



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

Clinical handover: Obstetrics and gynaecology

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff (midwifery, nursing, medical and KEMH imaging staff)
Scope (Area):	Obstetrics and Gynaecology Directorate clinical areas at KEMH, OPH and home visiting (e.g. Visiting Midwifery Services, Community Midwifery Program and Midwifery Group Practice), including KEMH Medical Imaging
This document should be read in conjunction with this Disclaimer	

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Aims¹

- The standardisation of handover processes, as part of a comprehensive, system-wide strategy to ensure timely, effective, concise and inclusive clinical communications.
- To achieve effective high-quality communication of relevant clinical information that is understood and accepted by the receiver when responsibility for patient care is transferred.

Key principles for clinical handover

In conjunction with this guideline, staff are to read and follow guidance within:

- Department of Health WA:
 - [Mandatory Policy \(MP 0095/18\) Clinical Handover Policy](#)
 - [Clinical Handover Guideline \(148KB\)](#)
- WNHS Policy [Clinical Handover at the Bedside](#)

For additional information, see also the standards described in the Australian Commission on Safety and Quality in Health care (ACSQHC) Standard 6: Communicating for Safety: [Communication at Clinical Handover \(external website\)](#).

Definition¹

Clinical handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.

Handover

Use [iSoBAR](#) to guide handover.

Structured handover at transitions in care (when patient care is transferred between locations, clinicians or different levels of care).² For example²:

- Multidisciplinary team rounds
- Change in clinician (e.g. shift change)
- Change in clinical condition (e.g. escalation of deteriorating patient)
- Patient is moved between areas of the hospital (e.g. from EC to ward, from theatre to ward) or transferred for a test or appointment (e.g. ward to diagnostic imaging)
- Patient transferred to another health service (e.g. to another hospital, aged care home, hospital in the home service) or discharged (e.g. discharge summary to the patient's General Practitioner or relevant health service provider)
- Note- this list is not exhaustive, and transitions of care are not limited to the above.

Handover should start on time – encourages punctuality, does not delay other staff and is an effective use of time.

Transfers

- Inter-facility (external transfer) and intra-facility (internal) handovers are to be between at least one of the treating clinicians responsible for the current care of the patient and at least one of the clinicians to be assuming responsibility for care of the patient.
- Inter-facility and intra-facility handovers must occur either at the time of transfer, or prior to transfer within an appropriate time frame.

Documentation

Where required, documentation to include:

- The date and time of handover
- The signature of the nurse handing over care
- The signature of the nurse accepting responsibility for care
- A stamp may be used in the Inpatient Progress notes (MR 250) or a written entry with all the details as above

iCM

iCM verbal handovers are to be supported by an up to date iSOFT handover. iSOFT is to be updated each shift.

Additional handover procedures

In addition to the general principles of handover, some areas within WNHS have specific processes- described in the following sections.

Inpatient clinical handover- at the bedside

- Follow [WNHS Policy: Clinical Handover at the Bedside](#)

Inpatient on ward going to theatre for Caesarean

KEMH Process and clinical handover requirements



- Decision for Caesarean Section made by medical staff.
- Ward coordinator to page LBS Coordinator (3313) and HCM (3333)
- Inform SCN if appropriate.

- Immediately prior to transfer to theatre, ward midwife to re page LBS Coordinator (3313).
- LBS coordinator to send midwife attending birth to airlock for iSoBAR clinical handover. Ward midwife to remain in airlock until handover to LBS midwife completed.

- CS Midwife to complete iSoBAR clinical handover of Neonate to ward midwife in PACU or to SCN staff if transfer to SCN required.

Rationale

This process facilitates clinical handover ensuring safety and continuity of care, whilst minimising delays to patient care and midwifery staff absence from ward.

