

Clinical Handover

Implementation Guide – Ministry of Health PD2009_060

Policy Number 1.075

Policy Function Continuum of Care

Issue Date 15 February 2019

Summary Clinical handover is the transfer of information, accountability and responsibility for a patient or group of patients. Standardisation of key principles for clinical handover will aid effective communication in all clinical situations, facilitate care delivery and contribute to improved safety of patient care.

This policy establishes a standard set of key principles for all types of clinical handover in accordance with NSW Ministry of Health policy directive PD2009_060 Clinical Handover – Standard Key Principles.

Responsible Officer ED Clinical Operations

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.075 (May 2015; June 2012)

Change Summary

- *Reconfiguration to align with the current policy template*
- *Update of legislation, policies and procedures*

HPRM Reference POLJH/1075

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

Clinical handover is the effective transfer of information, accountability and responsibility for a patient or group of patients. Standardisation of key principles for clinical handover will aid effective communication in all clinical situations, facilitate care delivery and contribute to improved patient safety.

Implementation of this policy will aid effective, concise and complete communication in all clinical situations and will facilitate delivery of care.

Abbreviations

ACCT - Adolescent Court and Community Team

AHNM - After Hours Nurse Manager

CCT - Court and Community Team

CIT - Community Integration Team (for released adolescents)

CSNSW - Corrective Services New South Wales

HPRM - Hewlett-Packard Records Manager

JJNSW - Juvenile Justice New South Wales

LBH - Long Bay Hospital

MAU - Medical Administration Unit which manages patient bookings

NIC - Nurse-In-Charge

NUM - Nursing Unit Manager

OST - Opioid Substitution Therapy

POC - Patient of Concern

QARS - Quality and Safety Audit Reporting System

ROAMS - Remote Off-site After Hours Medical Service

ROI - Request for Information

SAGO chart - Standard Adult General Observation Chart

2. Policy Content

Justice Health and Forensic Mental Health Network (the Network) clinicians must implement the Standard Key Principles for clinical handover outlined in this policy, regardless of a patient's clinical diagnosis, location or time of day. Compliance with the Standard Key Principles for clinical handover will improve the transfer of information, accountability and responsibility for patient care.

2.1 Mandatory Requirements

The importance of implementing safe clinical handover has been recognised and mandated under NSW Ministry of Health Policy Directive [PD2009_060](#) *Clinical Handover – Standard Key Principles*. The Network has

adopted the following **Standard Key Principles for Clinical Handover:**

1. **Leadership** – nominate a leader at each clinical handover.
2. **Valuing Handover** – set an expectation that this is an essential part of daily work.
3. **Handover Participants** – identify participants, and involve participants in the handover process.
4. **Handover Time** – set a time, duration and frequency of handover, expect punctuality.
5. **Handover Place** – set a specific location, preferably face to face.
6. **Handover Process** – the Network will use handover tools based upon the handover framework - *Introduction, Situation, Background, Assessment & Recommendation (ISBAR)*.

These Standard Key Principles for clinical handover apply to all clinical staff employed by the Network. All clinical handover events must meet these requirements.

2.2 Implementation - Roles & Responsibilities

Roles and responsibilities are also outlined according to clinical handover scenarios in Section 3.2 Clinical Handover Scenarios: Tables A to F.

Chief Executive is responsible for:

- Assigning responsibility and resources to implement the *Standard Key Principles for Clinical Handover*.
- Reporting on the implementation and evaluation of the *Standard Key Principles for Clinical Handover* to the NSW Ministry of Health.

Executive Directors are responsible for:

- Ensuring that each directorate has a process in place to handover patient care and critical information.
- Ensuring there is a system in place to monitor and evaluate clinical handover.
- Ensuring any potential or actual risks identified have been actioned.
- Ensuring there is provision to train staff in clinical handover.

Co-Directors, Service Directors, Nurse Managers (including the After Hours Nurse Manager) are responsible for:

- Ensuring Executive Directors and Clinical Directors are notified of any patients of concern.
- Ensuring clinical handover processes within their areas of responsibility are in line with the *Standard Key Principles* and *ISBAR Framework*.
- Ensuring monitoring and review of clinical handover is undertaken.
- Escalating audit results (including any identified risks and planned actions of improvement) to Executive Directors and Clinical Directors.

