

# CLINICAL HANDOVER (C5.3)

## POLICY

Clinical handover has been defined by the Australian Medical Association 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'.

Failure or inadequate handover of care is a major risk to patient safety and a common cause of serious adverse patient outcomes. It can lead to delayed treatment, delayed follow up of significant test results, unnecessary repeat of tests, medication errors and increased risk of medico legal action.

Clinical handover communications can be face-to-face, written, via telephone and also by electronic means.

All staff are informed about our policy on clinical handover to ensure standard processes are followed.

Clinical handover of patient care occurs frequently in general practice both within the practice to other members of the clinical team, and to external care providers.

We have standard and documented processes for timely clinical handover with services that provide care outside normal opening hours.

## PROCEDURE

Clinical handover needs to occur whenever there is a change of care providers. Examples of clinical handover include:

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

When appropriate, the clinical handover is documented in the consultation notes including that the patient has shared in decision making and has been informed.

Written or verbal clinical handover between GPs occurs on a formal arranged basis when doctors cover for those working on a sessional basis or when a GP or other clinical staff member is away because of annual leave or illness. In addition to a formal handover, adequate clinical records, including a health summary, enable the routine care of patients to continue. Practitioners relieving for another should read the patient's preceding clinical records.

Our practice recognizes that an accurate and current medication list helps to minimize errors and promote safety when clinical handover occurs. Patients with multiple medications may be provided with a copy of their medication list and encouraged to show the list to other providers of health care.

Clinical handover of a patient's care outside the practice occurs in many ways. It includes but is not limited to: referral for an investigation, referral to an ancillary healthcare provider, referral to a

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specialist and referral to a hospital, as an outpatient or as an in-patient. Referral letters include sufficient information to facilitate optimal patient care, including details of the purpose of the referral and clarification of who will manage the follow up of investigations.

The practice should ensure that sufficient information is provided to the emergency department about the clinical condition of an inbound patient, to facilitate prompt and appropriate care. This may be directly to the ambulance service or to the hospital.

We have arrangements in place with our pathology service to ensure abnormal and life threatening results identified by pathology outside normal opening hours can be conveyed to a medical practitioner in a timely way.

Where complex or high risk patients, such as suicidal patients, or patients on complex medication regimens are handed over to another provider for all or part of their care, it is important for the handing over provider to request notification if the new provider ceases to care for the patient. Equally, a provider treating a patient on a handover basis has an obligation to notify others in the treating team if they stop seeing the patient. (This issue has been the subject of several coroners' recommendations).

Our doctors notify the deputising care provider of patients that they anticipate may need care and ensure the deputising service has a defined means of timely contact with the GP or another from the practice who is aware of the patient's condition should they need to access more detailed health information.

Deputising services are responsible for handing the care of a patient back to the patient's regular medical practitioner in a timely and appropriate manner.

When errors in clinical handover occur, every member of the practice team is encouraged to report the incident, so the event can be analysed and processes introduced to reduce the risk of a recurrence and harm occurring to other patients (Refer to section 3.1.2 Incidents and Injuries and Adverse Patient events).

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