OPH- refer to OPH Caesarean guidelines

- [Caesarean Section - Elective \(OPH\)](#)
- [Caesarean Section - Non Elective \(OPH\)](#)

Emergency Centre (EC) KEMH

EC midwifery / nursing shift to shift

1. Ensure EDIS is current and complete prior to handover.
 - Click on 'Handover' button in EDIS and enter staff code
2. The computer in the office 'nook' away from the main desk is to be used to guide handover –this is preferred for patient confidentiality.
3. All oncoming staff receive handover of all patients. Best practice is the nurse responsible for the patient's care should handover care to the nurse who will be providing care.
4. Bedside component: As per [WNHS Policy: Clinical Handover at the Bedside](#)
5. Documentation includes: Completing the EC handover section on EC Assessment (MR021) form

EC to Day Surgery Unit (DSU): Transfer

1. The decision is made that a patient requires admission and direct transfer from EC to DSU.
2. The EC co-ordinator contacts the DSU co-ordinator on speed dial 6455 and informs them of the transfer. CH occurs using the [iSoBAR](#) format.
3. The patient shall be transferred at a time agreed between the co-ordinators.
4. The mode of transportation shall be a clinical decision made by the staff in EC caring for the patient. Patients that require a bed or wheelchair transfer shall be escorted to DSU by either an EC or DSU midwife / nurse. This transfer process shall be a mutual agreement between both clinical areas.
5. If the patient's medical condition is assessed as being suitable for transfer to DSU without an escort, this may occur.
6. All patients transferred from EC to DSU without an escort must have a completed Intra-hospital Transfer Summary- Clinical Handover (MR 208.50). When a patient is escorted to DSU from EC a face to face handover shall be given using the [iSoBAR](#) format.

EC to Wards: Transfer

1. The process is as per bed booking system which includes:
 - The EC nurse entering all relevant patient information, including diagnosis onto the Enterprise Bed Management (EBM) system.
 - The ward nurse allocated to care for the patient checking the patient information on EBM.
2. Ensure all documentation of clinical care is complete, including:
 - Emergency Centre Assessment (MR 021) and / or Emergency Progress sheet (MR022)

- Medication Chart (MR 810.05)
 - Relevant Observation Response Chart (ORC) - if medical review is required pre-transfer this must occur.
3. **All** patients requiring transfer from EC to the Ward will be accompanied by a nurse (preferably the nurse responsible for the patient's care). The mode of transportation shall be a clinical decision made by the staff in EC caring for the patient. Patients that require a bed or wheelchair transfer shall be escorted to ward by either an EC or ward midwife / nurse. This transfer process shall be a mutual agreement between both clinical areas.
 4. Bedside handover: As per [WNHS Policy: Clinical Handover at the Bedside](#)

EC: Medical handover: Consultant-led

Key points

1. **Time(s)** for Consultant led handover: 09:00 and 13:00 Monday to Fridays and at 10:00 on Saturday, Sundays and public holidays. Telephonic handover at 12:30 & 17:00.
2. **Venue/location:** At the nurses' station in the Emergency Centre (EC)
3. **Key people to attend handover:** Consultant rostered for gynaecology, EC Registrar, EC Resident and Nursing Shift Coordinator
4. **Leadership of handover:** Consultant rostered for gynaecology
5. **Consultant role:** To lead the handover process
6. **Principles of handover:** As per the Department of Health WA [Clinical Handover Policy](#) (MP 0095/18). This includes use of the [iSoBAR](#) mnemonic.
7. **Key information at handover round:** Apart from patient information, includes information such as planning for the day, staffing levels and experience, competing responsibilities, new policies, audits, etc.
8. **Documentation of handover:** In the patient's clinical record. A 'Clinical handover stamp' is available.
9. **Where handover documents are archived:** A record of attendances will be stored securely in EC.

Procedure

Monday - Friday

1. During the weekdays (Monday to Friday) the rostered Gynaecology Consultant will be physically present along with the team of doctors on call for gynaecology and the nursing shift coordinator at 09:00.
2. The outgoing Consultant for the morning session will ring the incoming Consultant at 12.30 to telephonically handover care..
3. The incoming Consultant will be physically present along with the team of doctors on call for gynaecology and the nursing shift coordinator at 13:00.

4. The outgoing Consultant for the afternoon session will do an informal round with the EC Registrar and the nursing coordinator between 16.30 and 17.00 and will ring the incoming Consultant for the evening/night at 17:00.
5. The incoming Consultant need not be physically present for the 17:00 handover if off campus. A telephonic handover by the outgoing Consultant to the incoming Consultant is acceptable.