Nursing Unit Manager, Nurse-In-Charge are responsible for:

- Implementing the *Standard Key Principles of Clinical Handover* using a handover tool that adheres to the *ISBAR Framework*. Establishing agreed times, durations, processes and frequencies for clinical handovers to occur.
- Saving Clinical Handover documentation in local HPRM folders.

Clinical Handover

- Monitoring and evaluating local clinical handover on a regular basis through 6 monthly Quality and Safety Audit Reporting System (QARS) audits, with feedback of results, risks and actions to all stakeholders.
- Escalating results of audits (including any identified risks and planned actions) to the Nurse Manager and Stream Clinical Risk Meetings.
- Capturing audits and results of audits in local HPRM folders.
- Ensuring the *Standard Key Principles for Clinical Handover* and this Policy are included in the local orientation and in service programs for all new and current clinical staff.
- Ensuring the After Hours Nurse Manager, Cluster Nurse Managers and relevant Remote On-Call After Hours medical Service (ROAMS) Clinician are provided with a clinical handover of any patients of concern.

Medical Officers and Nurse Practitioners are responsible for:

- Participating in a clinical handover of patients (and their Management/Care Plans) seen in their clinic session. Clinicians must not leave the health centre before delivering a handover to the NUM/NIC or their delegate.
- Ensuring the *Standard Key Principles* and *ISBAR Framework* are included in the handover process.
- Ensuring any information regarding deteriorating patients or patients of concern is handed over to ROAMS the GP Teleround and clinic NUM/NIC.
- Ensuring any information handed over is also documented in the patient's health record.
- Participating in the monitoring and evaluation of clinical handover.
- Adhering to the ROAMS Policy and Protocol.

Nurses are responsible for:

- Ensuring work practices are consistent with the *Standard Key Principles for Clinical Handover*.
- Ensuring any tools used follow the *ISBAR Framework* and have been endorsed by the Stream Managers.
- Attending and participating in the handover of all patients in their care.
- Ensuring that they understand the information they are receiving during handover, and if not to seek clarification from the person who is handing over.
- Ensuring any information handed over is also documented in the patient's health record.
- Early escalation of any concerns regarding a patient to the NUM /NIC (and relevant medical officer if on-site).
- Participating in the monitoring and evaluation of clinical handover.

Allied Health staff are responsible for:

- Attending and participating in the handover process in the health centre or inpatient facility.
- Ensuring that critical patient information is handed over to the NUM/NIC if not present for the formal handover.
- Ensuring a process is in place to facilitate handover of patient care to other clinicians.
- Ensuring the *Standard Key Principles* and *ISBAR Framework* are included in the handover process.

- Ensuring any information handed over is also documented in the patient's health record.
- Participating in the monitoring and evaluation of clinical handover.

3. Procedure Content

3.1 Clinical Handover – Standardised Format

The clear communication and documentation of clinical handover are improved by a standardised format, such as the *ISBAR Framework*. ISBAR provides a framework for how confidential clinical information is conveyed between people in a consistent and reliable way. All instances of clinical handover should be documented and saved in local HPRM folders by the NUM or NIC.

The ISBAR Framework is the format that the Network adopts for Clinical Handover:

I – Introduction

- Introduce yourself and your role in the patient's care.
- State the unit you are calling from (if speaking by phone).

S – Situation

- Specify the patient's name, age, diagnosis and current condition (including observations).
- Explain the current situation.

B – Background

- State the admission date of the patient, diagnoses, and relevant medical history.
- Give a brief synopsis of what has been done so far (e.g. lab tests).
- Advise of any safety alerts that staff need to be aware of, e.g. work health and safety risks, aggression, manual handling risk.

A – Assessment

- Give a summary of the patient's condition.
- Note clearly the trend in patient observations.
- Explain what you think the problem is, or say, "I'm not sure what the problem is, but the patient's condition is deteriorating."
- Expand upon your statement with specific signs and symptoms.

R – Recommendation

- Explain what you would like to see done (e.g. lab tests, treatments, or "I need you to see the patient now").
- Repeat back any new treatments or changes to the care plan (e.g. monitoring and frequency, or when to re-notify the medical officer if there is no improvement in the patient).

Examples of tools for Clinical Handover using the *ISBAR Framework* are attached as [Appendix 1](#) & [2](#). Staff can modify the tools, or use a different tool, so long as it meets the requirements of the *Standard Key Principles* and *ISBAR Framework*. Clinical Handover tools must be endorsed by stakeholders within each Network Stream.

