MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/040

<table>
<tr><td>Name</td><td colspan="3">Clinical Handover for Mental Health Services (ISBAR)</td></tr>
<tr><td>What it is</td><td colspan="3">It is a Business Rule to ensure the relevant, accurate and current information about a consumer's care is transferred to the correct person (or team), continuity of the consumer's care is maintained and action is taken (where necessary). This Business Rule is to identify and mandate key principles and business practices for clinical handover, by all clinicians in South East Sydney Local Health District (SESLHD) Mental Health Service (MHS).</td></tr>
<tr><td>Risk Rating</td><td>Medium</td><td>Review Date</td><td>August 2025</td></tr>
<tr><td>What it is not</td><td colspan="3">It is not a Business Rule to guide the clinical care of consumers within the SESLHD MHS.</td></tr>
<tr><td>Who it applies to</td><td colspan="3">This Business Rule applies to all staff involved in the clinical care of consumers within the SESLHD MHS.</td></tr>
<tr><td>What the Business Rule will achieve</td><td colspan="3">• Ensure SESLHD MHS staff know the minimum identified situations which require structured clinical handover
• Ensure SESLHD MHS staff know which Business Rule to apply to each situation
• Ensure the minimum expectation of handover communication and documentation in the format of Introduction, Situation, Background Assessment, Recommendation (ISBAR), which involves collaboration with the consumer's needs, strengths and goals.
• Standardisation of handover content and processes improves the quality and safety of the consumer's care experience</td></tr>
<tr><td>Implementing the key principles</td><td colspan="3">All SESLHD MHS staff have a professional responsibility to prepare, attend and engage in effective clinical handover at the following identified SESLHD MHS situations:

<table>
<tr><th>Clinical Handover Situation</th><th>SESLHD MHS Business Rule</th></tr>
<tr><th colspan="2">Inpatient Mental Health</th></tr>
<tr><td>- Identification of a mental health consumer within ED
- Admission to Mental Health Unit (MHU) by an Admitting Medical Officer (AMO)
- Consumer transfer of care to another MHU within the SESLHD MHS site
- Consumer transfer of care to a General Hospital Unit within SESLHD MHS site
- Consumer transfer of care to a General Hospital Unit within SESLHD MHS site for an</td><td>SESLHDPR/735 - Admission and Discharge/Transfer of Care Processes for Acute Mental Health Inpatient Units (including Direct Admissions for Consumers linked with Community Mental Health)</td></tr>
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investigation/test or appointment - Consumer discharge from a MHU	
- Consumer transfer of care to a MHU at another SESLHD MHS site - Consumer transfer of care to an external public or private mental health facility	SESLHDBR/051 - Transfer of Mental Health Patients to other Public Mental Health Facilities and Private Hospitals
- Consumer clinical review of care (“Ward Round”, “MH Review”, “MDT”)	SESLHDPR/642 - Clinical Review in Mental Health
Inpatient Mental Health: Clinician-to-Clinician Handover	
- Shift-to-shift nursing staff clinical handover	The focus of this Business Rule
- Shift-to-shift medical handover: o Consultant on-call/AMO to mental health treating Psychiatrist, JMO & Registrar/Trainee	The focus of this Business Rule
- Multi-disciplinary team morning handover o NUM/NIC handover to AH and medical from night shift	The focus of this Business Rule
Community Mental Health	
- Consumer clinical review of care (13 week MH Review)	SESLHDPR/642 - Clinical Review in Mental Health
- Consumer transfer of care when care coordinator on annual leave	SESLHDBR/073 - Transfer of Care of Community Mental Health Consumers when a Care Coordinator is taking Planned Leave
Inpatient & Community Mental Health: Team Safety Huddle	
- MDT Safety Huddle o daily - Business hours to out of hours (week to weekend)	Safety huddle* – environmental risks, high level consumer risks, staffing, Fire Warden, WHS and Code response allocated *A Safety Huddle is NOT a clinical handover

Key principles also apply for clinical handovers regardless of telephone or face-to-face

- Clinical handovers will occur at:
  - scheduled, allocated time
  - with a fixed and specified duration
  - at a consistent venue (can be virtual); and will
  - enable all required staff to attend.
- The clinical handover has a clear and stated goal.

