



**ROYAL HOBART HOSPITAL**

## **National Clinical Handover Initiative:**

**Nursing and Medical Handover in General Surgery, Emergency  
Medicine and General Medicine at the Royal Hobart Hospital**

## **Overarching Minimum Data Set**

**Submitted to**  
**AUSTRALIAN COMMISSION ON**  
**SAFETY AND QUALITY IN HEALTHCARE**

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# Overarching Minimum Data Set

## **Step 1: Environmental awareness**

- Alerts and safety
- Advanced notice (especially high risk patient movement)
- Attention (to sick/deteriorating patients)

## **Step 2: Patient identification**

- Textual identification (at least surname)
- Numerical identification (hospital unique identifier or date of birth)
- Wrist band check or other demographic data

## **Step 3: History, evaluation and management**

- History (presenting problem, relevant past history and current issues)
- Evaluation (physical examination findings, investigation findings and current diagnosis)
- Management to date

## **Step 4: Responsibility, risk management and action plan**

- Tasks to be completed (include the tasks as well as recommendations)
- Outstanding or abnormal results and observations (include a list, as well as actions and recommendations)
- Risk management

## **Step 5: Accountability**

- Patient (code status, MET status, other relevant information)
- Profession and colleagues (treating and responsible doctors, charts and clarifications)
- Organisation (discharge planning)

## ***The overarching minimum data set***

### **Content**

This overarching minimum data set provides a coherent frame of reference for supporting transferability of clinical handover improvement initiatives in different clinical settings. There are five sections to the overarching minimum data set designed to achieve the aim of transferring information, responsibility and accountability:

1. Environmental awareness
2. Patient identification and demographic details
3. History, evaluation and management
4. Responsibility, risk management and action plan
5. Accountability to ensure patient safety

### ***1. Environmental awareness***

It is essential that the incoming team and/or individual is aware of the situation and circumstances of the working environment. This is divided into three categories to emphasise patient safety:

- Alert and safety
  - Objective: To emphasise patient or occupational safety during the commencement of the shift.
  - Description: Information regarding individual patients or the working environment that may impact on the safety of patients, healthcare professionals or others.
  - Examples: Staffing issues, patients who might be violent, infectious diseases issues and equipment/device failures/availability.
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- Advanced notice
  - Objective: To highlight potential patient movements so that incoming teams can devise plans to manage their workloads.
  - Description: Information regarding potential patient flow given in a summarised manner.
  - Examples: Name of patients expected to leave the ward/care and name of patients expected to receive care from the ward or team.
- Attention
  - Objective: To identify and divert resources to patients who are deteriorating or may deteriorate.
  - Description: Information regarding patients who will require significant levels of care.
  - Examples: Names of patients who had a Medical Emergency Team (MET) call, patients who are deteriorating or who may deteriorate.

### ***2. Patient identification and demographics***

The second step in clinical handover is the identification of individual patients. In order to confirm and safeguard the patient identification process, at least two identifications are required: one textual and one numerical.

- Textual identification
  - Objective: To notify incoming team about patients.
  - Description: Full name of the patient
  - Example: Mr. XXX
- Numerical identification
  - Objective: To provide confirmation of patient identification and allow rapid access to electronic information.
  - Description: Either the unique hospital identifier or the patient or date of birth.
  - Example: The URN is XXXXXX, or the date of birth is XX of month, year.
- Other demographics or identification
  - Objective: To provide overview of patient demographics.
  - Description: age of the patient or checking arm-band in bedside clinical handover.
  - Example: Checking of arm-band should be carried out in bedside clinical handover, otherwise the age of the patient should be provided.

### **3. History, evaluation and management**

The third step in clinical handover is the provision of an accurate and holistic view of current issues and progress in the investigation and management of the patient during the previous shift. It should include history, evaluation and management plan to date.

