MENTAL HEALTH BUSINES RULE COVER SHEET

Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Clinical Handover for Mental Health Services (ISBAR)
TYPE OF DOCUMENT	Business Rule
DOCUMENT NUMBER	SESLHDBR/040
DATE OF PUBLICATION	August 2025
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 6 - Communication for Safety NSW Health PD2019_020 Clinical Handover SESLHDPR/303 Clinical handover: Implementation of ISBAR Framework and Key Principles
REVIEW DATE	August 2028
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR	Clinical Director, Mental Health Service
AUTHOR	Clinical Quality Manager, Mental Health Service
POSITION RESPONSIBLE FOR THE DOCUMENT	Policy and Document Development Officer, Mental Health Service SESLHD-MentalHealth-PoliciesandDocuments@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Clinical Handover, ISBAR
SUMMARY	Standardisation of Clinical Handover improves the quality and safety of the consumer's care and experience. Effective Clinical Handover reduces variation in clinical practice and the incidence of harm to consumers.

Clinical Handover for Mental Health Services (ISBAR) SESLHDBR/040

1. POLICY STATEMENT

The SESLHD Mental Health Service (MHS) ensures that clinical handover undertaken by all staff working within the MHS follows the Key Principles for safe and effective clinical handover as mandated by the NSW Health Policy Directive PD2019_020 Clinical Handover, the SESLHD Procedure SESLHDPR/303 Clinical handover: Implementation of ISBAR Framework and Key Principles and the requirements under National Safety and Quality Health Service (NSQHS) Standard 6 Communication for Safety.

2. BACKGROUND

Clinical handover refers to the transfer of professional responsibility and accountability for some or all aspects of a consumer's care to another person or professional group, on a temporary or permanent basis. It is a critical component of safe, high-quality healthcare. Effective handover ensures that important clinical information is communicated clearly and completely, enabling continuity of care, reducing the risk of errors, and supporting informed clinical decision-making. The intent of clinical handover is to maintain patient safety and care quality across transitions, such as shift changes, transfers between departments or facilities, or changes in care teams. Poor communication risks Consumer Safety and contributes to adverse outcomes.

2.1. Definitions

Formal clinical handover occurs at many points in the consumer journey and may occur face-to-face or via telehealth. All staff are required to participate in effective clinical handover using a timely, relevant and structured process that results in transfer of responsibility and accountability for care. Information handed over must be supported by documentation in the appropriate healthcare record. It is recommended that **Formal** Clinical Handovers occur at a scheduled and allocated time, at a consistent venue, include the consumer, family and carer where possible.

Informal clinical handover may occur throughout the shift eg when staff leave the Unit for meal breaks or when a treatment plan is updated. It is recommended that staff utilise a standardised formality, as outlined in section three, regardless of the formality.

Safety Huddles are not recognised as a clinical handover. They can include updates non-clinical factors that may impact safety of the overall unit such as: Bed availability and patient flow.

- Staff levels/availability.
- Relevant contact person eg Fire Warden, Responder, On-Call.
- Any environmental, consumer or equipment risks.

3. COMMUNICATION SCRIPT

3.1 ISBAR

The ISBAR script (Appendix A) **I**ntroduction, **S**ituation, **B**ackground, **A**ssessment and **R**ecommendation is the structured framework to be used when communicating clinical handover. The ISBAR provides a framework to ensure clear, concise and

effective communication. When a staff member completes clinical handover by using the ISBAR, it is determined that the receiving staff member has undertaken responsibility of care.

3.2 Electronic Journey Board (EPJB)

The SESLHD MHS system for Clinical Handover information is the EPJB, which has ISBAR functionality. Local Procedures exist to define each Unit's unique EPJB set up and template used for Handover.

4. Clinical Handover scenarios

Inpatient	
Nursing staff	The Nurse Unit Manager/Nurse In Charge (NIC) is responsible for: • Ensuring that documents before shift change include up-to-date clinical information, including treatment and discharge plan. This may include updating the ISBAR via the EPJB, information must be contemporary and not prepopulated from previous shifts. • Ensuring a designated area that is confidential for handover to occur. • Ensuring attendance and that handover keeps to time schedule. • Ensuring staff have protected time to participate in handover with minimal interruptions and without impacting consumer safety (ensure appropriate staff coverage for the handover period). • Staff using recovery-oriented, person centred, and strengths focused language. • Ensuring that, after Clinical Handover has occurred, the outgoing and incoming staff member greet the consumer (and carer if in attendance) together, to inform of the change in allocated staff member and document that this has occurred in the consumer's eMR.
Medical staff	SESLHD MHS provides an emergency medical escalation service outside of business hours, referred to as "Consultant on-call" • During business hours, the mental health treating teams must: - Identify consumers that are likely to require medical support during the "Consultant on-call" period. - Have a clearly documented medical management plan, MH Care Plan, and charted medications. - Provide a Clinical Handover to the "Consultant on-call" (usually via telephone) and document this call in the consumer's eMR and inform NIC • Prior to the medical shift change, the "Consultant on-call" must document in the consumer's eMR and provide a Clinical Handover (either via telephone or face-to-face) using the standard ISBAR format, to the mental health treating team.

