CPHB MEDICAL HANDOVER PROCEDURE

Morning Medical Handover

Location: Postgraduate Room, Level 3 Xavier Building (Monday–Friday)
MAPU tea room (Saturday and Sunday)

Time: 0800–0830 Monday–Friday

NB: The handover will start at 0800 sharp. All registrars (including the Senior Medical Registrar and senior staff) and teams need to be present when handover commences. Please arrive at the handover meeting on time.

Leadership: Consultant (post-on call) *or*
Senior Medical Registrar (Monday–Friday) *or*
MAPU Advanced Trainee (Saturday and Sunday)

Attendance: All Medical stream registrars (including cardiology and neurology advanced trainees when possible), JMOs (General Medicine, Neurology, Cardiology, MAPU) and medical students during the weekdays. All after-hours medical registrars and Medical stream JMOs on weekends.

Items for handover/discussion should proceed in the following order (suggested time: 15–20 minutes):

1. MET Calls & unwell patients overnight including any patient deaths.
2. Direct admissions to cardiology.
3. Direct admissions to neurology.
4. Direct medical admissions to ICU.
5. New medical admissions overnight*:
    a. Establish **Patient ID** and **admission destination** (MAPU vs ward)
    b. Accepting team to clearly identify themselves to make communication easier (Night Medical Registrar to direct handover to the accepting team, rather than the SMR).
    c. Brief and succinct (about 1–2 minutes per patient) list of**:
        i. Presenting issues, working diagnosis and plan
        ii. Stability of patient
        iii. Pending tasks – e.g. checking a pending troponin or potassium or requesting a CT/MRI.

6. Patients waiting in ED for admission and current bed state in MAPU.
7. Any patient not accounted for in anyone's list.
8. Any difficult patient on the ward which registrar wants to discuss for advice.
9. MAPU to ward transfers overnight – night MAPU SRMO to bring copy of transfer forms to handover.
10. Staffing – any absences, MET Call pager, long shift etc.
11. **Question of the day** – every morning we will try and discuss a question, **ideally from interns**, but it can be from any junior staff member or medical student.
12. Announcements and reminders.

* All verbal handovers will use the ISBAR (Introduction, Situation, Background, Assessment, Recommendation/ Read back) method of handover (Attachment 1). This ensures that at the minimum, the requisite essential information is communicated in the handover process.

** Depending on time, 1–2 cases will be selected by the Night Medical Registrar or senior clinicians for a more detailed discussion for educational purposes.

Afternoon medical handover

Location: MAPU tea room
Time: 1600–1630 Monday to Friday

Leadership: MAPU Advanced Trainee

Attendance: All Medical stream registrars and JMOs working the day and evening shifts.

Items for handover/discussion should proceed in the following order (suggested time: 15–20 minutes):

1. MET Calls & unwell patients to be reviewed for the evening shift.
2. MAPU to ward transfers during the day.
3. Impending MAPU to ward transfers for the evening.
4. Patients waiting in ED for admission and current bed state in MAPU.
5. Patients admitted in ED waiting for ward or MAPU bed.
6. Any patient not accounted for in anyone's list.
7. Any difficult patient on the ward which registrar wants to discuss for advice.
8. Staffing – any absences, MET Call pager, long shift etc.

For MAPU to ward transfers during the day, MAPU JMOs will complete the MAPU patient transfer form to document clinical interventions, patient progress and any other relevant information that is likely to impact on the clinical care of the patient. This MUST be followed up by a verbal handover (using the ISBAR method, Attachment 1) to the ward registrar who will be taking over the care of the patient. Afterhours MAPU to ward transfers should be minimised. If this is unavoidable, the patient's details will be added to the handover list for formal handover at the Morning Medical Handover Meeting at 0800 (see Section A).

Night medical handover

Location: MAPU tea room
Time: 2100 - 2130 Monday to Sunday

Leadership: After hours shift co-ordinator AND
Night medical registrar

Attendance: All Medical stream registrars and JMOs working the evening and night shifts. The Surgical stream JMOs working the evening and night shifts.

Items for handover/discussion should proceed in the following order (suggested time: 15–20 minutes):

1. MET Calls & unwell patients to be reviewed for the night shift.
2. MAPU to ward transfers during the evening.
3. Impending MAPU to ward transfers for the night.
4. Patients waiting in ED for admission and current bed state in MAPU.
5. Patients admitted in ED waiting for ward or MAPU bed.
6. Any patient not accounted for in anyone's list.
7. Any difficult patient on the ward which registrar wants to discuss for advice.
8. Staffing – any absences, MET Call pager, long shift etc.

Afterhours MAPU to ward transfers should be minimised. If this is unavoidable, the patient's details will be added to the handover list for formal handover at the Morning Medical Handover Meeting at 0800 (see Section A).

References

1. Australian Commission on Safety and Quality in Health Care (ACSQHC). (2010). *The OSSIE Guide to Clinical Handover Improvement*. Sydney, ACSQHC. Retrieved from: https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/ossie.pdf

2. Canberra Hospital and Health Services (CHHS). (2018). Clinical Procedure: Clinical Handover. Canberra. Retrieved from: ACT Health Policy Register.

Attachment 1

Verbal Handover using **ISBAR** (Introduction, Situation, Background, Assessment, Recommendation/ Read back)

a. **Introduction:**
   Use three unique identifiers (Name, DOB, URN) to identify the patient, introduce yourself (including position), the clinician taking over the patient's care and the admission destination (MAPU, ward, CCU, ICU or stroke unit)
b. **Situation:**
   State the situation why the communication is occurring (handover, admission, MET call etc).
c. **Background:**
   Provide brief and succinct summary of:
   - History of presenting complaint
   - Existing co-morbidities, and whether they are active or not
   - Clinical course since admission, if relevant
d. **Assessment:**
   Provide a brief and succinct summary of:
   - Current clinical status
   - Working provisional and differential diagnoses
e. **Recommendations/ read back:**
   Outline current management plan, outstanding actions (such as consults and investigations) and actions requiring follow-up. Ask receiver to repeat key information to ensure a shared understanding.