the principles and aims of this policy and ensure they operate in accordance with it.
- Will ensure their timely participation in the handover process.
- Will ensure that any incidents relating to handover are reported via the clinical incident management process.

Credentialed Doctors

- Adhere to the principles and aims of this policy and ensure they operate in accordance with it.
- Accept the responsibility to handover clinical information, goals of care and current management plans if another doctor is taking over care or providing temporary cover
- Ensure that handover to a covering doctor occurs in a timely fashion, and that the hospice is notified, and the receiving doctor is accredited to admit to hospice.
- Ensure they receive a full medical handover for transfer of patients from another facility.

POLICY STATEMENT

Albany Community Hospice (ACH) strives to protect patient safety. Evidence indicates that ineffective handover can lead to;

- Incorrect treatment
- delays in diagnosis and treatment
- adverse events
- increased length of stay
- increase in expenditure
- unnecessary tests, treatments and communications
- patient complaints
- malpractice claims

ACH promotes that standardisation of handover, as part of a comprehensive, system wide strategy will aid effective, concise and inclusive communication in all clinical situations and contribute to improved patient safety. All handovers, other than discharges, must use the iSoBAR tool to guide the content and structure of the handover. Where practicable, handover should be conducted with the involvement and participation of the patient and/or family.

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iSoBAR Tool

i	IDENTIFY	Introduce yourself, your patients and reason for handover
S	SITUATION	Describe the current clinical situation of the patient
o	OBSERVATIONS	Include vital signs and assessments
B	BACKGROUND	Pertinent patient background information
A	AGREE A PLAN	Given the situation, what needs to happen
R	READBACK	Confirm shared understanding and accountability has been transferred

All clinical handovers must utilise the agreed ISOBAR tool to guide the content and structure of the handover. This will ensure the most pertinent information is shared for every patient.

Periodically, this tool may be reviewed and revised according to need and staff feedback.

Handover content should be clear, concise and use easily understood words with minimal, accepted abbreviations. Handover is to be conducted whenever the responsibility and accountability for patient care is transferred to another health care professional. Handover must be understood by all staff that it is an explicit transfer - not just of information, but of clinical accountability and responsibility.

Nursing handovers at the commencement of shifts will include a confidential handover in the office, and a bedside handover inclusive of the patient and family/carer. The bedside handover will include an introduction of the nurse taking over and key goals of care at that point of time.

Medical handovers must occur either face to face or via telephone. Acceptance of a patient from another facility will only occur if a full handover is provided to a credentialed doctor of the hospice. Credentialed doctors have a responsibility to handover clinical information, goal of care and current management plans if another doctor is taking over care or providing temporary cover. Hospice must be informed of this change and be documented in PalCare.

Patients whose care and responsibility is to be transferred from ACH to another facility will require clinical staff to provide a formal verbal handover to the receiving clinician either prior to, or on transfer of the patient. A medical discharge summary shall accompany each patient.

Environmental controls will be in place to limit non-critical interruptions to communication during handover. Please use the tools provided to ensure these disruptions are minimised. Staff shall have adequate crossover time for shift handovers with minimal interruptions.

All handovers should be supported by current, appropriate documentation (clinical notes, test results, appointment schedules etc).

All staff shall be educated on this policy on the commencement of employment and through the Orientation Package for new Registered Nurses. Updates to this policy shall be discussed at Clinical Meetings.

Staff must be aware that if any clinical incidents arise from a clinical handover, these must be reported as a clinical incident/near miss. This is an important source of information about gaps in our system and can identify areas for improvement.

Audits of clinical handover will be undertaken to identify areas for improvement as a part of the quality management system. All audit results will be reported to the Hospice Manager.

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