Australasian College
for Emergency Medicine

Clinical handover in the emergency department

Policy P36

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Document Review

Timeframe for review:	Every three years, or earlier if required.
Document authorisation:	Council of Advocacy, Practice and Partnerships
Document implementation:	Council of Advocacy, Practice and Partnerships
Document maintenance:	Department of Policy and Strategic Partnerships

Revision history

Version	Date	Pages revised / Brief explanation of revision
V1	December 2010	Approved by Council
V2	December 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	February 2020	• References updated • New document style applied • Document type changed from Guideline to Policy

Purpose

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 New Zealand.

Introduction

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]

Clinical handover is a high-risk activity for patient safety due to the potential for communication error. Standardisation is an important component of safe and effective communication in high risk industries. Emergency departments therefore require structured and consistent clinical handover processes to support safe patient care.

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 has a range of associated project tools and resources that support the implementation of quality and safety improvements in clinical handover.

Procedures and actions

- Each ED should establish and implement a standardised clinical handover procedure suitable to its specific working environment, activity and staffing.
- 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.
- Staff engaged in clinical handover should receive structured orientation with respect to ED clinical handover procedure(s), and ongoing education in communication techniques that support safe handover, for example recognition of high-risk patient types, and identification of cognitive bias.
- Scheduled clinical handover times should occur at the start of each shift, as well as other times as dictated by service demands.
- Scheduling should allow protected time for clinical handover to occur during rostered working hours.
- There is some evidence that the use of standardised handover tools can be effective as a basis for safe structured clinical handover. [3] However, care must be exercised when employing standardised handover systems so as not to oversimplify the multifaceted context of effective communication, and/or discourage critical thinking and clarification seeking. [4]
- Handover round staffing should reflect the multidisciplinary needs of patients in the ED.

- Consultant medical staff have a key role in the supervision of handover. Responsibilities include ensuring a 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.
- 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.
- Emergency departments should involve patients and carers in the clinical handover process, such that they are informed about the nature of the ongoing care and who is providing it, and are able to have any concerns or questions addressed.

References

1. 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.

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