During the weekends and public holidays

1. The rostered Gynaecology Consultant will be physically present along with the team of doctors on call for gynaecology and the nursing shift coordinator at 10:00.
2. The outgoing EC Registrar will do an EC ward round with the EC Resident and the Nursing Coordinator between 16.30 and 17.00 and will ring the Senior Registrar and the Consultant to keep them updated.
3. The clinical handover will be recorded in the patient chart. A stamp 'Clinical Handover' may be used in the patient's clinical records.

EC: Gynaecology medical handover: Admissions from EC KEMH [NEW 2021]

Admissions from EC

Triaged and S/B nursing staff

S/B RMO – all patients reviewed by registrar (not necessarily in person)

Decision is made to admit woman to the ward – approved at registrar level
(Senior Registrar/Consultant involvement according to complexity of case)

Nursing staff – all hours

Continue observation & care of patient

Book a bed (EBM)

Complete nursing documentation and EDIS

Accompany woman to the ward and provide handover face-to-face at bedside

Medical staff **in-hours** (Reg/RMO)

Complete documentation in medical record

Notify the Senior Registrar of the admitting team (responsible for ongoing care) of the admission and provide verbal handover

Document handover to the team in the handover section of the iCM Medical Clinical Handover tab

Medical staff **after-hours** (RMO)

Complete documentation in medical record

(Keep a list of all patients admitted after-hours as an aide-memoir)

0715 - 0730hrs Mon – Fri EC RMO to **call** the Senior Registrar* for the admitting team# and provide verbal handover

Sat, Sun & PH EC RMO to handover in person to the EC Registrar

Document all handovers to the team (or EC Registrar) in the handover section of the iCM Medical Clinical Handover tab

- If the patient is admitted under a team other than the on-call team then notify the Senior Registrar of the team (responsible for ongoing care) of the admission and provide verbal handover.
- Notify the registrar of the relevant team of any “patients of concern”. There is also a “Patient of concern” tick box in the iCM Medical Clinical Handover tab.
- ***The EC RMO is responsible for ensuring the handover occurs.** However the Senior Registrar for on call team overnight will check with the EC RMO if they haven't received a call by **0745hrs**.
- If there are no admissions, then the EC RMO to notify the Senior Registrar for on-call team overnight of same.

#

M: Red

T: Orange

W: Blue

T: Green

F: Varies

Abbreviations: EC- Emergency Centre; PH- Public holiday; Reg- Registrar; RMO- Resident Medical Officer; S/B- seen by;

Clinical Information systems / applications: EBM- Enterprise Bed Management; EDIS- Emergency Department Information System; iCM- i Clinical Manager (iSOFT)

Obstetrics and Gynaecology

Obstetric medical handover KEMH (including patients of concern on the wards)

Handover times and location: 0800, 1700 and 2130hrs in LBS, MFAU, ASCU.

Who: Multidisciplinary members (where relevant: consisting of Consultant, Senior Registrar, Registrar, RMO, Anaesthetist, Neonatal, LBS Coordinator and/or ASCU Coordinator, midwives/nurses providing care to the patient if possible)

Medical handover: OPH procedures

Refer to the Registrar and RMO Orientation information given when rotating to site.

Obstetrics-

- The 0800-morning ward round covers all inpatients in the unit and is multidisciplinary.
- If there is a change in Consultant cover from day to night shift, then a handover occurs at 18:00hrs; otherwise 20:00 Registrar and RMO hand over for their shifts which has the Midwife Coordinator attend also.

Gynaecology- Patients are managed by the Registrar who was involved in the operation and they are on leave, the other specialist Registrar.

Imaging department

Imaging incorporates MRI, Radiology and Ultrasound Departments.

Key points

1. See [Clinical Handover Matrix](#) for requirements for patient transfers between departments (for a test/appointment)
2. Nursing/ Midwifery staff are encouraged to contact the Imaging department clinical staff to discuss any relevant patient information.
3. All relevant clinical documentation should be sent with the patient to ensure continuity of observation and clinical management.
 - including medical notes, ORCs, medication charts and IV therapy orders
4. Patients requiring IV antibiotics should not come to the department until the administration is completed.