3.2 Clinical Handover Scenarios

There are numerous occasions/scenarios where clinical handover is required as part of everyday work; this may be face to face (preferred), or via email, telephone or Audio Visual Link (AVL). It is the responsibility of all staff to handover clinical information in a timely and accurate manner using the *ISBAR Framework*. It is the responsibility of all staff to ensure they understand the information being handed over to them – as per the *ISBAR Framework* above, staff are required to repeat back information, and ask questions. In the Network, the scenarios where Clinical Handover is required can be broadly grouped under the following categories A to F:

- A. Clinical Handover of the Deteriorating Patient, Patients of Concern and Emergency Scenarios**
- B. Clinical Handover of Patients at Reception to Custody (including Requests for Information)**
- C. Clinical Handover of Patient Transfers between Custodial Centres**
- D. Patient Transfer to and from External Providers (including Handover of Correspondence and Results)**
- E. Shift to Shift and Clinic Session Handover (including Remote Off-site and After Hours Clinical Handover, and Handover to Corrective Services NSW and Juvenile Justice)**
- F. Patient Discharge from Custody (Expected and Unexpected Discharges)**

The roles, responsibilities and related Policies and Procedures for each of these handover scenarios are outlined below in Section 3.2.1 Tables A to F:

3.2.1 Table A. Clinical Handover of the Deteriorating Patient, Patients of Concern and Emergency Scenarios

There are situations between clinic sessions and shift handovers when clinically deteriorating patients need urgent assessment, treatment, monitoring and transfer to local hospitals. This information requires handover.

Handover Scenario	Handover What and When	Handover From	Handover To	Hyper-Links to related Policies & Procedures
A.1. Patient of Concern* identified in clinic	Patient concerns and observations handed over as soon as practical	Health Centre Clinical Staff	ROAMS Clinician and AHNM <i>In addition, consider also handing over to:</i> Daily GP Teleround and/or Relevant Clinical Director	Procedures for the Management of Patients requiring Enhanced Monitoring (PREM) Policy 1.380 Clinical Care of People Who May Be Suicidal (ImpG) <i>Guidelines for:</i> The Management of Delirium Guidelines for the Management of Pregnant and Postnatal Women in Custody NSW Clinical Guidelines: Treatment of Opioid Dependence – 2018 Diabetes Pathway for Chronic Care
A.2. Deteriorating Patient or Emergency Scenario	Follow Emergency Response Guidelines And Emergency Response Form, SAGO Observations <i>Once Emergency situation managed:</i> Clinical Assessment Service Form	Health Centre Clinical Staff Health Centre Clinical Staff	Ambulance Staff and Corrective Services NSW Juvenile Justice NSW ROAMS Clinician and AHNM <i>In addition, consider also handing over to:</i> Daily GP Teleround and/or Relevant Clinical Director	Remote/Offsite/Afterhours Medical Service (ROAMS) Protocol Policy 1.300 Remote Off-site and After Hours Clinical Services Policy Adult Emergency Response Guidelines and Adolescent Emergency Response Guidelines Policy 1.322 Recognition and Management of Patients who are Clinically Deteriorating

***Patients of Concern include pregnant women, confused/delirious patients, patients intoxicated or in withdrawal, unstable diabetics, acute or unstable asthmatics, new patients on OST, suicidal patients, patients with acutely deteriorating mental health, or any other clinically deteriorating patient.**

3.2.2 Table B. Clinical Handover of Patients at Reception to Custody (including ROI)

Patients are received into custody from the community, local hospitals, police cells and court. There is a variety of clinical information for handover in each of these situations.

