FREQUENTLY ASKED QUESTIONS

Standard 6: Clinical Handover

Effective clinical handover is an important element of almost all of the NSQHS Standards. When considering clinical handover policy, you should also consider related principles of the below NSQHS Standards:

- Standard 1: Governance for Safety and Quality Health Service Organisations
- Standard 2: Partnering with Consumers
- Standard 3: Preventing and Controlling Healthcare Associated Infections
- Standard 4: Medication Safety
- Standard 5: Patient Identification and Procedure Matching

1. What clinical handover policy does my organisation need to follow?
   There is no one-size-fits-all policy for clinical handover. Each organisation needs to consider an individual approach to meet the NSQHS Standards for Clinical Handover (Standard 6).

   Standard 6 has been developed from evidence based research. A great place to start when considering policies, procedures and/or protocols is reflecting on the core principles of clinical handover. These are:

   1. Handover requires preparation
   2. Handover needs to be well organised
   3. Handover should provide environmental awareness
   4. Handover must include the transfer of accountability and responsibility for patient care

   These are detailed in the OSSIE Guide to Clinical Handover (refer to page 29.)

   Organisations need to consider the relevance of clinical handover to their specific clinical setting. Policies surrounding clinical handover need to be documented, reviewed and evaluated to ensure that they are relevant and appropriate for use in both the organisational and local setting.

2. Do I need to develop new policies in order to meet the Standards?
   Many organisations will already have clinical handover policies in place. Standard 6 provides an opportunity for organisations to review and implement improvement to current policy if required.

   Consider your organisations current clinical handover policies, procedures and/or processes in against the actions in Standard 6. Depending on the context of your organisation, it may be more efficient and effective to have an overarching policy framework which documents the structured clinical handover policy, supported by a
flexible standardisation policy which accommodates specific localised settings with specific policies, procedures and/or processes.

3. Can different departments use different policies?
Health services need to develop an overarching approach to clinical handover. However, the organisation may consider alternative tailored policies for different wards/departments/units. Flexibility and local context is essential for the effectiveness of clinical handovers. Organisational and local policy, procedure and/or protocol needs to be relevant to the health care setting. Staff must be aware and trained in your policy, and it must be reviewed and evaluated.

4. What does flexible standardisation mean?
Flexible standardisation recognises the importance of ensuring that policies and procedures are relevant and appropriate for use in particular contexts of handover. The standardisation which is chosen must fit the needs of the patients and clinical workforce staff involved in handover. These needs will vary widely as health services will have differing functions, size and organisation with respect to service delivery mode, location and workforce.

The OSSIE Guide to Clinical Handover Improvement and the Implementation Toolkit for Clinical Handover Improvement provide guidance on implementing flexible standardised processes for handover, tailored to a local context.

5. What handover situations do I need develop processes for to meet the NSQHS Standards for Clinical Handover?
The types and settings are be defined by the reason of transfer and assist health services to understand which handover situations apply to their service. NSW Health has developed a matrix of clinical handover solutions that is useful in defining what type of clinical handover is suitable for a specific situation. This matrix is available in the Standard 6: Clinical Handover Safety and Quality Improvement Guide (October 2012, refer to page 15).

Your health service is required to develop documented and structured clinical handover policies, procedures and/or processes during key points of patient transition of care. These transition of care points need to be considered as a minimum requirement of clinical handover policy, procedure and/or processes, if these situations occur in the health service organisation. These points are:

1. At shift change
2. When patients are transferred within or to another hospital or service, and
3. At patient discharge.

6. What should be included in a minimum data set?
The minimum data set is defined as information and content that must be contained and transferred in a particular type of clinical handover. There are many possible minimum data sets which will vary depending on the context and reason for handover. Your health service is required to have policies, procedures and/or processes outlining how clinical handover is undertaken within your organisation and what information needs to be transferred at a minimum.

When defining a minimum data set, it is essential to consider what type of clinical handover is taking place and what setting it is conducted in.
The minimum data set should include key elements from *Standard 3: Preventing and Controlling Healthcare Associated Infections; Standard 4: Medication Safety; Standard 5: Patient Identification and Procedure Matching; Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care.*

7. **What resources are available to me?**
The Commission has developed a range of resources that are useful when considering Clinical Handover in your organisation. All of our resources are available on our website.

**OSSIE Guide to Clinical Handover**
The OSSIE Guide provides a management framework to support implementation of standardised clinical handover. It can help in the design, implementation, evaluation and maintenance of clinical handover improvement processes. The document outlines the principles of clinical handover and includes tools that were developed through evidence based research and pilot studies.

**Implementation Toolkit for Clinical Handover Improvement**

**Electronic Discharge Summary Systems Self-Evaluation Toolkit**
The EDS Toolkit was developed to support local evaluation of EDS Systems selected and subsequently implemented at health services across Australia. The EDS Toolkit provides guidance and principles in addition to a series of key learnings from the ACSQHC EDS Evaluation.

8. **Why do I need to involve patients in clinical handover?**
Patients and their carers are the common link in clinical handover. Patients and carers have important insight into their conditions as well as circumstances that may impact upon their ongoing care and needs. Health services should consider the extent to which their current handover processes involve patients and carers, and where appropriate develop processes to support patient and carer involvement.

Patients also have a crucial role to play in the development of handover policy, procedures and/or processes. Having a patient representative on the improvement team can help health services to understand a patients' perspective in relation to clinical handover. They can also bring valuable insight to discussions on how patients can be effectively involved in clinical handovers.