Nurse / Midwife escort AND face to face handover required:

- Nurse / Midwife escort is required as clinically indicated, or if the patient's observations are within the Shift Coordinator or Medical Review criteria on the relevant ORC. Including all patients:
 - requiring oxygen therapy
 - requiring transfer to and from ASCU
 - that have received opioid medication on the day of planned imaging who **do not fall** into the reportable levels of sedation and respiration rate as indicated on the relevant KEMH Maternal (antenatal or postnatal) or Adult (gynaecology) ORC charts and the intravenous patient controlled analgesia chart. At handover the nurse / midwife accompanying the patient to the Imaging department must include the medication given, time and route of administration, the most recent sedation score and respiratory rate and if applicable details of any current oxygen therapy and pulse oximetry monitoring and plan for ongoing monitoring.
- Patients that are experiencing regular painful uterine contractions at the time of the transfer
- All neonates
- All ambulance transfer patients admitted directly to the Imaging department

Note: If appropriate, a nurse/midwife escort may return to their ward/department following handover (in-business hours only- see below for after-hours).

Nurse / Midwife escort stays (continuity of care): No handover required

- A nurse / midwife is required to **escort and stay** with a patient attending the Imaging department **out of hours** for all Radiology and Ultrasound examinations (outside of business hours Mon-Fri 8am-5pm).
 - Note: MRI does not currently offer an out of hours service

Handover procedure and documentation

- **Receiving handover:** Identify the patient and procedure according to Imaging guideline: [Patient Identification and Procedure Matching in Medical Imaging](#).
- **Provide handover:** Clinical handover must take place on transferring the patient back to the ward or other department.
 - Notify the ward/clinical area and a RMO/RM/RN must escort the patient back and provide an appropriate handover.
- **Documentation** of handover (on patient entry and exiting department) includes:
 - Date and time of handover
 - Signature of midwife / nurse handing over care
 - Signature of midwife / nurse accepting responsibility for care
 - Completion of the Imaging handover stamp in the Inpatient Progress notes (MR 250) or a written entry with all the details as above.

Medical handover: Medical Imaging to Ward- Patient transfer

- Where required, the Medical Imaging Resident shall verbally hand over the care of the patient to a member of the obstetric/gynae/medical team accepting responsibility for care of the patient (may be team Resident, Registrar, Senior Registrar or Consultant).

Clinical deterioration

- The sonographer, radiographer or Medical Imaging Technologist (MIT) performing the imaging procedure shall notify the RN / RMs on duty.
- Immediate midwifery / nursing and medical care will be undertaken and the departmental RMO notified.
- Record a full set of vital signs on the appropriate ORC and action as required.

Handover in community care

Visiting Midwifery Service (VMS)

- **Receiving handover from hospital**
 - From KEMH- as per Postnatal Care guidelines- 'Transfer of a Postnatal Woman to Home / Visiting Midwifery Service / GP Care'
 - From OPH- as per Postnatal Care- process flowchart in front of VMS diary
- **Shift to shift**
 - The midwife who is working the next day notifies the coordinator when she finishes her shift, by text or telephone, the number of patients being handed over, and leaves a message on the VMS answering machine stating the expected visits for the following day, including type of patient and location.
- **VMS midwife going off duty: Handover process**
 - For any patient requiring further visits, the midwife writes on the **original** VMS referral a brief handover stating why the visit is required and the date to visit.
 - The referral is placed in the **Handover Tray for Current Clients** in VMS office
 - The notes and pathways may be at the patient's home or in the VMS office depending on individual patient needs. A more detailed handover is written on the appropriate pathway or MR255 Visiting Midwifery Service Follow-up.
 - **Adolescent patients** are handed over to the Adolescent Service as soon as the Adolescent Midwife is on duty.
 - **Agnes Walsh Lodge (AWL)** residents
 - Antenatal residents in AWL are seen in MFAU when required.
 - Postnatal residents are seen in the VMS Postnatal Clinic.
- **Co-ordinators of VMS: Handover process**
 - Shift coordinator will listen to the answering machine for messages including individual midwives report of visits for that day.
 - Specific information from the previous coordinator is provided in the Coordinator's Diary in the VMS office. The VMS Coordinator's manual and the Orientation booklet are available in the VMS office for further information.
 - The VMS coordinators receive a Stork Perinatal Database list of postnatal discharges each morning by email. This list is cross referenced with the new postnatal referrals received and all other new referrals are noted on this list. A copy of the list including the name of the midwife visiting the patient is retained by VMS for a minimum of 3 months as a reference guide.
 - The coordinator allocates the new referrals plus any referrals carried forward from the Handover tray by facsimile, hospital secured email, or copy for those midwives coming into the office. The original referral is kept in the current midwife's file in the VMS office until further handover or discharge.
- **Handover to hospital (patient presentation to EC for assessment)**