Handover Scenario	Handover What and When	Handover From	Handover To	Hyper-Links to related Policies & Procedures
<i>B.1 Patient received from: Police cells</i>	<i>Police Cells Form</i>	<i>Police Cells Clinician</i>	<i>Health Centre Nursing Staff</i>	<i>Policy 1.036 Health Assessment (Adolescents)</i>
<i>Court</i>	<i>Reception Screening Assessment</i>		<i>(who liaises with AHNM/ROAMS clinician via CAS Form for ongoing Patient Care Plan)</i>	<i>Policy 1.225 Health Assessments in Male and Female Adult Correctional Centres and Police Cells</i>
<i>Local Hospital</i>	<i>Court Assessment</i>	<i>Court Clinician Aboriginal Court and Community Team Clinician</i>		<i>Policy 1.111 Court and Police Cell Complexes (Adults) Healthcare Responsibilities</i>
<i>Local Hospital</i>	<i>Local Hospital Discharge Summary</i>	<i>Local Hospital</i>		<i>Policy 1.034 Admission and Assessment: Medical Subacute Unit, Long Bay Hospital</i>
<i>Directly from Community</i>	<i>Community Service Provider Health Summary</i>	<i>Community Service Provider</i>		<i>Policy 1.035 Admission & Assessment: Aged Care & Rehabilitation Unit, Long Bay Hospital</i>
	<i>Community Integration Team Assessment</i>	<i>Community Integration Team Clinician</i>		<i>Policy 1.267 Medical Responsibility Long bay Hospital</i>
	<i>Connections/OST Clinic Summary</i>	<i>Connections/OST Clinician</i>		<i>Adolescent Health Transfer of Care Guidelines</i>
				<i>Policy 1.300 Remote Off-site and After Hours Clinical Services Policy</i>
				<i>Remote/Offsite/Afterhours Medical Service (ROAMS) Protocol</i>
				<i>D&A Procedure Manual: Opioid Substitution Treatment Program (OST), OST No.4 – OST Medication Dosing Procedure</i>
B.2 Additional Health Information required based upon Reception Assessment	Request for Information (ROI) sent as soon as practical	Health Centre Nursing staff	Health Centre Administration staff (to External Provider)	Pathology Results Management Procedure

<p>B.3 ROI delayed, incomplete, or information not found by External Agency</p>	<p>Incomplete ROI to be escalated according to urgency of request</p>	<p>Health Centre Administration Staff</p>	<p>Health Centre NUM/NIC <i>(who liaises with Integrated Care Service)</i></p>	<p><u>Pathology Results Management Procedure</u> <u>Business Rules: Follow-up of patient attending external health service</u> <u>Integrated Care Service Operational Manual</u> <u>Medical Officers Clinic Session Guideline</u></p>
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3.2.3 Table C. Patient Transfer between Custodial Centres and Long Bay Hospital (LBH)

Network patients are frequently transferred between Custodial Centres and Long Bay Hospital, and information requires handover.

Handover Scenario	Handover What and When	Handover From	Handover To	Hyper-Links to related Policies& Procedures
C.1 Patient for transfer between Custodial Centres	Transfer of Care Summary Medical appointments PAS Waitlists Medications Alerts Health Problem Notification Form (HPNF) <i>(handover before transfer if possible)</i>	Nursing Staff Custodial Health Centre 1 <i>(who also liaises with Integrated Care Service)</i>	Nursing Staff Custodial Health Centre 2	Policy 1.395 <i>Transfer and Transport of Patients</i> Adolescent Health Transfer of Care Guidelines Policy 1.331 <i>Referrals between CSNSW and JH&FMHN</i> Policy 1.231 <i>Health Problem Notification Form (Adults)</i> Policy 1.235 <i>Health Problem Notification and Escort Form (Adolescents)</i> Policy 1.020 <i>Medication Management</i> Medication Guidelines Integrated Care Service Operational Manual
C.2 Patient for transfer between Custodial Centre and LBH	Transfer of Care Summary Medical appointments PAS Waitlists Medications Alerts Health Problem Notification Form (HPNF) <i>(handover all before transfer if possible)</i>	Nursing Staff Custodial Centre <i>(who also liaises with Integrated Care Service)</i>	Nursing and Medical Staff at LBH	Policy 1.395 <i>Transfer and Transport of Patients</i> Policy 1.331 <i>Referrals between CSNSW and JH&FMHN</i> Policy 1.231 <i>Health Problem Notification Form</i> Medication Guidelines Integrated Care Service Operational Manual Policy 1.034 <i>Admission and Assessment: Medical Subacute Unit, Long Bay Hospital</i> and Policy 1.035 <i>Admission & Assessment: Aged Care & Rehabilitation Unit, Long Bay Hospital</i> Policy 1.267 <i>Medical Responsibility Long Bay Hospital</i>

3.2.4 Table D. Patient Transfer to and from External Providers (including Handover of Correspondence and Results)

Patients regularly require planned and unplanned transfers to External Health Care Providers. Staff must ensure that appointments are made and attended, and that investigation results and external correspondence are provided upon return of the patient to the centre. Staff must action any Care Plans or results with ROAMS, and scan correspondence into JHeHS for clinician sign off.

