



PROCEDURE	
Clinical Handover - Nursing	
<b>Scope (Staff):</b>	Community health staff
<b>Scope (Area):</b>	CAHS-CH
<p>This document should be read in conjunction with this <a href="#">DISCLAIMER</a></p>	

### Aim

To outline the process and the minimum requirements for safe clinical handover.

### Background

Clinical handover (known hereafter as handover) refers to the transfer of professional responsibility and accountability for some or all aspects of care for a client, or group of clients, to another person or professional group on a temporary or permanent basis.<sup>1</sup>

Handover of client care occurs within Child and Adolescent Health Service–Community Health (CAHS-CH) to other members of the clinical team and externally to care providers. Referrals that nurses make are a type of handover and the process is the same. Generally, referrals are for a specific health issue and only the relevant information needs to be included when handing over.

Within WA Health, the iSoBAR structure (see Table 1 below) must be used to guide the content of all handovers. This ensures that all relevant information is given, and minimises the risk of errors. This structure can be used both verbally and in writing.

**Table 1: iSoBAR Structure**

iSoBAR Structure	Relevant Information
<b>I</b> - Identification	<ul style="list-style-type: none"> <li>Introduce yourself and your client</li> </ul>
<b>S</b> - Situation	<ul style="list-style-type: none"> <li>Describe the reason for handover</li> <li>Identify the primary issue/concern and any secondary issues/concerns.</li> </ul>
<b>O</b> - Observation	<ul style="list-style-type: none"> <li>Include observations and assessment results if relevant</li> </ul>
<b>B</b> - Background	<p>Describe relevant background information including:</p> <ol style="list-style-type: none"> <li>Client history (e.g. health and development, family and social situation, risk factors, communication considerations)</li> <li>Past and present interventions and investigations</li> </ol>

<b>A – Agreed Plan</b>	<ul style="list-style-type: none"> <li>Given the situation, what needs to happen?</li> </ul>
<b>R – Read Back</b>	<ul style="list-style-type: none"> <li>Discuss reason for handover/referral with parent/guardian to ensure they understand.</li> </ul>

The following is a list of examples of when handover (including referrals) is needed within the Community Health context. Some of these examples will require the use of the CHS663 form and some do not (see [Table 2](#)):

- a child health nurse in Joondalup handing over care of a child and family with complex needs who has moved address to Fremantle;
- a high school nurse handing over a 14 year old boy to a paramedic following an anaphylactic reaction to walnuts;
- an Education Support School nurse handing over a 12 year old girl to a paramedic following a prolonged seizure;
- a school health nurse referring a 3 year old to a private speech therapist;
- a child health nurse referring an infant to the General Practitioner (GP) with growth faltering;
- an AHT nurse referring a 2 year old client to Perth Children’s Hospital (PCH) Emergency Department with critically low haemoglobin;
- a child health nurse referring a 2 month old to the PCH orthopaedic clinic for developmental dysplasia of the hips;
- a primary school nurse referring a 10 year old girl to Department of Communities Child Protection and Family Services (CPFS) with concerns about abuse;
- a child health nurse referring a complex client to a Clinical Nurse Specialist (CNS) to enable the family to receive Partnership level services.

## Risk

Failure to follow this procedure may result in inadequate client information being given to the appropriate service/clinician which may impact on positive client outcomes and/or result in possible client harm.

## Key Points

- Effective and timely clinical handover is essential for the safe continuity of care.
- Except in the event of an emergency, the clinician must always seek consent for handover/referral from the parent/guardian. Parents should be included in the handover process and care planning whenever practicable. Consent from parent/guardian (verbal or written) should be clearly documented.
- Understand that handover/referral is the transfer of responsibility and/or accountability for some or all aspects of client care and not just transfer of information.
- Within Community Health, clinical handover includes referrals to other health providers/clinicians.