Clinical Handover to MDT (morning handover)	The Nurse Unit Manager/NIC is responsible for: • Preparing documents before shift change with up-to-date clinical information, including treatment and discharge plan. This may include updating the ISBAR via the EPJB, information must be contemporary and not prepopulated from previous shifts. • Escalate concerns or required tasks. • Advocate on behalf of consumers, their family and/or carers.
Consumer admission or discharge from an MHU Admitted Consumer attending for a procedure, test or appointment Consumer transfer of care to another ward / hospital **within SESLHD**	• Utilise ISBAR framework • Incorporate 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)
Consumer transfer of care to another hospital **outside of SESLHD**	• Utilise ISBAR framework • Refer to SESLHDBR/051 Transfer of Mental Health Patients to other Public Mental Health Facilities
Community	
Consumer transfer of care when care coordinator is on leave	• Utilise ISBAR framework • Refer to SESLHDBR/073 Transfer of Care of Community Mental Health Consumers when a Care Coordinator is taking Planned Leave
Inpatient and Community	
Escalation of deteriorating patient	• Utilise ISBAR framework • Refer to SESLHDPR/697 Management of the Deteriorating ADULT inpatient (excluding maternity)
Clinical Review, also referred to as regular MDT or CRM	• Utilise ISBAR framework • Incorporate SESLHDPR/642 Clinical Review in Mental Health

5. AUDIT

Monthly QARS *Observational Audit* will be conducted and reported to site Clinical Governance Committees and MHS National Standard 6 Committee.

6. REFERENCES

NSW Health

- PD2019_020 Clinical Handover

SESLHD

- SESLHDPR/303 Clinical handover: Implementation of ISBAR Framework and Key Principles
- 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
- SESLHDBR/073 Transfer of Care of Community Mental Health Consumers when a Care Coordinator is taking Planned Leave
- SESLHDPR/642 Clinical Review in Mental Health
- SESLHDPR/697 Management of the Deteriorating ADULT inpatient (excluding maternity)

OTHER

- National Safety and Quality Health Service (NSQHS) Standard 6 Communication for Safety

7. REVISION and APPROVAL HISTORY

Date	Rev No.	Author and Approval
Nov 2013	3	Updated by Eastern Suburbs Mental Health Service Clinical Operations Manager.
May 2014	3	Approved by SESLHD MHS Clinical Council.
Aug 2018	4	Minor review by MHS Policy and Document Development Officer and Clinical Risk Manager. Major review in progress. Endorsed by Executive Sponsor.
Nov 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.
Aug 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
Oct 2021	5.0	Routine review commenced
Nov 2021	5.1	Reviewed by Physical Health CNC

Date	Rev No.	Author and Approval
Dec 2021	5.2	Minor addition to consider physical health factors both within document and ISBAR appendix. Circulated to DDCC for review and feedback.
Dec 2021	5.3	Minor changes to wording identified. Endorsed SESLHD MHS Document Development and Control Committee
Jan 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.
Jun 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.
Jul 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.
Aug 2022	6.2	Endorsed by Executive Sponsor.
29 August 2025	7	Updated to new template. Revised and streamlined to ensure compliance with SESLHDPR/303 Clinical Handover: Implementation of ISBAR Framework and Key Standard Principles. Appendix B (snip of EPJB) removed as display fields are different across the MHS. Endorsed out of session DDCC and Clinical Council. Endorsed for publication by Executive Sponsor.

Appendix A: Using ISBAR during Clinical Handover

I **Introduction**	**Introduce:** • Yourself (Name/ Role/ Location) • Consumer (Name/ age /gender) • Assigned Treating Team
S **Situation**	**Situation:** • Presenting symptoms including legal status • Initial assessment and purpose of admission / program • Date and current length of admission / program, including current legal status
B **Background**	**Background:** • Diagnosis including co-morbidities • Brief Mental health history • Support network details e.g. Family and Carer, GP, Animals, CMH, NGO, NDIS etc
A **Assessment**	**Assessment:** • If presenting symptoms are improving / worsening • Current issues, e.g. medication tolerance • Findings from tests or investigations, including medication levels or physical health assessments • Input from other members of MDT.
R **Risk / Recommendation**	**Risk:** • Outline risks identified in MSE e.g. Vulnerabilities, AWOL, Physical Health needs etc • Any noted changes in behaviour, including that raised by Consumer themselves or support network **Recommendation:** • Treatment and Discharge plan as per Clinical Review • Advocacy or requests from staff or support network • Any other relevant information / tasks to handover