Australasian College
for Emergency Medicine

Clinical handover in the emergency department

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Document Review

Timeframe for review:	Every three years, or earlier if required
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Revision History

Version	Date	Pages revised / Brief Explanation of Revision
V1	Dec-2010	Approved by Council
V2	Dec-2015	Consistent terminology – 'handover' replaced with 'clinical handover' Section 4 additions: • The use of structured orientation in department procedures. • The importance of informing patients and carers in the process.
V3	Feb-2020	• References updated • New document style applied • Document type changed from Guideline to Policy
V4	Aug-2024	• New document template applied • Terminology section added • Introduction section changed to general principles • Related documents added • References to carers and whānau added • Consistent terminology for Aotearoa New Zealand added • References to cultural safety added

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1. Purpose and scope

This document describes elements of structured clinical handover which support safe patient care in emergency departments (EDs).

The policy is applicable to EDs in Australia and Aotearoa New Zealand.

2. Terminology

Clinical handover

Clinical handover is the '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'. [1]

Patient transfer

Refers to the transition of care of a patient from one area of a health care facility to another area within that facility, or from and between health care facilities. For example, from an ED to an inpatient bed within the same hospital, or from an ED to an inpatient bed at another hospital.

3. General principles

- ACEM endorses the Australian Commission on Safety and Quality in Health Care *National Safety and Quality Health Service Standard 6: Clinical Handover*. [2] The Standard includes a range of associated project tools and resources that support the implementation of quality and safety improvements in clinical handover.

- Clinical handover is a high-risk activity for patient safety due to the potential for communication error. The use of a structured handover tool provides an effective and safe platform for clinical handover however does not replace considered communication allowing for clarification of complex and multifaceted presentations [4]

- Every member of staff has a responsibility to ensure effective clinical handover of patient care within the ED, on discharge, or on transfer to another person or professional group on a temporary or permanent basis.

- The documentation required for clinical handover should allow staff to readily access pertinent information to continue care of the patient.

- Clinical handover should reflect the multidisciplinary, cultural, spiritual and physical needs of patients to ensure safe and effective patient care in line with the principles of Te Rautaki Manaaki Mana (see related document section).

4. Procedures and actions

- Each ED should establish and implement a standardised clinical handover procedure suitable to its specific working environment, activity and staffing.

- Consultant medical staff have a key role in the supervision of clinical handover. Responsibilities include ensuring a clinical handover environment that facilitates the transfer of essential information, allows and supports questions and clarifications relating to an individual patient's care, assists in the generation of an ongoing management plan for patients and ensures both the appropriateness and understanding of staff members in taking over responsibility for care of a patient.

- Staff engaged in clinical handover should receive structured orientation with respect to ED clinical handover procedure(s).

- The quality and effectiveness of clinical handovers should be regularly reviewed, and ongoing opportunities for education in communication techniques that support safe clinical handover identified, for example recognition of high-risk patient types, and identification of cognitive bias.

- Scheduled clinical handover is required at the start of each shift when care is assumed by a new clinical team. Additional formalized clinical handover may also occur at other times as dictated by service demands.

- Scheduling should allow protected time for clinical handover to occur during rostered working hours.

- Clinical handovers should be documented in a manner which allows all staff to readily access continued care arrangements and provides a record of the key elements of the clinical handover.

- Where possible ED staff should involve patients in the clinical handover process, such that they are informed about the nature of the ongoing care, who is providing it and are able to have any concerns or questions addressed.

5. References

1. Australian Medical Association. *Safe Handover: Safe Patients* guideline. Melbourne, AMA, 2006 and National Patient Safety Agency. Safe Handover: Safe Patients. Guidance on Clinical Handover for Clinicians and Managers. London, NPSA, 2004.

2. Australian Commission on Safety and Quality in Health Care. *NSQHS Standard 6. Clinical Handover. Safety and Quality Improvement Guide*. Sydney, ACSQHC, 2012.

3. Müller M, Jürgens J, Redaèlli M, et al. *Impact of the communication and patient hand-off tool SBAR on patient safety: a systematic review*. BMJ Open 2018;8:e022202. doi:10.1136/ bmjopen-2018-022202.

4. Pascoe, H. Gill, SD, Hughes, A. McCall-White, M. *Clinical handover: an audit from Australia*. Australas Med J. 2014; 7(9): 363–371.

6. Related documents

This Policy should be read in conjunction with the following documents:

- S12: Statement on the Role Delineation of EDs and Other Hospital-based Emergency Care Services
- S57: Statement on ED Overcrowding
- P55: Policy on Emergency Medicine Consultation Standards of Care
- S127: Statement on Access Block
- P02: Policy on Standard Terminology
- P67: Extended Role of Nursing and Allied Health Practitioners Working in EDs
- P18: Responsibility for Care in Emergency Departments
- Quality Standards for Emergency Departments and Hospital-Based Emergency Care Services
- He Ara Tiatia ki te Taumata o Pae Ora Manaaki Mana. 2021, ACEM: Wellington
- Te Kaunihera Rata o Aotearoa Medical Council of New Zealand, Statement on Cultural Safety. 2019, MCNZ: Wellington
- Te Rautaki Manaaki Mana Excellence in Emergency Care for Māori. 2022, ACEM: Wellington.

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