Handover Scenario	Handover What and When	Handover From	Handover To	Hyper-Links to related Policies& Procedures
D.1 Patient needs External Provider Service	Referral Letter and Request for Appointment	Health Centre Referring Clinician	Health Centre Nursing Staff and Administrative Staff <i>(who liaises with Medical Appointments Unit and Integrated Care Service)</i>	<p><i>Policy 1.252 Access to Local Public Hospitals</i></p> <p>Business Rules: Follow-up of Patient Attending External Health Service</p> <p>Integrated Care Service Operational Manual</p> <p>Adolescent Health Transfer of Care Guidelines</p> <p><i>Policy 1.264 Medical Appointments (External and Internal) – Referrals, Bookings and Cancellations</i></p>
D.2 Appointment not made, not attended or cancelled	Appointment details not forthcoming within an allocated timeframe	Health Centre Administrative Staff	Health Centre NIC/NUM <i>(who liaises with Medical Appointments Unit and Integrated Care Service)</i>	<p><i>Policy 1.264 Medical Appointments (External and Internal) – Referrals, Bookings and Cancellations</i></p> <p>Business Rules: Follow-up of Patient Attending External Health Service</p> <p>Integrated Care Service Operational Manual</p>
D.3 Appointment attended and patient returns with Care Plan from External Provider	CAS Form regarding External Provider Care Plan as soon as practical	Health Centre Nursing Staff	ROAMS Clinician	<p>Pathology Results Management Procedure</p> <p>Clinical Applications Business Process – Scanned Documents Dashboard – Scanning Approved Documents into JHeHS</p> <p><i>Policy 1.300 Remote Off-site and After Hours Clinical Services Policy</i></p> <p>Remote/Offsite/Afterhours Medical Service (ROAMS) Protocol</p>

<p>D.4 Appointment attended and patient returns without any paperwork</p>	<p>ROI to External Provider for care Plan as soon as practical</p>	<p>Health Centre Administration Staff</p>	<p>External Provider and NUM/NIC <i>(who actions with ROAMS clinician and/or Integrated Care)</i></p>	<p>Pathology Results Management Procedure Business Rules: Follow-up of Patient Attending External Health Service</p>
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3.2.5 Table E. Shift-to-Shift and Clinic Session Handover (including Remote Off-site and After Hours Clinical Handover, and Handover to Corrective Services NSW and Juvenile Justice NSW)

Documented clinical handover from all clinicians must take place at the start and finish of each shift and at the end of each clinic session or ROAMS session in all Network clinical sites. In clinics without 24 hour staffing, the handover document should be accessible to the next shift of staff. Use of communication books and diaries for handover is discouraged. Handover documents should be saved in local HPRM folders at the end of the shift or clinic session by the NUM or NIC.

Handover Scenario	Handover What and When	Handover From	Handover To	Hyper-links to related Policies, Procedures
E.1 Start of shift in Health Centre or LBH	Patient concerns and Care Plans from previous shift	Nursing Staff	All Clinic Staff on duty	Policy 1.300 Remote Off-site and After Hours Clinical Services Policy
Start of ROAMS shift	ROAMS Shift Handover Reports	ROAMS Clinicians	Next ROAMS Clinicians and Email report to <i>.After Hours Reports</i>	Remote/Offsite/Afterhours Medical Service (ROAMS) Protocol
Start of AHNM shift	AHNM Shift Handover Report	AHNM	Next AHNM and Email report to <i>.After Hours Reports</i>	Policy 1.267 Medical Responsibility Long Bay Hospital
E.2 Patient receives treatment for non-urgent issue in Health Centre or LBH*	Patient Care Plan at shift handover, or end of clinic session HPNF/HPNEF communication about patient care for Custodial Staff	Health Centre Clinical Staff Health Centre Nursing Staff	All Clinic Staff on duty <i>(NUM or NIC if other staff unavailable)</i> CSNSW JJ NSW Private operators	Business Procedures for all directorates JHeHS Scanned Documents Dashboard Pathology Results Management Procedure Medical Officers Clinic Session Guideline Policy 1.331 Referrals between CSNSW and JH&FMHN Policy 1.231 Health Problem Notification Form (Adults) Policy 1.235 Health Problem Notification and Escort Form (Adolescents)

* For urgent issues, see Table A. Clinical Handover of the Deteriorating Patient, Patients of Concern and Emergency Scenarios

3.2.6 Table F. Patient Discharge from Custody (Expected and Unexpected Discharges)

Patients are discharged from custody at expected and unexpected times, and may be released via court. Handover of care (Transfer of Care) must occur in all situations.