See Patient Movement: ['Transfer from Home to Hospital \(VMS, MGP, CMP\)'](#)

Community Midwifery Program (CMP)

- Handover between CMP midwives
 - Refer to the CMP Procedure Manual for situations where handover is required and specific details for antenatal and postnatal patients
- Handover to hospital (e.g. escalation of care to backup hospital)
 - See also Patient movement guideline: '[Transfer from Home to Hospital \(VMS, MGP, CMP\)](#)' and [CMP guideline 'Demand and Diversion'](#)
- Receiving handover from hospital
 - The hospital midwife completes and follow the instructions on the MR089 MGP / Community Midwifery Program Hospital Discharge Form
 - See also 'Postnatal Care' guideline [under development] and '[Postnatal Pathways to Community Transfer](#)' ward guide on HealthPoint

Midwifery Group Practice (MGP) (Family Birth Centre)

- Handover between MGP midwives:
 - Prior to going on leave: Refer to the MGP Procedure Manual for specific handover and communication processes
- Receiving handover from hospital
 - Same process as per CMP 'Receiving Handover from Hospital' above

Abbreviations

ASCU	Adult Special Care Unit
AWL; AWH	Agnes Walsh Lodge; Agnus Walsh House
CH	Clinical handover
CMP	Community Midwifery Program
DI	Diagnostic Imaging
DSU	Day Surgery Unit
EBM	Enterprise Bed Management
EC	Emergency Centre
EDIS	Emergency Department Information Systems
iCM	iSoft Clinical Manager
ID	Identification
IDC	In dwelling catheter
iSoBAR	Identify, situation, observations, background, agree a plan, readback
IV	Intravenous
LW; LBS	Labour Ward; Labour and Birth Suite
MFAU	Maternal Fetal Assessment Unit
MGP	Midwifery Group Practice
MIT	Medical Imaging Technologist
MRI	Magnetic Resonance Imaging (MRI)
NSQHS	National Safety and Quality Health Service
ORC	Observation and Response Chart
PCA	Patient Care Assistant
RMO	Resident Medical Officer
RM; RN	Registered Midwife; Registered Nurse
VMS	Visiting Midwifery Service

Compliance and evaluation

WNHS monitors compliance with this guideline through local quality improvement activities and safety and quality audits.

References

1. Department of Health WA, Clinical Excellence Division. Clinical handover guideline: Department of Health WA. 2018. Available from: <https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Quality/PDF/Clinical-Handover-Guideline.pdf>
2. Australian Commission on Safety and Quality in Health Care. National safety and quality health service standards: Guide for Hospitals. Sydney, NSW: ACSQHC. 2017.