	• Clinical handover needs to be well-organised, brief, and timely for information transfer utilising the acronym ISBAR (Introduction, Situation, Background, Assessment, Responsibilities, Risks, and Recommendations). • All clinical handover scenarios need to reflect consumer preferences and goals. • In all clinical handover circumstances, the consumer, carers, and families must be supported in participating as per the consumer's wishes. • Clinical handover must result in either a transfer of accountability for care and responsibilities or delegated activities (where needed) to guarantee continuity of care. • Clinical handover must be specified in the relevant Business Rule and documented in accordance with its purpose.
What to do	**Inpatient Mental Health: Clinician-to-Clinician Handover** **Nursing: Shift-to-shift handover:** • At shift change, transfer of responsibility and accountability is required for all consumers • The Nurse Unit Manager/Nurse In Charge is to ensure attendance, punctuality is maintained and ISBAR handover is completed by all staff in a timely manner • Prepare the ISBAR handover tool before shift change with up to date clinical information from your shift with relevant information to the current situation eg medication side effects, observation level changes, the consumer's requests and clinical risk from a mental health and physical health perspective. This information must be within the NSW Health Electronic Patient Journey Board (EPJB) for the Inpatient Unit (Unit) • In the ISBAR format, Assessment and Recommendation must contain current information and cannot be populated by previous clinical information already on the handover tool. • Documented shift-to-shift handovers, on each occasion, must be reflective of the care provided and medications administered. • Clinicians need to make sure that recovery-oriented language is utilised during handovers to show respect for the consumer. Avoid using derogatory terminology, and make an attempt to speak in a way that highlights the consumer's capabilities and objectives. • Constant nursing coverage to ensure shift handover as necessary, free from interruptions, and to safeguard customer confidentiality The shift-to-shift clinical information is to be conveyed to the team in a confidential setting. After this has occurred the outgoing nurse and the nurse coming on shift are to go together to the consumer (and carer if in attendance) to farewell the exiting nurse and introduce the incoming nurse and confirm with the consumer their goals, appointments and planned interventions for the shift and to confirm medications.

Medical: Shift-to-shift Clinical Handover: (minimum requirements)

- SESLHD MHS provides an emergency medical escalation service overnight
- Prior to 5pm during normal business hours the Mental Health Treating Teams must;
  - Identify consumers that are highly likely to require medical interventions during the “on-call” cover
  - Have a clearly documented medical management plan, MH Care Plan and charted medications
  - Provide a telephone clinical handover to the on-call medical officer and document this in eMR and inform NIC
- Prior to 8.30am (prior to shift change) the on-call medical officer must provide an ISBAR telephone clinical handover to the Mental Health Treating Team of all consumers who required medical intervention overnight and document this in eMR

Multi-Disciplinary Team (MDT) Morning Clinical Handover: NIC or NUM to MDT of the Unit

- The Nurse Unit Manager/Team Leader uses the ISBAR format to handover to MDT and is responsible for ensuring attendance during MDT handover and maintaining punctuality.
- ISBAR handover tool is updated from shift change with up to date clinical information from your shift with relevant information to current situation, eg medication side effects, observation level changes, consumer’s requests, and clinical risk from a mental health and physical health perspective.
- MDT, Nursing, Allied Health, and Medical handover of consumer preferences, goals, and interventions for the day handed over to the team and daily responsibilities allocated. This data needs to be on the Unit's EPJB.
- In the ISBAR format, Assessment and Recommendation must contain current information and cannot be populated by past clinical information.
- Documented shift-to-shift handovers, on each occasion, must be reflective of the care provided and medications administered.
- Clinicians must ensure that the language used during handovers reflects respect for consumers using recovery oriented language. Derogatory labels need to be avoided, and language should reflect efforts to maximise the consumer's strengths and goals.
- The MDT Handover must take place without interruptions in order to protect consumer privacy.

MDT members to introduce themselves to the consumers and their carers at appropriate times after MDT handover during the course of the shift.

Standardise work practices for clinical handovers by adopting the ISBAR communication and key principles for all SESLHD MHS handover includes but not limited to, the following situations:

- The consumer having an acute condition for escalation
- Consumer absconds from Unit
- Internal request for a specific intervention