- History
  - Objective: To provide an understanding of clinical issues that might affect the care of the patient.
  - Description: The history should include a statement regarding the presenting complaint/operation date, relevant past medical problems, and most importantly, current issues which require addressing.
  - Example: Presenting complaint is XXX (or operation date), relevant past medical histories include XXX and the current issues are XXX.
- Evaluation
  - Objective: To provide an understanding of the current diagnostic/care rationale.
  - Description: This should provide the diagnostic and care understanding by analysing the physical examination or investigation results.
  - Example: Physical examination findings of XXX supports the diagnosis of XXX. The following investigations have been performed and the current diagnosis/differential diagnoses are XXX.
- Management plan to date
  - Objective: To provide an understanding of the management plan to date in order to allow continuation of the plan.
  - Description: this should include management or care plans that have already been carried out which may be of relevance to the incoming team.
  - Example: The patient has received XXX and has undergone XXX therapy and XXX treatment relieved the symptoms

#### **4. Responsibility, risk management and action plan**

The fourth step in clinical handover is the transfer of all responsibility regarding the care of the patient to the next team. This step is not well carried out during the current clinical handover process. It is essential that all responsibility for patient care is transferred from one team to the other. This section is especially designed to minimise discontinuity of patient care, with special emphasis on patient safety. This whole section needs to emphasise the transfer of information and care from one team to the other.

This can only be adequately achieved through face-to-face handover in order for the receiving team to understand the tasks at hand. Furthermore, the transfer of responsibility requires the transfer of tacit knowledge about patient care.

It consists of three important aspects: Tasks to be completed, abnormal and outstanding results and observations as well as risk management strategies. It is recommended that all transfer of responsibility should include actions and recommendations.

- **Tasks to be completed**
  - **Objective:** To provide a clear list of tasks required for the care of the patient.
  - **Description:** This section should include all tasks required to be completed, such as dietary requirements, medication requirements, dressing requirements and follow up of results.
  - **Example:** Check haemoglobin results and organise transfusion if haemoglobin is less than 70.
- **Outstanding and abnormal results or observations**
  - **Objective:** To ensure continuity of care and to prevent deterioration.
  - **Description:** This section should include all abnormal results and observation for follow up.
  - **Example:** Oxygen saturation has dropped to 90% and oxygen therapy has been initiated. Medical officer contacted 20 minutes ago, awaiting review.
- **Risk management issues**
  - **Objective:** To ensure the continuity of risk minimisation for patient safety.
  - **Description:** This section should include hospital-wide risk management strategies, such as fall risks, mobility and sedation risks.
  - **Example:** This patient is unsteady on his/her feet; he/she needs assistance for personal hygiene.

#### **5. Accountability**

The last step in the clinical handover minimum data set is the transfer of accountability. The transfer of accountability during clinical handover ideally requires clear documentation and acceptance of the care of the patient. It should include the following aspects:

- **Patient**
  - **Objective:** To ensure the accountability for the care of each individual patient is delivered to the incoming responsible individual or team
  - **Description:** Patient's preference of care must be delivered and the accountability for that preference of care must be transferred. Therefore the code status must be communicated clearly.
  - **Example:** This patient has expressed wishes not to receive resuscitation, he/she is however for MET call.

- Profession and colleagues
  - Objective: To ensure that the incoming team understands the tasks ahead, as well as the consultant in-charge of the overall care of the patient.
  - Description: This section should allow for double-checking and clarification as well as transfer of accountability to the consultant in-charge regarding any issues.
  - Example: If the patient deteriorates, Dr. XXX wants you to call him. Are there any questions that you want to clarify?
- Organisation
  - Objective: To ensure the most efficient patient flow through the organisation.
  - Description: All issues related to discharge planning should be transferred from one team to the other.
  - Example: This patient will require community nursing care at home when discharged tomorrow, please organise it during your day shift.

### ***Other minimum data sets***

Minimum data sets for clinical handover have also been developed at the Royal Hobart Hospital for the:

- Department of General Medicine - (Medical and Nursing)
- Department of General Surgery - (Medical and Nursing)
- Department of Emergency Medicine - (Medical and Nursing)

Please contact ACSQHC for further information.