Practice Assist
Strengthening general practice in WA

Template
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General Practice
Clinical Handover Policy

Practice name: Date:

The Royal Australian College of General Practitioners (RACGP) *Standards for general practices*, 5th edition, indicator states:

- C5.3 - Our practice manages the handover of patient care both within the practice to other members of the clinical team and to external providers.

The Australian Medical Association defines clinical handover as "the transfer of professional responsibility and accountability for some or all aspects of a patient's or a group of patients' care to another person or professional group on a temporary or permanent basis."

Clinical handover is required to ensure a timely, relevant and structured transference of care that is appropriate to the clinical setting and context of the handover, minimising the risk to patient safety and care.

Principles of clinical handovers

Clinical handovers occur daily within our practice and communications/conversations are recorded in the patients' notes.

Examples of when clinical handovers are necessary include a:

- general practitioner covering for a fellow general practitioner who is on leave or is unexpectedly absent
- general practitioner covering for a part-time colleague
- general practitioner handing over care to another health professional such as a practice nurse, physiotherapist, podiatrist or psychologist
- general practitioner referring a patient to a service outside of the practice
- patient with a shared care arrangement (e.g. team care of a patient with mental health problems).

Our staff recognise the potential consequences of poor clinical handovers, which can include:

- unnecessary delays in diagnosis, treatment and care
- unnecessary repeated, missed or delayed communication of test results
- incorrect treatment or medication
- possible legal action.

It is expected that during clinical handovers our staff will:

- transfer all relevant data
- be accurate and unambiguous
- provide the information in a timely manner.

The method of handover depends on the individual circumstances and could be via:

- face-to-face interaction
- telephone communication
- written communication
- electronic communication.

Staff should also take into account:

- the mode of communication when the medical information is urgent or time-sensitive and a delay in transmitting the information will delay in the patient's care
- if it is appropriate to request an acknowledgement of receipt of the information provided.

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The ISBAR tool

Our practice encourages all practitioners to utilise the ISBAR tool as a form of standardising communication, which ensures completeness of information and reduces the likelihood of missed data.

I	Identify	Identify yourself and role. Identify the patient with three identifiers.
S	Situation	State the immediate clinical situation of the patient. For example, "The reason I am calling is…" List the most and important recent observations. State if the situation is urgent and the relevant vital signs.
B	Background	Provide the clinical background/context of relevant history and examination of the patient's clinical situation. Include relevant test results, allergies and any adverse drug reactions.
A	Assessment	Assess the possible diagnosis. Identify time frames and requirements of the transition of care.
R	Request/Recommendation	State the request/task to be completed to correct the situation. Check back for shared understanding.

Patient rights

Whenever clinical handovers occur, whether external or internal, our practice will ensure patients (or their carers) are aware of who will take over their care, especially in the absence of their regular general practitioner.

Patients need to be included in the decision-making process, particularly when they consult with more than one general practitioner, specialist or other healthcare provider.

Practitioners must document in the patient's health record that the patient has been informed of who will take over their care and, where necessary, that their goals and preferences have been communicated.

Clinical handover within the practice

Our practice operates a buddy or roster system, whereby another practitioner follows up results and correspondence or continues the care of patients on behalf of an absent colleague.

Prior to a planned staff absence, the practitioner will have a meeting with the buddy or rostered practitioner and provide the relevant information about all patients who are at a critical part of their treatment.

All practitioners are expected to provide adequate clinical records, which will enable another practitioner to safely and effectively continue the care of patients. Practitioners should routinely read the patient's preceding clinical notes for the past few consultations.

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When a general practitioner provides a clinical handover to the nursing staff, verbal instructions are the preferred method of conveyance. It is expected that the patient's health record will be up to date, in case the nursing staff require further clarification or confirmation of the instructions.

Clinical handover outside the practice

Clinical handover outside the practice occurs in many ways, which includes but is not limited to a:

- referral for an investigation
- referral to an ancillary healthcare provider
- referral to a specialist
- referral to a hospital.

Referral documents must contain at least three approved patient identifiers, state the purpose of the referral and, where appropriate, include relevant history, examination findings, current management, known allergies, adverse drug reactions and current medications.

All referral letters should be typed on our practice's letterhead and identify the general practitioner making the referral as well as the healthcare provider to which the referral is being made.

In addition to the referral document, a telephone call is required for patients with complex care needs or in emergency situations. These conversations must be documented in the patient's health record.

Where practical, significant referrals should be followed-up by the general practitioner to ensure the patient attended the appointment with the external healthcare provider and that the practice has received, reviewed and recorded the results in the patient's health record.

When shared care ceases

When a clinical handover involves complex or high-risk patient care, such as suicidal patients or patients on complex medication regimens, the general practitioner should request to be notified if care of the patient ceases. Equally, if the general practitioner stops seeing a patient they are treating on a handover basis, or the patient stops attending treatment, the general practitioner should notify the other members of the treating team.

Medical deputising services

Our practice utilises the medical deputising services of:

Our practice has a written service level agreement that outlines the clinical handover requirements for routine situations which involve a patient report being sent overnight to the patient's regular general practitioner.

For urgent situations, the medical deputising service will:

Our practice's general practitioners are encouraged to convey the details of patients of concern (e.g. patients with a terminal illness) to the medical deputising service.

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Clinical handover to an emergency department

The clinical handover should be face-to-face where practical or by telephone when a general practitioner:

- calls an ambulance to transfer a patient from our practice
- calls an ambulance to attend a patient's home
- is aware that an ambulance has been called to a patient's home.

When an ambulance service is not involved, our practice should ensure that sufficient information is provided to the emergency department about the clinical condition of the patient to facilitate prompt and appropriate care.

Clinical handover errors and near misses

Our practice recognises that mistakes happen from time to time and we nurture a culture of open communication to support the resolution of clinical handover errors.

When clinical handover errors or near misses occur, every member of the practice team is encouraged to report the circumstances of the event.

Each event will be de-identified and analysed at a clinical team meeting where processes will be introduced to reduce the risk of a recurrence that could harm other patients.

The details of clinical handover errors and near misses must be recorded in our practice's incident log.

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