



Clinical Handover Policy

1. Purpose

Clinical handover is an explicit transfer of information supporting the transfer of clinical accountability and responsibility between healthcare professionals to enable continuity of care for the patient.

The objective of the *Clinical Handover Policy* (the Policy) is to ensure clinical handover is conducted in a similarly structured manner across WA Health Service Providers. The requirements of this Policy are supported by the National Safety and Quality Health Service Standards (2nd ed.), Standard 6 Communicating for Safety Standard.

This Policy is a mandatory requirement under the *Clinical Governance, Safety and Quality Policy Framework* and supersedes OD 0484/14 *WA Health Clinical Handover Policy*.

2. Applicability

This policy applies to all Health Service Providers, to the extent that their employees, contracted and engaged clinicians are required to handover information regarding a patient/client to another healthcare professional or service, and Contracted Health Entities to the extent that this Policy forms part of their contract.

3. Policy requirements

Health Service Providers must ensure local clinical handover practices are aligned to the requirements of sections 3.1 – 3.5, and:

- are evidence-based;
- are based on a documented risk assessment of the service/facility covered by the policy (additional guidance, the *WA Health Clinical Risk Management Guidelines* or local risk assessment guidelines, may be used); and
- that all clinical incidents relating to a failure to clinically handover a patient are notified and managed in accordance with the Clinical Incident Management policy.

3.1 All Clinical Handovers

- Patients, carers and family members are included in clinical handover, where appropriate.
- All clinical handovers have a consistent structure and content, such as the iSoBAR format below.

| | | |
|----------|--------------|---|
| i | IDENTIFY | Introduce yourself and your patients |
| S | SITUATION | Describe the reason for handing over |
| o | OBSERVATIONS | Include vital signs and assessments |
| B | BACKGROUND | Pertinent patient information |
| A | AGREE A PLAN | Given the situation, what needs to happen |
| R | READBACK | Confirm shared understanding |

Before referencing this mandatory policy please ensure you have the latest version from the [Policy Frameworks](#) website.

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- The Clinical Handover Matrix (attached in Section 6: Supporting information) provides guidance to Health Service Providers on the best evidence-based format for a variety of handover situations. Staff should align their handover practices with the Clinical Handover Matrix.
 - Voice recorded handovers, SMS and other social media platforms are not permissible.
 - The clinician leading or initiating the handover must endeavour to limit non-critical interruptions using controls appropriate to the local environment.
 - All handover of patients of concern must be documented in the patient's medical record. Refer to MP 0086/18 *Recognising and Responding to Acute Deterioration Policy* for further information on patients experiencing acute deterioration requiring clinical handover.
 - Accountability for care of a patient needs to be defined at clinical handover by members of the receiving clinical team.

3.2 Handovers

- For shift handovers, the most senior clinician available is to oversee the handover.
- For team handovers, all available members of the multidisciplinary team caring for the patient should be part of team handover.
- Patients of concern, as identified by one of their treating clinicians, must be prioritised for clinical handover.

3.3 Inter Facility and Intra Facility Transfers

- Inter-facility or intra-facility handovers must be between at least one of the treating clinicians responsible for the current care of the patient and at least one of the clinicians who is assuming responsibility for care of the patient.
- Inter-facility and intra-facility handovers must occur either at the time of transfer, or prior to transfer within an appropriate time frame.
- Inter-facility and intra-facility handovers must be supported by a transfer document or discharge summary as per local policy requirements, which should arrive prior to, or with the patient at time of transfer.

3.4 In-patient Discharge Planning

- For in-patients, discharge summaries are to be completed and subsequently forwarded to the receiving clinician, with a copy sent with the patient/carer, within 24 hours following discharge. Ideally, a discharge summary should be provided at the time of discharge.
- Provision of a discharge summary may be subject to exemptions as outlined in local HSP policies. These may include: same day procedures where the operation report provides all the necessary information, patients undergoing day haemodialysis or chemotherapy, intravenous infusions where the record creation process is automated, unqualified newborns and hyperbaric therapy.
- Discharge summaries must include:
 - Primary and secondary diagnoses;

- Treatment course to date, including relevant procedures and date performed;
- Relevant diagnostic test results and test results pending;
- Current allergy/adverse drug reaction status;
- A current and complete list of medications at discharge including name of drug, dose, frequency, route and duration of therapy;
- Outstanding outpatient and medical appointments; and
- Ongoing and follow-up plans, with responsibilities assigned to specific professions e.g. “General Practitioner to...”.

3.5 Training

Health Service Providers must ensure their clinical workforce are trained on local clinical handover policy and requirements.

