

NSQHS Standard 6 Clinical Handover

Facility audit tool



| | | |
|---|-----------|--------------------|
| Hospital and Health Service: | Facility: | Audit Date/Period: |
| Clinical handover governance structure: | | |

Facility audit tool: For facility wide results for this audit period, collect facility wide questions and collate ward/unit level results. Note that the current suite of clinical handover audit tools are for shift to shift clinical handover.

- Notes:
- Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review
 - Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements
 - The measurement plan details each audit question and the action/criteria it aligns to in the standard

| Facility Questions | | Response |
|--------------------|---|---|
| 1.0 | Is there evidence that the facility (or at service level) has a shift to shift clinical handover policy in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.1 | If yes: Is the policy tabled at a governance committee/s or group meeting/s? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.2 | If yes to 1.1: Specify the committee/group. | |
| 1.3 | If yes to 1.0: Does the policy define the audit process to be undertaken to assess against it? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.4 | If yes to 1.0: Does the policy reference the consultation processes or collaborative group/s involved in their development? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.5 | If yes to 1.0: Does the policy detail the date it became effective? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.6 | If yes to 1.0: Does the policy detail the date of the next revision? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.7 | If yes to 1.0: Does the policy reference the source documents (if applicable) particularly where they are represented as best practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 1.8 | If yes to 1.0: Does the workforce know the document exists, can access it and know and use the contents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.9 | If yes to 1.0: Outline details of the document, where kept, review date and the 'owner'. | |
| 2.0 | Is there evidence that the facility (or at service level) provides staff education on shift to shift clinical handover? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.1 | If yes: Is there evidence that attendance at the education sessions is recorded? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Facility Questions | | Response |
|--------------------|--|--|
| 2.2 | If yes to 2.0: Is there evidence that the education is matched to staff training needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.3 | If yes to 2.0: Is there evidence that staff feedback reports of the sessions are evaluated and incorporated into the next revision? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.4 | If yes to 2.0: Provide comments on the education sessions and resources that are provided and when. | |
| 3.0 | Is there evidence that the facility (or at service level) has shift to shift clinical handover policies, procedures, and/or guidelines published on local health service communication boards and/or web site? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.0 | Is there evidence that the facility (or at service level) has an incident management system for reporting, investigating and analysing shift to shift clinical handover incidents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.1 | If yes: Outline the system e.g. PRIME | |
| 4.2 | If yes to 4.0: Is this regularly monitored? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.3 | If yes to 4.2: When and by whom? | |
| 4.4 | If yes to 4.0: Are reports developed using data in the system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.5 | If yes to 4.4: Are the reports used to identify frequency and gaps? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.6 | If yes to 4.4: Are the reports tabled at a governance committee/group for review? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.7 | If yes to 4.6: Which governance committee/group? | |
| 5.0 | Is there evidence that the facility (or at service level) has an evaluation and quality improvement plan/s in place to reduce shift to shift clinical handover incidents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.1 | If yes: What sources of data/information led to the development of the plan eg. PRIME, Queensland Bedside Audit, other data sources? | |
| 5.2 | If yes to 5.0: Is there evidence that the plan/s record quality improvement action/s to be implemented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.3 | If yes to 5.2: List the actions as per plan. | |
| 5.4 | If yes to 5.0: Is there evidence that the plan/s include a risk register for the proposed quality improvement actions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.5 | If yes to 5.4: Does the risk register include a scale to rate risks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.6 | If yes to 5.4: Are the risks reviewed on a regular basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.7 | If yes to 5.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.8 | If yes to 5.0: Is there evidence that the plan/s are tabled at a committee/group? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Facility Questions | | Response |
|--------------------|--|--|
| 5.9 | If yes to 5.8: Which committee/group? | |
| 5.10 | If yes to 5.0: Who assisted in the development of the plan/s? | |
| 5.11 | If yes to 5.0: Is there evidence the workforce know the plan/s exist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.12 | If yes to 5.0: Outline who the 'owner' is, the clinical lead, where the plans are filed and how often they are reviewed. | |
| 6.0 | Is there evidence that the facility (or at service level) has undertaken Quality Improvement activities to prevent shift to shift clinical handover incidents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.1 | If yes: Give details of the quality improvement activities, when these were undertaken and the outcome/s. | |

| Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting) | | Count of No. of wards who meet criteria | Count of Total No. of wards audited | Calculate the % |
|--|---|---|-------------------------------------|-----------------|
| | (as per measurement plan) | Numerator (N) | Denominator (D) | (N/D*100) |
| 7.0 | What is the number of wards/units that have a shift to shift clinical handover procedure/protocol in place? (CH_Ward_Q1.0) | | | |
| 7.1 | What is the number of wards/units where it is available to staff at the time of clinical handover? (CH_Ward_Q1.1) | | | |
| 7.2 | What is the number of wards/units where the procedure/protocol defines the audit process to be undertaken to assess against it? (CH_Ward_Q1.2) | | | |
| 7.3 | What is the number of wards/units where the procedure/protocol references the consultation processes or collaborative group/s involved in their development? (CH_Ward_Q1.3) | | | |
| 7.4 | What is the number of wards/units where the procedure/protocol details the date it became effective? (CH_Ward_Q1.4) | | | |
| 7.5 | What is the number of wards/units where the procedure/protocol details the date of the next revision? (CH_Ward_Q1.5) | | | |

| Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting) | | Count of No. of wards who meet criteria | Count of Total No. of wards audited | Calculate the % |
|---|--|---|-------------------------------------|-----------------|
| | (as per measurement plan) | Numerator (N) | Denominator (D) | (N/D*100) |
| 7.6 | What is the number of wards/units where the workforce knows the document exists, can access it and knows and uses the contents? (CH_Ward_Q1.6) | | | |
| 7.7 | Outline details of the document, where kept, review date and the 'owner'. (CH_Ward_Q1.7) | | | |
| 8.0 | What is the number of wards/units that include details of emergency contacts, post-procedure and appointment times in the discharge summary? (CH_Ward_Q5.0) | | | |
| 9.0 | What is the number of wards/units that have guidelines/forms for patients transferred to other facilities for ongoing care or investigation? (CH_Ward_Q6.0) | | | |
| 10.0 | What is the number of wards/units that include shift to shift clinical handover in staff orientation processes? (CH_Ward_Q9.0) | | | |
| 11.0 | What is the number of wards/units displaying communication material for the <u>workforce and patients</u> relating to shift to shift clinical handover? (CH_Ward_Q2.0) | | | |
| 11.1 | What is the number of wards/units displaying communication material for the workforce relating to shift to shift clinical handover? (CH_Ward_Q2.1) | | | |
| 11.2 | What is the number of wards/units displaying communication material for the patients/carers relating to shift to shift clinical handover? (CH_Ward_Q2.2) | | | |
| 11.3 | What is the number of wards/units that have evidence of processes in place for routinely distributing the material? (CH_Ward_Q2.3) | | | |
| 11.4 | What is the number of wards/units where the needs of culturally and linguistically diverse populations are taken into consideration? (CH_Ward_Q2.4) | | | |
| 11.5 | What is the number of wards/units where the communication strategies are evaluated and modified accordingly? (CH_Ward_Q2.5) | | | |
| 11.6 | Outline what communication material is displayed, in what format and the intended audience. (CH_Ward_Q2.6) | | | |
| 12.0 | What is the number of wards/units that have a designated <u>place and times</u> for shift to shift clinical handover? (CH_Ward_Q3.0&Q4.0) | | | |
| 12.1 | What is the number of wards/units that have a designated place for shift to shift clinical handover? (CH_Ward_Q4.0) | | | |
| 12.2 | What is the number of wards/units that have designated times for shift to shift clinical handover? (CH_Ward_Q3.0) | | | |
| 13.0 | What is the number of wards/units that have evaluation and quality improvement plan/s in place to reduce shift to shift | | | |

| Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting) | | Count of No. of wards who meet criteria | Count of Total No. of wards audited | Calculate the % |
|---|--|---|-------------------------------------|-----------------|
| | (as per measurement plan) | Numerator (N) | Denominator (D) | (N/D*100) |
| | clinical handover incidents? (CH_Ward_Q8.0) 13.1 List the sources of data/information that led to the development of the plan/s. (CH_Ward_Q8.1) | | | |
| 13.1 | List the sources of data/information that led to the development of the plan/s. (CH_Ward_Q8.1) | | | |
| 13.2 | What is the number of wards/units where the plan/s record quality improvement action/s to be implemented? (CH_Ward_Q8.2) | | | |
| 13.3 | List the actions as per plan. (CH_Ward_Q8.3) | | | |
| 13.4 | What is the number of wards/units where the plan/s include a risk register for the proposed quality improvement actions? (CH_Ward_Q8.4) | | | |
| 13.5 | What is the number of wards/units that have a risk register that includes a scale to rate risks? (CH_Ward_Q8.5) | | | |
| 13.6 | What is the number of wards/units where risks are reviewed on a regular basis? (CH_Ward_Q8.6) | | | |
| 13.7 | What is the number of wards/units where the plan/s includes mechanisms for evaluating the quality improvement actions? (CH_Ward_Q8.7) | | | |
| 13.8 | What is the number of wards/units where the plan/s are tabled at a committee/group? (CH_Ward_Q8.8) | | | |
| 13.9 | List the committees/groups? (CH_Ward_Q8.9) | | | |
| 13.10 | List the persons who assisted in the development of the plan/s? (CH_Ward_Q8.10) | | | |

| Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting) | | Count of No. of wards who meet criteria | Count of Total No. of wards audited | Calculate the % |
|---|--|---|-------------------------------------|-----------------|
| | (as per measurement plan) | Numerator (N) | Denominator (D) | (N/D*100) |
| 13.11 | What is the number of wards/units where the workforce know the plan/s exist? (CH_Ward_Q8.11) | | | |
| 13.12 | Outline who the 'owners' are, the clinical leads, where the plans are filed and how often they are reviewed.(CH_Ward_Q8.12) | | | |
| 14.0 | What is the number of wards/units that undertake shift to shift clinical handover audits? (CH_Ward_Q7.0) | | | |
| 15.0 | What is the number of wards/units that have undertaken Quality Improvement activities to prevent shift to shift clinical handover incidents? (CH_Ward_Q10.0) | | | |
| 15.1 | Collate information on details of the improvement activities. (CH_Ward_Q10.1) | | | |

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on [PSQIS Comms@health.qld.gov.au](mailto:PSQIS_Comms@health.qld.gov.au) for feedback or comments.

© State of Queensland (Queensland Health) 2014



This work is licensed under a Creative Commons Attribution Non-Commercial ShareAlike 3.0 Australia licence. In essence, you are free to copy, communicate and adapt the work for non-commercial purposes, as long as you attribute the Health Service and Clinical Innovation Division, Queensland Health, you distribute any derivative work only under this licence and you abide by the licence terms. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-sa/3.0/au/deed.en>

For further information contact Patient Safety and Quality Improvement Service, Clinical Excellence Division, Department of Health, PO Box 2368, Fortitude Valley, BC, Qld 4006, email PSQIS_Comms@health.qld.gov.au, phone (07) 3328 9430. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Department of Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au.