

Clinical Handover

February 2006

A Challenge for Patient Safety

“Clinical handover refers to the transfer of information from one health care provider to another when:

- a patient has a change of location of care, and/or
- when the care of a patient shifts from one provider to another”.

(Australian Council for Safety and Quality in Health Care – May 2005)

This discussion focuses on shift-to-shift handover; however, many of the principles are transferrable to other clinical handover situations.

Why is clinical handover a challenge?

- Effective clinical handover requires good communication. If the handover is inadequate there may be delays in a patient being reviewed and in test results being followed up. Ineffective handover may lead to a failure to appreciate key aspects of a patient's condition or care when decisions are being made. These factors may result in an adverse outcome for the patient.
- Sentinel Event Program Annual Reports, Health Service Inquiries and Coroner's recommendations all highlight communication issues between staff as a contributory factor in the occurrence of adverse events. These reports have specifically targeted the need for improvements in clinical handover.
- Whilst the importance of good clinical handover has been recognised

internationally, there is limited research to guide the development of best practice standards.

What are the barriers to effective clinical handover?

- Lack of standardisation of clinical handover processes within organisations.
- Lack of training in effective clinical handover, communication and teamwork skills.
- Lack of time to prepare for handover.
- Lack of time to provide or receive a detailed handover.
- Limited policy development regarding clinical handover within organisations.
- Changing workplace practices leading to reduced continuity of care and increasing number of handovers.

What can be done to improve clinical handover?

Leadership:

- Development of an organisational policy for clinical handover
- Development of specific accountabilities and performance indicators for clinical handover
- Appropriate resource allocation.

Resources:

- Time allocated in roster to prepare for and provide or receive handover

- Daily involvement of senior clinical staff to:
 - o Provide leadership
 - o Offer an educational focus
- Specified staff to attend handover, multidisciplinary where possible
- Formalised processes for Consultant to Consultant handover
- Training provided in communication, clinical handover and teamwork skills.

Organisational structures:

- Specific time for handover, “quarantined” except for emergencies
- Specific location for handover
- Clinical handover must have an explicit, practical, minimum criteria including:
 - o Predetermined format and structure
 - o Standardised handover sheet
 - o Confidentiality of information.

Use of IT:

- Access to radiology and pathology results
- Intranet based patient list / Consultant contact details / after hours cover.

Please email patricia.mcgarrity@dhs.vic.gov.au with ideas about further work needed regarding clinical handover.

Further information

www.safetyandquality.org.au

www.bma.org.uk/ap/nsf/Content/Handover

The Victorian Quality Council

Safer, better care throughout Victorian health care services

www.health.vic.gov.au/qualitycouncil