4. Compliance, monitoring and evaluation

Health Service Providers are responsible for complying with this Policy.

The System Manager will require assurance of Health Service Provider compliance by confirming, from time to time, that Health Service Providers have implemented local clinical handover policy and requirements that conform with the minimum requirements as set out in this Policy.

The System Manager may also evaluate the effectiveness of this Policy from time to time by utilising currently available data sources, such as clinical incident records and National Safety and Quality Health Service Standards accreditation survey outcome reports, or by requesting a one-off audit of clinical handover practices.

5. Related documents

The following documents are required to give affect to this Policy (i.e. the documents included are mandatory):

- N/A

6. Supporting information

The following documents inform this Policy (i.e. documents that are not mandatory to the implementation of this policy but may support the implementation of the Policy):

- [Clinical Handover Matrix](#)
- [WA Clinical Handover Guideline](#)
- [Ossie Guide to Clinical handover Improvement](#)
- [ACSQHC Patient-Clinician Communication in Hospitals](#)

7. Definitions

The following definitions are relevant to this Policy.

| Term | Definition |
|-------|---|
| Carer | A person who (without being paid) provides ongoing care, support and assistance to another person who has a disability, a medical |

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|---------------------------------|---|
| | condition, a chronic illness, or a mental illness, or who is frail and aged. |
| Clinical team | The clinical team includes all health professionals participating in the delivery of care at all stages of a particular episode of care. |
| Clinician | A person, registered under the <i>Health Practitioner Regulation National Law (Western Australia) 2010</i> , mainly involved in the area of clinical practice. That is the diagnosis, care and treatment, including recommended preventative action, to patients. Clinicians include allied health professionals, medical officers, midwives, and nurses. |
| Community health service | Community health services refer to services for clients that are provided by Health Service Providers (and Contracted Health Entities) outside the hospital setting. |
| Discharge | <p>Discharge is the coordinated release process by which an episode of treatment and/or care to an individual patient is formally concluded from one healthcare service to a primary or non-acute healthcare service, for example to the care of a general practitioner, community-based private specialist, or community health service.</p> <p>Health service waiting areas, transit lounges and discharge lounges are not considered hospital accommodation unless the patient is receiving care or treatment in these areas.</p> |
| Intra-facility transfer | The transfer of responsibility of a patient within one health entity (under the same management), e.g. to/from operating theatre, departments or wards; inpatient to community mental health service; referral to a specialist; and escalation of a deteriorating patient. See also inter-facility handover. |
| Inter-facility transfer | <p>The move of an admitted patient between healthcare services where: they were admitted and/or assessed and/or received care and/or treatment at one service; and were admitted and/or received treatment and/or care at the second service. Services in WA include, but are not limited to:</p> <ul style="list-style-type: none"> • hospitals • community health services, e.g. mental health, child health, dental health • prisons • aged care facilities • in home care services • transport providers, such as St John Ambulance Service and the Royal Flying Doctors Service. |
| Patient of concern | A patient that a clinician is particularly concerned about, as defined by the treating clinician. This includes patients discharged from an Intensive Care Unit in previous 24 hours, any patient who has had a Medical Emergency Team call in last 24 hours and any other patients of clinical concern. |

8. Policy owner

Assistant Director General, Clinical Excellence Division

Enquiries relating to this policy may be directed to:

Title: Patient Safety and Clinical Quality Directorate

Division: Clinical Excellence

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9. Review

This mandatory policy will be reviewed and evaluated as required to ensure relevance and recency. At a minimum it will be reviewed within 3 years after first issue and at least every 3 years thereafter.

| Version | Effective from | Effective to | Amendment(s) |
|-------------------|------------------|------------------|---|
| MP0095/18 | 18 October 2018 | 25 October 2018 | Original version |
| MP 0095/18 v1.1. | 25 October 2018 | 11 February 2019 | Minor amendment |
| MP 0095/18 v2.0. | 11 February 2019 | 15 February 2019 | Major amendment |
| MP 0095/18 v.2.1. | 15 February 2019 | 18 October 2020 | Minor amendment – hyperlink update |
| MP 0095/18 v.2.2. | 7 March 2019 | 18 October 2020 | Minor amendment – hyperlink to Clinical Handover Guideline page updated |

The review table indicates previous versions of the mandatory policy and any significant changes.

10. Approval

This mandatory policy has been approved and issued by the Director General of the Department of Health.

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| Approval by | Dr David Russell-Weisz, Director General, Department of Health |
| Approval date | 9 October 2018 |
| Published date | 7 March 2019 |
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