5. Ensure that the three mandatory client identifiers are used when handing care over (refer to the [CACH Client Identification](#) procedure).
6. Not every handover/referral situation requires the use of the CHS663 Clinical handover/referral form. Refer to [Table 2](#).

## Process for Handover

Steps	Additional Information
<p><b>1. How to handover</b></p> <p>Depending on the situation, handover can be face-to-face, written, via phone and also by electronic means. The clinician at the point of contact for the occasion of service is responsible for undertaking the handover.</p>	<ul style="list-style-type: none"> <li>• Most clinicians within CAHS-CH have access to the Child Development Information System (CDIS). This is the primary way to access the most up to date information about a client when handing over/referring.</li> <li>• Some clinicians (e.g. high school nurses and Education Support School nurses) currently do not have access to the CDIS and will use information in the paper client health record.</li> </ul>
<p><b>2. Explain the rationale for the handover/referral to the parent/guardian</b> and ensure they understand the reason.</p>	
<p><b>3. Gain verbal consent from parent/legal guardian</b> for handover/referral.</p>	<ul style="list-style-type: none"> <li>• The exception to this is in an emergency where time may not permit, and where a child protection concern for a child's safety overrides the need for parental consent.</li> <li>• CDIS users record consent in their documentation on the Client not present (CNP) screen in CDIS.</li> <li>• Staff with no CDIS access document that consent was obtained in the paper client health record.</li> </ul>
<p><b>4. Complete the Clinical Handover/Referral form CHS663</b> when required (see <a href="#">Table 2</a>).</p>	<ul style="list-style-type: none"> <li>• The CHS663 is a standardised form that captures all handover situations (including referrals) and has been developed using the iSoBAR structure.</li> <li>• This form is available electronically and in hard copy format on the <a href="#">Referrals page</a> of the CACH intranet.</li> <li>• Refer to <a href="#">Table 2</a> below to determine whether the CHS663 is required.</li> <li>• Comprehensive or specific assessments can be attached to the form to provide further detail as necessary.</li> <li>• This form aims to capture the relevant clinical</li> </ul>

Steps	Additional Information
	<p>information required (<a href="#">Appendix 1</a>).</p> <ul style="list-style-type: none"> <li>• <a href="#">Appendix 2</a> provides a guide on where to find information in CDIS for handover.</li> <li>• Where sections of the form do not apply/are irrelevant to the client, write N/A (not applicable).</li> <li>• Referral to the Aboriginal Health Team (AHT) must be done using the CHS663 until CDIS functionality is updated. Email the completed form to:  <a href="mailto:BirthNotificationsAHT.CACH@health.wa.gov.au">BirthNotificationsAHT.CACH@health.wa.gov.au</a></li> </ul> <p>Clinicians must retain the client on their 'Active list' and the AHT will pull the client across to the appropriate AHT 'Active list' once the referral has been actioned. All CDIS users can check the client attachments to see whether a child has been referred to the AHT.</p> <ul style="list-style-type: none"> <li>• The following Referral forms are no longer required and should be replaced with the CHS663 form: <ul style="list-style-type: none"> <li>○ Referral to Ophthalmologist</li> <li>○ CHS080 Referral to Refugee Health</li> <li>○ CDIS Referral letter</li> </ul> </li> </ul>
5. <b>Forward written handover/referral to the relevant clinician</b> (when required).	<ul style="list-style-type: none"> <li>• Give copy to parent/legal guardian.</li> </ul>
6. <b>Document</b> the handover.	<ul style="list-style-type: none"> <li>• CDIS users document on the CNP screen in CDIS, choosing 'Clinical Handover (iSoBAR)' as the CNP category.</li> <li>• Staff with no CDIS access document that they have completed clinical handover in the paper client health record.</li> <li>• CDIS users attach the completed referral form in CDIS as a PDF document.</li> <li>• Staff with no CDIS access will attach the completed referral form to the paper client health record.</li> </ul>