Handover Scenario	Handover What and When	Handover From	Handover To	Hyper-Links to related Policies & Procedures
F.1 Expected discharge of patient to community	<p>Transfer of Care Summary</p> <p>Medical Officer Discharge Summary (for relevant patients)</p> <p>Medications</p> <p>Appointments</p> <p><i>(handover prior to discharge if possible)</i></p>	<p>Health Centre Clinical Staff</p>	<p>Patient and/or Carer and Community Providers</p> <p><i>Also consider whether the following staff should be involved in discharge plan:</i></p> <p>Integrated Care Service Manager Aboriginal Health Integrated Care Service</p> <p>CSNSW JJ NSW</p> <p>Court and Community Team (CCT)</p> <p>Adolescent Court and Community Team (ACCT) Aboriginal Court and Community Team Clinician</p> <p>CIT Connections</p>	<p>Adolescent Health Transfer of Care Guidelines</p> <p>Policy 1.141 Release Planning and Transfer of Care Policy – Adult to External Providers</p> <p>Integrated Care Service Operations Manual</p> <p>Policy 1.040 Drug & Alcohol Services</p> <p>Policy 1.267 Medical Responsibility Long Bay Hospital</p> <p>Policy 1.020 Medication Management</p> <p>Medical Officers Clinic Session Guideline</p> <p>Community Integration Team (CIT) Operational Guidelines</p>
F.2 Unexpected discharge of patient – already released	<p>Transfer of Care Summary</p> <p>Medical Officer Discharge Summary (for relevant patients)</p> <p>Medications</p> <p>Appointments</p> <p><i>(handover as soon as possible)</i></p>	<p>Health Centre Clinical Staff</p> <p><i>(Nursing Staff to notify attending Medical Staff and/or Clinical Director of unexpected patient release. The urgency of notification is dependent on the patient's clinical situation).</i></p>	<p>Patient and/or Carer and Community Providers Aboriginal Community Controlled Health Organisations</p> <p><i>Also consider whether the following staff should be involved in discharge plan:</i></p> <p>Integrated Care Service</p> <p>CSNSW JJ NSW</p> <p>CCT ACCT</p> <p>CIT Connections</p>	<p>Adolescent Health Transfer of Care Guidelines</p> <p>Policy 1.141 Release Planning and Transfer of Care Policy – Adult to External Providers</p> <p>Integrated Care Service Operations Manual</p> <p>Policy 1.040 Drug & Alcohol Services</p> <p>Policy 1.267 Medical Responsibility Long Bay Hospital</p> <p>Policy 1.020 Medication Management</p> <p>Medical Officers Clinic Session Guideline</p>

				Community Integration Team (CIT) Operational Guidelines
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3.3 Training

Training in clinical handover must be included as part of the units’ local orientation and in-service program. Online training is available on My Health Learning: Clinical Handover (ISBAR Tool) Course code 39831743.

3.4 Monitoring and Evaluating

According to Ministry of Health Policy [PD2009_060 Clinical Handover – Standard Key Principles](#), clinical handover scenarios must be monitored and evaluated; all clinical settings must have an auditing process in place as per section 6.1, 6.3 and 6.4 of the [National Safety Quality Health Services Standard](#), and completed at least once every six months. The current process of auditing is coordinated by Clinical and Corporate Governance with handover audits arranged by Nurse Unit Managers and recorded on-line through QARS (Quality and Safety Audit Report System). The process must include;

- Formal auditing through QARS, which may involve auditing several handover scenarios (eg, nurse-to-nurse; doctor-to-nurse).
- Snapshot observational audits.
- Collating the audit tool results, to identify any risks and trends.
- Capturing audits and results in local HPRM folders.
- Documenting actions and escalating identified risks at Stream Clinical Risk Meetings.
- Implementing the actions in consultation with management and staff.
- Reviewing the actions and any incident reports to determine whether the identified actions have been implemented and are effective.