	It is recognised that the transfer of information between clinical staff also occurs in many **informal** ways throughout the day eg when staff leave the Unit for meal breaks or when a treatment plan is updated. ISBAR is the recommended communication script for use in these situations, supported by documentation in clinical notes. **Mental Health Unit Safety Huddles are not a clinical handover.** They can include updates on important environmental factors that may impact safety of the overall unit such as: • Bed availability and patient flow. • Staff levels/availability. • Relevant contact person. • Any environmental, consumer or equipment risks. **See Appendix A - ISBAR clinical handover & telephone handovers Clinician-to-Clinician.** This is a guide that outlines the minimum information required for handover. **Appendix B** – Electronic Journey Board template. The SESLHD MHS accepted system for Handover information is the EPJB. Local Standard operating procedures exist to define each units unique EPJB set up and template used for Handover. Please note The SESLHD Mental Health accepted system for Handover information is the ISBAR system within the EPJB.
Why the rule is necessary	This Business Rule is necessary to ensure standardised format to clinical handover, of consumer's strengths, treatment plans and care needs. It aims to reduce variation in clinical practice and therefore the incidence of harm to consumers and increase consumer safety, leading to improved consumer outcomes and experiences by improving the transfer of clinical information, accountability, and responsibility for consumer care.
Who is responsible	Responsible staff include all SESLHD MHS staff involved in the handover and transfer of clinical responsibility and accountability for some, or all, aspects of consumer care for a consumer or group of consumers, to another person, multidisciplinary or professional group.
Ministry of Health/ SESLHD reference	**NSW Health** • Caring Together: The Health Action Plan for NSW, 2009 • PD2020_018 - Recognition and management of patients who are deteriorating • PD2019_020 - Clinical Handover • Final Report of the Special Commission of Inquiry: Acute Care Services in NSW Public Hospitals, Garling P. 2008 **SESLHD** • SESLHDPR/735 - Admission and Discharge/Transfer of Care Processes for Acute Mental Health Inpatient Units (including Direct Admissions for Consumers linked with Community Mental Health) • SESLHDBR/051 - Transfer of Mental Health Patients to other Public Mental Health Facilities and Private Hospitals • SESLHDPR/642 - Clinical Review in Mental Health

	• SESLHDBR/073 - Transfer of Care of Community Mental Health Consumers when a Care Coordinator is taking Planned Leave • SESLHDPR/303 - Clinical Handover: Implementation of ISBAR Framework and Key Standard Principles
Functional Group	Mental Health
Executive Sponsor	Dr Nicholas Babidge, Clinical Director, Mental Health Service
Author	Emma Spiers, Clinical Quality Manager, Mental Health Service Nicola DiMichiel, Clinical Risk Manager, Mental Health Service

Revision and Approval History

Date	Revision No.	Author and Approval
Nov 2013	3	Updated by Cathy Thomas, Eastern Suburbs Mental Health Service Clinical Operations Manager.
May 2014	3	Approved by SESLHD MHS Clinical Council.
August 2018	4	Minor review by MHS Policy and Document Development Officer and Clinical Risk Manager. Major review in progress. Endorsed by Executive Sponsor.
November 2018	4	Major review completed with robust consultation completed by A/ Workforce Capabilities Nurse Educator, Mental Health. Revised by Clinical Operation Managers and Clinical Nurse Consultant. Endorsed by DDDCC with minor amendment to the use of Appendix B. Endorsed by SESLHD MHS Clinical Council.
August 2020	4.1	Updated reference table to new NSW Health documents PD2020_018 Recognition and management of patients who are deteriorating and PD2019_020 Clinical Handover Updated Executive Sponsor Endorsed SESLHD MHS Document Development and Control Committee Endorsed SESLHD MHS Clinical Council
October 2021	5.0	Routine review commenced
November 2021	5.1	Reviewed by Physical Health CNC
December 2021	5.2	Minor addition to consider physical health factors both within document and ISBAR appendix. Circulated to DDCC for review and feedback.
December 2021	5.3	Minor changes to wording identified. Endorsed SESLHD MHS Document Development and Control Committee
January 2022	5.3	Endorsed Executive Sponsor. Processed and published by SESLHD Policy.
May 2022	6.0	Revision of Business Rule after MHS Readiness Assessment Feedback.
June 2022	6.1	Major review by working group including the inclusion of Clinical Handover Situation and appropriate governance documents, specific nursing, medical and MDT shift-to-shift handover added and introduction of EPJB for ISBAR handover.
July 2022	6.2	Circulated to DDCC for review/consultation with SMEs and feedback. Reviewed by the Policy & Document Development Officer. Endorsed for progression to Draft for Comment/publication.
August 2022	6.2	Endorsed by Executive Sponsor.

Appendix A – Using ISBAR Nurse-to-Nurse Clinical Handover & Nurse-to-Doctor Telephone handover

I **Introduction**	**Introduction**: • Yourself (Name/ Role/ Location) • Consumer (Name / age /gender) • Date of admission • Diagnosis including physical illnesses
S **Situation**	**Situation**: • I need to inform you about • Clinical problems / presenting symptoms whether they are stable/ unstable / infection status
B **Background**	**Background:** • This is the background of • Mental health history • The presenting problem – MHA • Current issues & medications
A **Assessment**	**Assessment:** • State what you think the problem is • The consumer's condition is • They are at risk of • MSE • Findings from physical health assessments
R **Recommendation**	**Recommendation:** • Clearly state what you are requesting and in what time frame • The consumer needs a review • The consumer needs a transfer • I need advice • I need a medication/engagement level reviewed • Confirm shared understanding

Reference: Early Recognition of the Deteriorating Patient Program, ACT Health 2007.

Appendix B: Electronic Patient Journey Board - Example Column Requirements