**Table 2: When to complete the CHS663 Clinical Handover/Referral form**

CHS663 Clinical Handover/Referral form <b>REQUIRED</b>	CHS663 Clinical Handover/Referral form <b>NOT REQUIRED</b>
1. Handing over to nursing staff who do not have access to CDIS (e.g. high school nurse, Refugee Health Team, Education Support School nurses).	1. When handing over to another CAHS-CH nursing staff member who has access to CDIS (except AHT). Handover is done via email or verbally using the iSoBAR structure and information located in CDIS.
2. Referring client to the Aboriginal Health Team. Email the CHS663 to BirthNotificationsAHT.CACH@health.wa.gov.au	2. When referring to the CDS, Partnership level of service or Breastfeeding Service. Complete the referral using the relevant screens in CDIS.
3. Handing over a client to a WA Country Health Service (WACHS) clinician.	3. In an emergency situation when there isn't time to complete the CHS663. Handover is given verbally to the paramedic. Document in client record.
4. Referring client to <b>another agency</b> and that agency doesn't have their own referral form (e.g. private practitioner / GP / hospital).	4. When the organisation has their own referral form, use their form (e.g. <a href="#">CPFS Child Protection Concern Referral form</a> ). Save a copy of the form in CDIS.
5. Referring to an <b>unknown agency</b> when a client needs to access services elsewhere and the details are unknown (e.g. client is moving intra/interstate or overseas).	5. When referring an adult to family and domestic violence services, complete the <a href="#">Referral For Family and Domestic Violence form (FDV 952)</a> . Save a copy of the form in CDIS.

See [Appendix 3](#) for an infographic summarising the key components of handover. It may be helpful to print this out as a quick reference guide.

## Compliance

The National Safety and Quality Health Service Standards (2<sup>nd</sup> edition) include clinical handover within Standard 6 – Communicating for Safety. Transitions of care (clinical handover) has been identified as a high risk situation in which effective communication and documentation are required.<sup>2</sup> It is therefore important that compliance with the handover process is monitored.



Auditing for clinical handover occurs in CAHS-CH via the service-specific Client Record Audit tools. Compliance with the procedure is monitored via the CAHS-CH Clinical Governance Committee.

Related policies, procedures and guidelines
The following documents can be accessed in the <a href="#">CAHS-CH Operational Manual</a>
Client Identification
The following documents can be accessed in the <a href="#">CAHS Policy Manual</a>
Clinical Handover
The following documents can be accessed in the <a href="#">Department of Health Policy Frameworks</a>
Clinical Handover

Related CAHS-CH resources
The following resources can be accessed from the <a href="#">CAHS-Community Health Resources</a> page on HealthPoint
<a href="#">CHS663 CACH Clinical handover/Referral form</a> (Hard copy and electronic versions available on the Referrals page on intranet)
<a href="#">CPFS Child Protection Concern Referral form</a>
<a href="#">Referral For Family and Domestic Violence form (FDV 952)</a> (External link)

References
<a href="#">National Standards in Quality Health Service (2<sup>nd</sup> edition)</a>
<a href="#">WA Health Clinical Handover Policy</a>

This document can be made available in alternative formats on request for a person with a disability.

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<b>Printed or personally saved electronic copies of this document are considered uncontrolled</b>					

**Appendix 1: Example of hard copy CHS663 Clinical Handover/Referral form (located on [intranet](#))**



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Child and Adolescent Health Service