Related policies

Department of Health WA: [MP 0095/18 Clinical Handover Policy](#)

Related WNHS policies, procedures and guidelines

WNHS policy: [Clinical Handover at the Bedside](#)

WNHS Clinical Guidelines (available to WA Health staff through HealthPoint):

- Imaging: [Patient Identification and Procedure Matching in Medical Imaging](#)
- Obstetrics and Gynaecology:
 - [Caesarean birth](#) (handover for code blue caesarean, transfer from theatre / PACU handover);
 - Patient Movement guidelines (e.g. transfer to another hospital) and '[Transfer from Home to Hospital \(VMS, MGP, CMP\)](#)'
- Perioperative:
 - [Perioperative Patient Process](#) (previously called 'Admission and Identification of Patient to Theatre / During Surgery')
 - [Caesarean Section: Roles of Staff Attending](#)
- [Women's Mental Health](#)
 - [Mother and Baby Unit: Clinical Handover](#)
 - [Psychological Medicine Department: Clinical Handover](#)
- [Physiotherapy: Clinical Handover](#)
- SARC: Clinical Handover

CAHS- Neonatology guidelines

[Patient Flow / Bed Management Unit](#) procedures

Related resources (including forms)

Australian Commission on Safety and Quality in Health Care (ACSQHC):

- [Patient – Clinician Communication in Hospitals: Communicating for Safety at Transitions of Care \(external website, PDF 105KB\)](#) (Information sheet for health care providers)
- [Communicating for Safety Standard](#) (external website): [Communication at Clinical Handover](#)

Department of Health WA:

- [WA Clinical Handover Guideline \(PDF 148KB\)](#)
- Webpage: [Clinical Handover](#)

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

[RANZCOG]: [WPI 19: Clinical Handover statement](#) (2019) (external website, PDF, 5.07MB)

Forms

MR 021- Emergency Centre Assessment (EC Clinical handover section)

MR 089- MGP / Community Midwifery Program Hospital Discharge Form

MR 208.50- iSoBAR Intra-hospital Transfer Summary- Clinical Handover

MR 225- Maternal Assessment ≥20Weeks

MR 252 Inter-Hospital Transfer Form- Clinical Handover (Adult)

MR 250- Integrated Progress Notes










MR 325- Handover to Recovery/Ward (325 Generic count sheet; 325.01 Caesarean; 325.02 D&C; 325.03 Laparoscopy; 325.04 Oncology; 325.05 Uro/Gynae)

MR 440.01- Inter-Hospital Transfer- Clinical Handover (Neonatal)

MR 810.13- Care Plan and Patient Safety Checklist (Obstetrics)

MR 810.14- Care Plan and Patient Safety Checklist (Gynaecology)

e-Referrals

Keywords:	handover, ward handover, ward huddle, iSoBAR, patient safety huddle, clinical handover, emergency centre, EC, nursing handover, EDIS, EBMS, patient transfer, ward transfer, maternal fetal assessment unit, MFAU, triage, day surgery unit, DSU, Visiting midwifery service, VMS, VMS handover, home visiting midwife, Agnes Walsh, AWH, AWL, diagnostic imaging, medical handover, gynaecology handover, after hours hand over, iCM, consultant handover		
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Version history

Version number	Date	Summary
1	June 2017	<p>First version.</p> <p>History- In 2017 amalgamated content from 10 individual guidelines on handover in the Obstetrics & Gynaecology Directorate dated from 2014 into one guideline.</p> <p>Superseded in 2017:</p> <ol style="list-style-type: none"> 1. Midwifery / Nursing Shift to Shift Clinical Handover Inpatient Wards (A2.17.1) (date last amended Jan 2015) 2. Midwifery / Nursing Shift to Shift Clinical Handover in the Emergency Centre (EC) (A2.17.2) (last amended Jan 2015) 3. Transfer of Patients from EC to Ward 6 (A2.17.3) (last amended Jan 2015) 4. Midwifery Shift to Shift Handover in MFAU (A2.17.4) (last amended Jan 2015) 5. Medical Handover of Patients Transferred to the Wards from EC (A2.17.5) (date last amended Jan 2015) 6. Medical Clinical Handover of Gynaecology Patients After Hours (A2.17.6) (date last amended Jan 2015) 7. Transfer of a Patient from the EC to DSU (A2.17.7) (last amended Jan 2015) 8. Consultant Led Clinical Handover in EC (A2.17.8) (last amended Jan 2015) 9. VMS Shift to Shift Handover (A2.17.9) (last amended Jan 2015) 10. Clinical Handover in Diagnostic Imaging (dated May 2015)
2	Dec 2021	<ul style="list-style-type: none"> • New layout beginning with general handover principles, extra information relevant to specific areas or roles, and appendices added for iSoBAR and handover matrix • Bedside handover components have been moved to a new WNHS Handover policy • Handover of inpatient going to theatre for Caesarean- New KEMH flowchart added • Medical handover <ul style="list-style-type: none"> ➤ EC to the ward and after-hours changed – see new flowchart ➤ Obstetric medical handovers at KEMH and OPH added • EC midwifery / nursing shift to shift- <ul style="list-style-type: none"> ➤ Use 'Handover' button in EDIS and enter staff code ➤ Bedside component as per WNHS Clinical Handover at the Bedside policy ➤ Mode of patient transport to the ward shall be a clinical decision made by the staff in EC caring for the patient. Patients that require a bed or wheel-chair transfer to be escorted to ward by either an EC or ward midwife / nurse. This transfer process shall be a mutual agreement between both areas. • Imaging Department <ul style="list-style-type: none"> ➤ Removed duplication, including information now in the general principles section

