Government of Western Australia
Department of Health

Policy Frameworks
MP 0095/18
Effective from: 18 October 2018

Clinical Handover Policy

1. Purpose

Clinical handover is an explicit transfer of professional responsibility and accountability for 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.

The Clinical Handover Policy (the policy) establishes a consistent and structured process for clinical handovers for Health Service Providers to ensure seamless delivery of healthcare which will enhance patient experiences and outcomes.

The policy aligns with the National Safety and Quality Health Service Standards (2nd ed.) specifically, Standard 6 Communicating for Safety Standard.

This policy is a mandatory requirement for Health Service Providers under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to section 26(2)(d) of the *Health Services Act 2016.*

2. Applicability

This policy is applicable to admitted patients within all Health Service Providers except Health Support Services, PathWest and Quadriplegic Centre.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or health service provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

Health Service Providers must develop local policies, processes and systems to ensure clinical handover practices are aligned to these policy requirements and are:

- evidence-based
- based on a documented risk assessment of the service/facility covered by local policy (the WA Health Clinical Risk Management Guidelines or local risk assessment guidelines may be used).

3.1 Clinical Handover Requirements

- Clinical handover must occur when all or part of an in-patient's care is transferred between healthcare locations, clinicians, or different levels of care within the same location. This includes, but is not limited to when:

- there is a change in clinician (for example shift change)
- a patient is transferred to another health service facility
- a patient is moved within a health service facility (for example operating theatre)
- a patient's care is discussed during multidisciplinary team rounds/meetings
- a patient is transferred for a test or appointment
- a patient is discharged.

- Handovers can be either continuous (for instance shift to shift handovers) or non-continuous (which can include but is not limited to day shift to day shift, weekend/public holidays). Local processes must be defined for clinical handover where there may not be continuous shift care.

- Patients of concern, as identified by one of their treating clinicians, must be prioritised for clinical handover.

- Health Service Providers must ensure all clinical handovers comply with the following requirements:
  - **Patient and carer involvement**. Patients, carers and family members involvement must be supported during bedside clinical handover, taking into consideration the patient's wishes, goals and preferences.

  - **Consistent structure and content.** Clinical handovers must follow a consistent structure, such as the iSoBAR format below:

    iDENTIFY: Introduce yourself and your patients

    SITUATION: Describe the reason for handing over

    oBSERVATIONS: Include vital signs and assessments

    BACKGROUND: Pertinent patient information

    AGREE A PLAN: Given the situation, what needs to happen

    READBACK: Confirm shared understanding.

  - **Leadership and team involvement**. For continuous shift to shift handovers, the most senior clinician available is responsible for ensuring the handover occurs. For team handovers, all available members of the multidisciplinary team caring for the patient must be part of team handover.

  - **Appropriate modality.** Handover must be conducted face-to-face wherever possible. While face-to-face handover is preferred, it is recognised that some handovers require the use of telephone or telehealth communication. Any written handovers must be in a standardised handover structure. Voice recorded handovers, SMS and other social media platforms are not permissible.

  - **Conducted in an appropriate environment.** Set the location for clinical handover where non-critical interruptions are limited and ensure there is access to supporting clinical information.

  - **Supported by written documentation.** All handover of patients of concern must be documented in the patient's medical record. Refer to MP 0171/22 *Recognising*

and Responding to Acute Deterioration Policy for further information on clinical handover of patients experiencing acute deterioration.

- **Agreement on responsibilities and accountability**. Roles, responsibilities and accountabilities must be clearly described and agreed to by all staff involved in the handover. Accountability for care of a patient must be defined at clinical handover by members of the receiving clinical team.

- **Appropriate training.** Health Service Providers must ensure their clinical workforce are trained on the local clinical handover policy and requirements.

3.2 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.

- Inter-facility and intra-facility handovers must be supported by a transfer document or discharge summary, which should arrive prior to, or with the patient at time of transfer.

3.3 In-patient Discharge Planning

- For in-patients, discharge summaries are to be completed and forwarded to the receiving clinician, with a copy sent with the patient/carer at the time of discharge. Should this not be possible, the discharge summary must be sent to both parties within 24 hours following discharge.

- The provision of a discharge summary is not required for certain procedures such as 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. Refer to MP 0104/19 *Medication Review Policy* for further information on medication requirements on discharge
  - outstanding outpatient and medical appointments
  - ongoing and follow-up plans, with responsibilities assigned to specific professions. Refer to Specialist Outpatient Services Access Policy for information relating to discharge from outpatient services.

4. Compliance Monitoring

The Patient Safety and Clinical Quality Directorate within the Clinical Excellence Division will monitor policy compliance annually using data sources available to the system manager such as accreditation reports, clinical incident data and consumer feedback.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- N/A

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- Clinical Handover Matrix

7. Definitions

The following definition(s) 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 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 Health Practitioner Regulation National Law (Western Australia) 2010, 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.
Continuous handover	Continuous handovers (also known as shift-to-shift handovers) occur when handover occurs between a current clinician to one of the receiving clinicians between two consecutive work shifts.
Contracted health entity	A non-government entity that provides health services under a contract or other agreement entered into with the Department CEO on behalf of the state, a health service provider or the Minister.

Discharge	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. 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.
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; in-patient to community mental health service; referral to a specialist; and escalation of a deteriorating patient. See also inter-facility handover.
Inter-facility transfer	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: • 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.
Non-continuous handover	Non-continuous handover occurs when there is a gap of time between work shifts and there may not be a receiving clinician who is able to be handed over to until another time, potentially the following day. This can also occur over weekends, public holidays.
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 the 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 Contact

Enquiries relating to this policy may be directed to:
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9. Document Control

Version	Published date	Effective from	Review date	Amendment(s)
MP 0095/18	18 October 2018	18 October 2018	October 2021	Original version
MP 0095/18 v.1.1	25 October 2018	18 October 2018	October 2021	Minor amendment.
MP 0095/18 v.2.0	11 February 2019	18 October 2018	October 2021	Major amendment.
MP 0095/18 v.2.1	15 February 2019	18 October 2018	October 2021	Minor amendment – hyperlink update.
MP 0095/18 v.2.2	7 March 2019	18 October 2018	October 2021	Minor amendment – hyperlink to Clinical Handover document updated.
MP 0095/18 v.3.0	6 September 2023	6 December 2023	September 2026	Policy review and amendments as detailed below.

- Purpose section amended to clarify the need for the policy
- Applicability section amended to exclude specific Health Service Providers and include a statement on contracted health entities
- Policy requirements section refined to reflect a contemporary approach to clinical handover:
  - Amendment to formalise the inclusion of in-patients
  - Inclusion of minimum required times where clinical handover must occur
  - Distinction made between continuous and non-continuous handovers
  - Strengthening of considerations related to patient goals and preferences
  - Clarification of modality provisions (i.e., the use of telephone, telehealth and written information)
- Removal of supporting information: Ossie Guide to Clinical Handover, WA Clinical Handover Guideline 2018 and ACSQHC Patient Clinician Communication in Hospitals.

10. Approval

Approval by	Dr David Russell-Weisz, Director General, Department of Health
Approval date	9 October 2018

This document can be made available in alternative formats on request for a person with a disability.