<p style="text-align: center;"><b>COMMUNITY HEALTH</b> <b>Clinical Handover/Referral</b> <b>from Community Health Services</b></p> <p>Staff name: _____</p> <p>Staff designation: _____</p> <p>Specific site name: _____</p> <p>Phone: _____</p> <p>Date: _____ Time: _____</p>		Client surname (or attach client sticker)	
		Given name	
		DOB	Gender
		Address	
		Postcode	
		Email	
		Medicare no.	
<b>I</b>	Handover/Referral from: <input type="checkbox"/> Community Health Nursing <input type="checkbox"/> Aboriginal Health Team <input type="checkbox"/> Refugee Health Team		
<b>IDENTIFY</b>	Handover/Referral to:		
	Aboriginal/Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian name:
	No. of siblings:		Parent/Guardian phone:
	Primary language spoken:		Consent for handover/referral: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Mature minor
	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>S</b>	Reason for handover/referral		
<b>SITUATION</b>			
<b>O</b>	Relevant assessments/observations		
<b>OBSERVATIONS</b>			
<b>B</b>	Relevant information (including health history, allergies, adverse drug reaction, family, social information, other agencies involved, mobility and communication considerations)		
<b>BACKGROUND</b>			
<b>A</b>	Care plan		
<b>AGREED PLAN</b>			
	Other information attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total number of pages attached including this form:
	Total no. pages attached excl. this form:		
<b>R</b>	Handover/Referral method <input type="checkbox"/> Phone <input type="checkbox"/> Face to face <input type="checkbox"/> Email <input type="checkbox"/> Mail		
<b>READ BACK</b>	Name of receiving Parent/Guardian:		Copy provided to Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
	Providing clinician signature:		Date: _____ Time: _____

Do not write in margin

CHS663 CLINICAL HANDOVER/REFERRAL FROM COMMUNITY HEALTH SERVICES

CHS663  
10/18

White – send to health professional/agency

Green – retain in client's record

Yellow - provide to client

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## Appendix 2: Guide to finding information in CDIS for clinical handover

iSoBAR Framework	Relevant Information	Where to find information in CDIS
<b>I</b> - Identification	<ul style="list-style-type: none"> <li>Introduce the service the client is being referred from and identify the client and their contact details.</li> </ul>	<ul style="list-style-type: none"> <li>Client details screen</li> </ul>
<b>S</b> - Situation	<ul style="list-style-type: none"> <li>Describe the reason for handover</li> <li>Identify the primary issue/concern and any secondary issues/concerns.</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Progress Notes (IPN)</li> <li>Indicators of Need (protective and risk factors)</li> <li>Flags</li> </ul>
<b>O</b> - Observation	<ul style="list-style-type: none"> <li>Include observations and assessment results if relevant</li> </ul>	<ul style="list-style-type: none"> <li>IPN</li> <li>Assessment tool results</li> <li>ASQ</li> <li>Referral history</li> </ul>
<b>B</b> - Background	<p>Describe relevant background information including:</p> <ul style="list-style-type: none"> <li>Client history (e.g. health and development, family situation, emotional health and social situation)</li> <li>Past and present interventions and investigations</li> </ul>	<ul style="list-style-type: none"> <li>IPN</li> <li>Correspondence (history)</li> <li>Assessment tool results (outcomes from any previous assessments)</li> </ul>
<b>A</b> – Agreed Plan	<ul style="list-style-type: none"> <li>Given the situation, what needs to happen?</li> </ul>	<ul style="list-style-type: none"> <li>IPN</li> <li>Correspondence</li> </ul>
<b>R</b> – Read Back	<ul style="list-style-type: none"> <li>Confirm shared understanding of the handover with the parent/guardian.</li> </ul>	<ul style="list-style-type: none"> <li>Document in CDIS on the CNP screen, choosing 'Clinical handover (iSoBAR)' as the CNP category</li> </ul>



