



AUSTRALASIAN COLLEGE  
FOR EMERGENCY MEDICINE

## GUIDELINE

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# GUIDELINE ON CLINICAL HANDOVER IN THE EMERGENCY DEPARTMENT

## 1. PURPOSE

This document is a guideline for the Australasian College for Emergency Medicine (ACEM) and describes elements of structured clinical handover which support safe patient care in emergency departments.

## 2. SCOPE

This guideline is applicable to emergency departments in general.

## 3. INTRODUCTION

The Australian Commission for Safety and Quality in Health Care (ACSQHC) and the Australian Medical Association (AMA) define clinical handover as *"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]."*

Failures in clinical handover have been identified as a major cause of preventable harm to patients [2, 3]. Standardisation is therefore an important component of safe and effective communication in high risk industries [4, 5]. Emergency departments require structured and consistent clinical handover processes to support safe patient care

ACEM endorses the National Safety and Quality Health Service Standard Six: Clinical Handover.

## 4. PROCEDURE & ACTIONS

- Each department should establish and implement a standardised clinical handover procedure suitable to the departments' specific working environment, activity and staffing.
- Every member of staff has a responsibility to ensure effective clinical handover of patient care within the emergency department, 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 to the departments' clinical handover procedure(s) and ongoing education in communication techniques that support safe handover e.g. recognition of high risk patient types, 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.
- Recognised models for effective team communication and content that can be used as a basis for safe structured clinical handover [3, 5, 6, 7, 8].
- Handover round staffing should reflect the multidisciplinary needs of emergency department patients.

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- 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, who is providing it and have any concerns or questions addressed.

## 5. REFERENCES

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## 6. DOCUMENT REVIEW

Timeframe for review: every five (5) years, or earlier if required.

### 6.1 Responsibilities

Document authorisation: Council of Advocacy, Practice and Partnerships  
 Document implementation: Council of Advocacy, Practice and Partnerships  
 Document maintenance: Policy and Research Department

### 6.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
V1	Dec-2010	Approved by Council
V2	Dec-2015	<ul style="list-style-type: none"> <li>Consistent terminology – 'handover' replaced with 'clinical handover'</li> <li>Section 4 additions               <ul style="list-style-type: none"> <li>The use of structured orientation in departmental procedures</li> <li>The importance of informing patients and carers in the process</li> </ul> </li> </ul>