MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/040

<table>
<thead>
<tr>
<th>Name</th>
<th>Clinical Handover for Mental Health Services (ISBAR)</th>
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<td>What it is</td>
<td>It is a guide to ensure the implementation of standard key principles and business practices for clinical handover, by all clinicians in South East Sydney Local Health District (SESLHD) Mental Health Service (MHS), regardless of a consumer’s clinical diagnosis, location or the time of day.</td>
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| Risk Rating | Medium |
| Review Date | July 2017 |
| What it is not | It is not a guide to clinical care for consumers within the SESLHD MHS. |
| Who it applies to | This business rule applies to all staff involved in the clinical care of consumers in the SESLHD MHS. |

| What the business rule will achieve | ● Protect dignity, confidentiality and the rights of individuals.  
● Protect vulnerable individuals.  
● Maintain the effective transfer of clinical responsibility and accountability for some or all aspects of clinical care for a consumer, or group of consumers, to another person, professional or multidisciplinary group on a temporary or permanent basis.¹  
● Ensure communication of the consumer’s needs, strengths and goals. This will lead to a greater understanding of the individual and his/her treatment needs. |

| Implementing the key principles | All SESLHD staff have a professional responsibility to prepare, attend and engage in effective clinical handover, ensuring the following essential elements for implementation:  
● Shift rostering to facilitate handovers.  
● Participation in shift handovers is included in position descriptions.  
● Appropriate senior leadership and direct supervision is provided at shift handovers.  
● Local executive sponsorship to direct the implementation of ISBAR (Introduction; Situation; Background; Assessment; Responsibilities, Risks and Recommendations) handovers.  
● Agreed times and durations are set for handovers 24 hours per day, 7 days per week where applicable.  
● Strategies are in place to reinforce compliance, attendance and punctuality regarding ISBAR handovers.  
● Handovers must start on time and finish on time.  
● All key participants must be informed of the time for all relevant handovers.  
● Handovers must occur in a consistent location. The location should:  
- Be easy for all participants to attend, where applicable.  
- Be quiet and free from distractions. |

¹This is a reference to the medium-risk rating.
- Promote face to face interaction (where handovers occur away from the bedside, a visual check of the consumer must occur).
- Promote active and engaged interaction with the consumer and multidisciplinary team.
- Have local Information Technology (IT) or telecommunication facilities to allow engagement of all key participants.

(The applicable key principles above also apply for handovers which occur by phone e.g. after hours.)

- At shift change, transfer of responsibility and accountability is required for all consumers. However, some consumers require closer attention during handovers e.g. consumers exhibiting need for a higher level of clinical care, those with significant changes in condition or care plan during the previous shift, outstanding actions that may impact outcomes, new consumers and any other consumers who raise concerns.²

- Handover processes utilise the ISBAR communication framework.
- The information detail for each consumer should be relevant to his/her current clinical situation.
- Handover processes should be designed to integrate documentation of clinically important information within the medical record.
- Documented handovers, on each occasion, must be included within the medical record by a team member – noting the ISBAR script used and identification of clinicians involved, designation, time and date. Where handovers occur between two individuals, both staff members must sign the medical record. Where handovers occur by phone, one staff member must sign and record the other staff member’s name and designation in the medical record wherever possible.

- Handovers should include other important environmental factors that may impact, such as:
  - Bed availability and patient flow.
  - Staff levels/availability.
  - Relevant contact person.
  - Any environmental, consumer or equipment risks.

- Clinicians must ensure that the language used during handovers reflects respect for consumers using the service. Derogatory labels need to be avoided and language should reflect efforts to maximise the consumer's strengths.

### What to do

| General | Standardise work practices for clinical handovers by adopting the ISBAR communication and key principles for all SESLHD MHS handover interfaces including, but not limited to, the following situations:
| - The consumer having an acute condition for escalation.
| - Consumer transfers to another ward. |

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<th>General</th>
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- 24/7 nursing shift to shift handover.
- 24/7 Junior Medical Officer and Senior Medical Officer shift to shift handover.
- 24/7 Allied Health shift to shift handover.
- Consumer transfers for a procedure, test or appointment.
- Consumer transfers to another hospital.
- Consumer transfers to another treating team.
- Consumer transfers from inpatient care to the community.
- Consumer absconds from ward.
- Consumer transfers to external service provider e.g. GP, private psychiatrist, psychologist etc.
- All transfers of clinical responsibility and accountability for some or all aspects of consumer care.