## Appendix 3: Nursing Clinical Handover Infographic

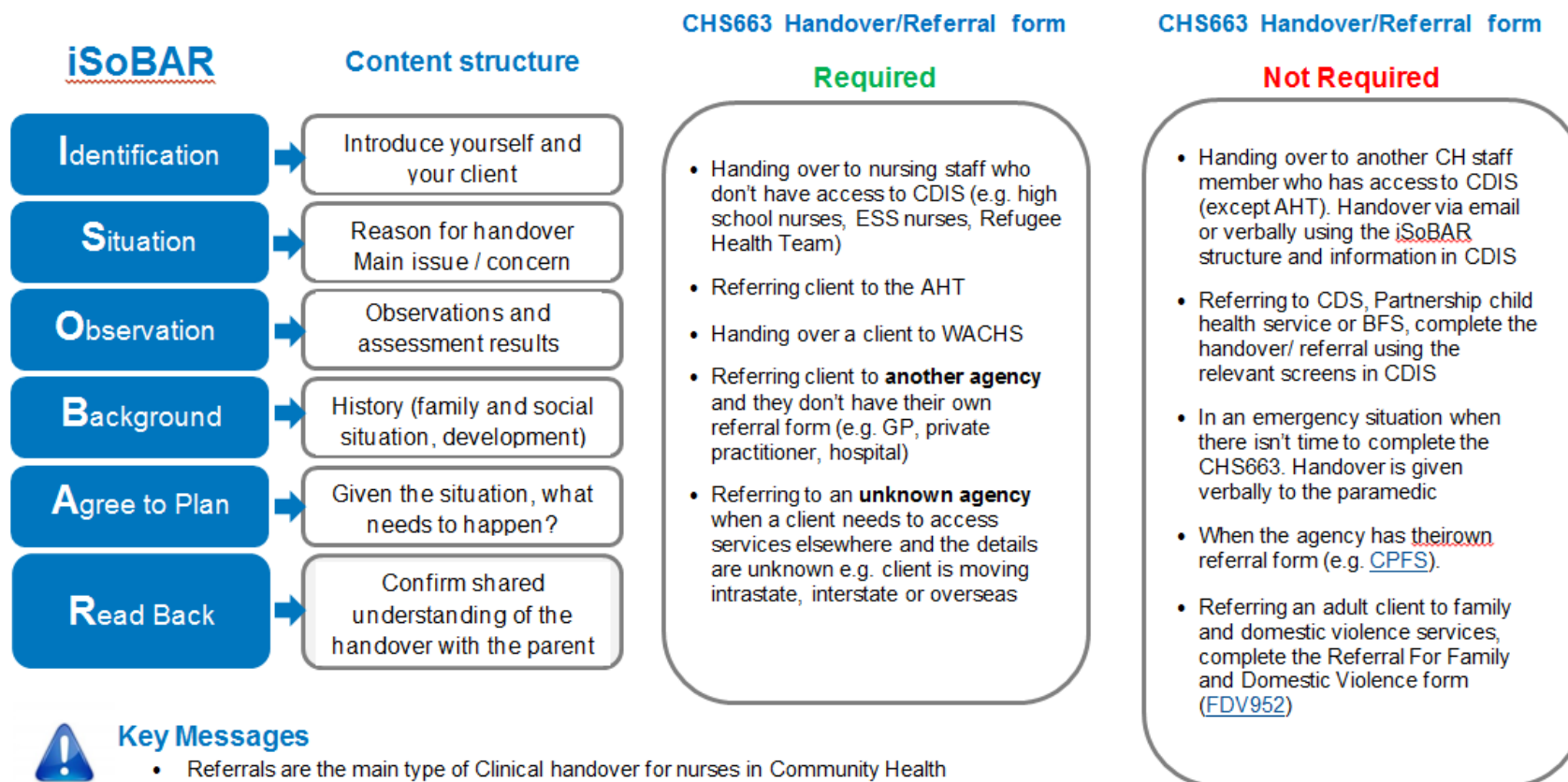
### Nursing

### Clinical Handover Infographic



Child and Adolescent  
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**Clinical Handover** is the transfer of professional responsibility and accountability for some or all aspects of care for a client, or group of clients, to another person or professional group on a temporary or permanent basis.



#### Key Messages

- Referrals are the main type of Clinical handover for nurses in Community Health
- Not every handover requires the CHS663 Clinical Handover/Referral form
- iSoBAR is the structure that clinicians must use within WA Health
- Depending on the situation, handover can be done verbally, electronically or in writing using the iSoBAR structure