		<ul style="list-style-type: none"> ➤ Refers to Department of Health WA Clinical Handover Matrix for patient transfer handover recommendations ➤ Contact the Imaging Department to discuss relevant patient information and send relevant clinical documentation with the patient to ensure continuity of observation and clinical management ➤ Changes to when a Nurse / Midwife escort handover is required - read section • Community care <ul style="list-style-type: none"> ➤ VMS: Added VMS receiving handover from hospital. ➤ VMS: AWL residents are now seen in MFAU (antenatal) or VMS Postnatal Clinic (postnatal) ➤ CMP and MGP (FBC): Added new sections for CMP and MGP (FBC)

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

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Appendices

Appendix 1: iSoBAR

Use the standardised iSoBAR mnemonic as a guide for all handovers²:

i	Identification	Introduce or identify patient, self and team
S	Situation	Current working diagnosis, specific clinical problems, concerns and critical laboratory results
o	Observations	Check, update and discuss recent vital signs
B	Background history	Update and discuss relevant medical and support information
A	Agree to a plan (actions)	Outline plan for assessment, treatment and discharge. (given the situation, what needs to happen?)
R	Responsibility and risk management (read back)	Confirm shared understanding; clarify tasks (read back critical information to check understanding), timing and responsibility transferred

iSoBAR aims to facilitate a complete but comprehensive handover. It should include all relevant data, be accurate, unambiguous, clear and occur in a timely manner.

Appendix 2: WA clinical handover matrix

Clinical Handover Matrix

WHY implement standard key principles?		In order to provide optimal patient care by accurately handing over clinical information and ensuring that responsibility and accountability of each patient's care is clearly defined.				
HOW should clinical information be handed over?		Clinical information should be handed over in an iSoBAR structure to ensure that the pertinent information is included in each handover.				
WHO should be involved in handover?		Key participants in the handover process should be identified and available to attend the handover of their patients. Patients, carers and family members are included in clinical handover, where appropriate.				
WHEN should handover occur?		Escalation of a deteriorating patient	Patient transfers (to another ward, facility or to/from the community)	Patient transfers (for a test/appointment)	Shift to shift change over	Team handover (including multidisciplinary /specialty teams)
WHAT Is recommended when delivering handover?	Face to face plus written	***	***	***	***	***
	Telephone plus written	**	***	***	**	**
	Face to face or Telehealth or videoconference only	**	**	**	**	**
	Supplemental Tools ¹ plus telephone	*	*	**	*	*
	Telephone only	*	*	*	*	*
	Supplemental Tools ¹ only	*	*	*	*	*
	Written only	*	*	*	*	*

LEGEND

***	Recommended Options	**	Adequate	*	Not recommended
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¹ Supplemental Tools able to be utilised to supplement clinical handover include computer and electronic applications such as;

- ICM Clinical Manager
- Electronic Whiteboards
- eReferral
- BOSSNET

Tools unacceptable for Clinical Handover include;

- Recording devices (video and voice)
- SMS
- Other social media platforms

Acknowledgment: Used with permission from Department of Health WA (v2; Jan 2019)