

Clinical Handover Matrix

WHY implement standard key principles?		In order to provide optimal patient care by accurately handing over clinical information and ensuring that responsibility and accountability of each patient's care is clearly defined.				
HOW should clinical information be handed over?		Clinical information should be handed over in an iSoBAR structure to ensure that the pertinent information is included in each handover.				
WHO should be involved in handover?		Key participants in the handover process should be identified and available to attend the handover of their patients. Patients, carers and family members are included in clinical handover, where appropriate.				
WHEN should handover occur?		Escalation of a deteriorating patient	Patient transfers (to another ward, facility or to/from the community)	Patient transfers (for a test/appointment)	Shift to shift change over	Team handover (including multidisciplinary /specialty teams)
WHAT Is recommended when delivering handover?	Face to face plus written	***	***	***	***	***
	Telephone plus written	**	***	***	**	**
	Face to face or Telehealth or videoconference only	**	**	**	**	**
	Supplemental Tools ¹ plus telephone	*	*	**	*	*
	Telephone only	*	*	*	*	*
	Supplemental Tools ¹ only	*	*	*	*	*
	Written only	*	*	*	*	*

LEGEND

***	Recommended Options	**	Adequate	*	Not recommended
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¹ Supplemental Tools able to be utilised to supplement clinical handover include computer and electronic applications such as;

- iCM Clinical Manager
- Electronic Whiteboards
- eReferral
- BOSSNET

Tools unacceptable for Clinical Handover include;

- Recording devices (video and voice)
- SMS
- Other social media platforms

Version	Effective from	Effective to	Amendment(s)
1.0	October 2018	October 2021	Original version
2.0	January 2019	December 2022	Inclusion of patient/carer involvement