It is recognised that the transfer of information between clinical staff also occurs in many informal ways throughout the day e.g. when staff leave the ward 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.

**Communication Framework (ISBAR)**

I **Introduction** – Identify yourself, role, location and who you are talking to:
- What is your name?
- What is your surname?
- What is your position in the hospital or health service?
- Which hospital or service are you calling from?
- Which part of the hospital or service are you calling from?

S **Situation** – State the consumer’s name, diagnosis, reason for admission or the current identified need:
- Why you are calling?
- What is the consumer’s name?
- How old is the consumer?
- What gender is the consumer?
- What are the identified needs/diagnosis of the consumer?
- What does the consumer identify as his/her need?
- Is the consumer in an emergency department, ward or in the community?
- Is the consumer using sensory modulation techniques?
- Is the consumer in seclusion?
- Is the consumer under the NSW Mental Health Act (2007)?
- Who is the consumer’s identified primary carer and other natural supports? How are they helpful?
B Background – What is the clinical background/history or context?:
- What is/are the presenting symptom/s?
- What are the current risks (self harm, aggression, sexual safety, absconding)?
- What strengths/skills does the consumer have to assist him/her at this time?
- What is the observation level?
- What unmet needs has the consumer presented with previously?
- What medication is the consumer prescribed?
- What allergies does the consumer have?
- Any history of substance use and/or abuse?
- How long has the consumer been in care?
- What is the current leave authorisation?
- What is the current accommodation and discharge planning?
- How did the consumer get to hospital?

A Assessment – What are the current needs of the consumer? (as identified collaboratively with staff and the consumer):
- What is the consumer’s current mental state?
- What are the key Mental State Examination (MSE) findings?
- What are the immediate clinical needs?
- What are the consumer’s current risks and important observations/care levels?
- How are his/her strengths, individual resources and service resources being used to address these risks?
- What are the salient clinical signs that support the diagnosis?
- What is the level of intensity of the symptoms and how is this affecting the person’s ability to function?
- What was the result of the medical examination and key investigations attended/planned?
- What are the consumer’s vital signs (appearance, comfort, blood pressure, pulse rate, respiratory rate, temperature)?
- What strengths/qualities has the consumer demonstrated on the unit?
- What issues is this consumer currently working on and what assistance has he/she asked for with goals? (Identified in the care plan in order of importance.)
- Provide a summary of what the consumer has been able to accomplish on shift.
- What strategies have been used on the shift to increase this person’s motivation to participate in his/her own recovery?
### Responsibilities, Risks and Recommendations

What you are working with the consumer to achieve:
- Location for treatment, anticipated management and care.
- Medications.
- What other teams should be involved?
- Recommendations for immediate and ongoing care with time frames.
- Changes in multidisciplinary team orders.

### Why the rule is necessary

This business rule is necessary to ensure adequate handover of consumers’ strengths, treatment plans and care needs. It aims to reduce the incidence of harm to consumers and increase consumer safety, leading to improved consumer outcomes and experiences by improving the transfer of 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.

### Footnotes

1. ‘Clinical Handover – Standard Key Principles’ NSW Health Policy PD2009_060
2. ‘Improving JMO clinical handover at all shift changes’, Implementation Toolkit, NSW Health 2010

### Ministry of Health/SESLHD reference

- CARING TOGETHER: The Health Action Plan for NSW, NSW Health 2009
- ‘Recognition and Management of Patients who are Clinically Deteriorating’ NSW Ministry of Health Policy PD2013_049


### Executive Sponsor

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### Author

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### Revision and Approval History

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<tr>
<td>Nov 2013</td>
<td>3</td>
<td>Updated by Cathy Thomas, Eastern Suburbs Mental Health Service Clinical Operations Manager.</td>
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<td>May 2014</td>
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<td>Approved by SESLHD MHS Clinical Council.</td>
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