4. Definitions and Abbreviations

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Clinical Staff

Centre Medical, Nursing, Allied Health, Dental, Designated Aboriginal Health Clinicians

Connections

Transitional Care for patients on OST

ROAMS Clinician

Medical Officers, registrars and Nursing Staff who provide remote on-call advice for ROAMS

5. Legislation and Related Documents

Legislation

[Criminal Appeal Act 1912](#)

[Health Administration Act 1982](#)

[Mental Health Act 2007](#)

[Mental Health \(Forensic Provisions\) Act 1990](#)

[Mental Health \(Forensic Provisions\) Regulation 2009](#)

Network Policies and Procedures

[1.020 Medication Management](#)

[1.034 Admission and Assessment: Medical Subacute Unit, Long Bay Hospital](#)

[1.035 Admission & Assessment: Aged Care & Rehabilitation Unit, Long Bay Hospital](#)

[1.036 Health Assessment \(Adolescents\)](#)

[1.040 Drug & Alcohol Services](#)

[1.111 Court and Police Cell Complexes \(Adults\) Healthcare Responsibilities](#)

[1.130 Dental Services](#)

[1.141 Release Planning and Transfer of Care Policy – Adult to External Providers](#)

[1.142 Discharge Planning – Medical Subacute and Aged Care and Rehab Units, Long Bay Hospital](#)

[1.225 Health Assessments in Male and Female Adult Correctional Centres and Police Cells](#)

[1.231 Health Problem Notification Form \(Adults\)](#)

[1.235 Health Problem Notification and Escort Form \(Adolescents\)](#)

[1.252 Access to Local Public Hospitals](#)

[1.264 Medical Appointments \(External and Internal\) – Referrals, Bookings and Cancellations](#)

[1.267 Medical Responsibility Long bay Hospital](#)

[1.300 Remote Off-site and After Hours Clinical Services Policy](#)

[1.322 Recognition and Management of Patients who are Clinically Deteriorating](#)

[1.331 Referrals between CSNSW and JH&FMHN](#)

[1.380 Clinical Care of People Who May Be Suicidal \(ImpG\)](#)

[1.395 Transfer and Transport of Patients](#)

[1.443 Custodial Mental Health Referral and Case Management Policy](#)

[Adolescent Emergency Response Guidelines](#)

[Adult Emergency Response Guidelines](#)

[Adolescent Health Transfer of Care Guidelines](#)

[Business Rules: Follow-up of Patients Attending External Health Services](#)

[Business Rules: Reception Screening Assessment Training](#)

[Community Integration Team \(CIT\) Operational Guidelines](#)

[D&A Procedure Manual: Opioid Substitution Treatment Program \(OST\), OST No.4 – OST Medication Dosing Procedure](#)

[Guidelines for the Management of Pregnant and Postnatal Women in Custody](#)

[JH&FMHN Diabetes Pathway for Chronic Care](#)

[JH&FMHN Guidelines for the Management of Delerium](#)

[JH&FMHN Medication Guidelines. Section 5.15 – Transferring Medications between Correctional and Detention Centres](#)

[Medical Officers Clinic Session Guideline](#)

[Pathology Results Management Procedure](#)

[Remote/Offsite/Afterhours Medical Service \(ROAMS\) Protocol](#)

[The Management of Patients Requiring Enhanced Monitoring \(PREM\)](#)

NSW Health Policy Directives, and Guidelines

[PD2009_060 Clinical Handover – Standard Key Principles](#)

[PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating](#)

[PD2011_015 Care Coordination Planning from Admission to Transfer of Care in NSW Public Hospitals](#)

CSNSW

[Custodial Mental Health Operational Procedure Manual, March 2018](#)

Australian Medical Association

[Safe Handover: Safe Patients' Guideline \(AMA, 2006\)](#)

Australian Commission on Safety and Quality Health Care

[National Safety Quality Health Services Standards, Standard 6](#)

Appendix 1 – Clinical Handover Tool/Checklist

The Clinical Handover Sheet – uses ISBAR as the format for clinical handover and can be used as a tool/checklist for providing and receiving verbal handover from clinical staff either face to face or via telephone.

I – Introduction – introduce yourself and your role in the patient’s care

S - Situation			B - Background		A - Assessment			R - Recommendation		
Name	Age	Diagnosis	Medical History	Alerts	• Current condition	• Signs/ symptom	• Observations	• Treatment plan/follow up	• Tests/ Results	• Referrals/ Appointments

Appendix 2 – Clinical Handover - patient transfer using ISBAR

Before making a call about clinical care

1. Assess the patient
2. Read the most recent notes
3. Have the medical notes ready

I Introduction	
S Situation	
B Background	
A Assessment	
R Recommendation	

Adapted from Hunter New England Local Health District