

# NSQHS Standard 6 Clinical Handover

## How to use the audit tools



### Clinical Handover Audit Tools Instructions

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, have developed audit tools for facilities and Hospital and Health Services (HHS) to use to collect data in support of evidence in meeting the National Safety and Quality Health Service (NSQHS) standards.

#### Purpose of the audit tools

The tools provide facilities and health services additional supporting resources to use in conjunction with the existing NSQHS standards workbooks and guides to be able to:

- Demonstrate detailed evidence for an action by providing specific verification rather than noting the action has been met and listing the source i.e. self-assessment
- Collect information and evidence to a further level of detail at a patient, ward and facility level, delving down into specific requirements that further support meeting the action
  - Collect patient level data using a number of methods i.e. chart documentation, observational and asking the patient/carer questions to demonstrate that the evidence has been met, and to what extent
  - Observe ward/unit staff undertaking a process eg clinical handover and recording individual results
- Determine actual performance results at a ward and facility level by rolling up data i.e. auditing all patients in a ward for a ward result, auditing all wards for a facility result
- Clearly identify those detailed gaps/areas that need attention, in order to target improvements and build a robust action plan at the ward and facility level
- Track and monitor audit results at the three levels over time

The tools can be used in conjunction with other resources and directly align to the criteria in the existing NSQHS standards workbooks and guides. Depending on the size of the facility a number of audit questions may not be applicable, it is up to each facility / health service to determine the audit questions for review. Questions and responses can be adapted to suit the requirements of each facility / health service.

The suite of documents include the following:

1. A 'how to' guide on using the tools (this document)
2. A definitions guide to assist in completing the tools
3. Three specific audit tools that allow the collection and collation of information are provided that can be adapted for local use:
  - *Shift to Shift Clinical Handover & Patient audit tool*: collects clinical handover process level data and patient level data (at a ward/unit level), use one audit tool for each shift to shift clinical handover audited
  - *Ward/Unit audit tool*: collects ward/unit level data and collates the shift to shift handover & patient level responses
  - *Facility audit tool*: collects facility level data and collates the ward/unit level responses
4. A measurement plan summary for each standard that defines the goals, questions and responses in the audit tools. The plan details each audit question and its alignment to the action/criteria in the standard and can be adapted for local use. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Scope of the Clinical Handover Audit tools

The audit tools at this stage incorporate the shift to shift clinical handover process only. Please note that clinical handover between when patients are transferred between teams, units or facilities, and during discharge will be added to the Tools in future versions.

How the tools were developed

**An example is provided below using action 6.3.3 in Standard 6**

1. The NSQHS standards workbooks and guides were used i.e.:
  - a. Hospital Accreditation Workbook - In particular the 'Examples of Evidence' for each action required. (October 2012)  
<http://www.safetyandquality.gov.au/publications/hospital-accreditation-workbook/>

Example:

Hospital Accreditation Workbook – Standard 6 Action 6.3.3(October 2012)

**Clinical handover processes**

Health service organisations have documented and structured clinical handover processes in place.

Actions required	Reflective questions	Examples of evidence – select only examples currently in use	Evidence available?
6.3.3 Action is taken to increase the effectiveness of clinical handover	What action have we taken to improve clinical handover processes? 	<input type="checkbox"/> Clinical handover tools and practices updated in line with review findings and risk register <input type="checkbox"/> Relevant documentation from committees and meetings that detail improvement actions taken <input type="checkbox"/> Risk register that includes actions to address identified risks <input type="checkbox"/> Quality improvement plan includes actions to address issues identified <input type="checkbox"/> Examples of improvement activities that have been implemented and evaluated to increase the effectiveness of clinical handover <input type="checkbox"/> Communication material developed for workforce, patients and carers <input type="checkbox"/> Other	<input type="checkbox"/> No → further action is required <input type="checkbox"/> Yes → list source of evidence

*Example of Evidence for 6.3.3 'Clinical handover tools and practices updated in line with review findings*

and risk register'

- b. Safety and Quality Improvement Guides (one per standard) – in particular under each action and key task there are 'Outputs' suggested. In addition, the suggested strategies may assist the facility in providing options for how an action can be improved. (October 2012)

<http://www.safetyandquality.gov.au/publications/safety-and-quality-improvement-guide-standard-6-clinical-handover-october-2012/>

Example:

Safety and Quality Improvement Guide - Standard 6 Action 6.3.3 (October 2012)

Actions required	Implementation strategies
6.3.3 Action is taken to increase the effectiveness of clinical handover.	<p><b>Key task:</b></p> <ul style="list-style-type: none"><li>Review monitoring and evaluation process and implement actions arising</li></ul> <p><b>Suggested strategies:</b></p> <p>Iterative feedback is essential to engage members of the clinical workforce and maintain commitment to clinical handover policy, procedure and/or processes.</p> <p>Outcomes from the clinical handover monitoring and evaluation processes may form actions to inform improvement plans. These actions should be planned, implemented and monitored using a practice improvement such as Plan, Do, Study, Act.</p> <p>Ongoing orientation and/or training and education for the clinical workforce is key to help sustain and spread clinical handover improvement over time. Training for new employees should ensure the policy, procedure and/or process is embedded into handover in local wards and units or organisational-wide policies.</p> <p><b>Outputs of improvement processes may include:</b></p> <ul style="list-style-type: none"><li>ability to demonstrate a measure of improvement, such as clinical handover incident reports, percentage of handovers carried out according to the policy and workforce satisfaction with clinical handover before and after implementation of improvement plan</li><li>agendas, meeting minutes and/or reports from relevant clinical handover and quality improvement meetings which show relevant actions or action plans to address identified issues</li><li>attendance records and/or results of competency-based training demonstrating knowledge and skills required for effective performance in clinical handover situation. This training will correlate to appropriate localised policies, procedures and/or processes specific to the local environment</li><li>using available clinical and administrative data and information from patient feedback to implement and evaluate changes in clinical handover processes.</li></ul>



*An output for 6.3.3 'Using available clinical and administrative data and information from patient feedback to implement and evaluate changes in clinical handover processes'*

2. The questions in the audit tools (patient, ward, facility) assess and ask for verification of the examples of evidence and outputs to collect the detailed information necessary to meet that evidence. In addition, other examples of evidence may be used. The questions may directly ask if there is evidence to support, or may be broken down into a series of questions to delve deeper into whether the evidence has been met. In addition, questions may require the auditing of patients in order to demonstrate that the evidence has been met, and to what extent.

Questions and responses have been developed in consultation with content area experts.

**Example: Audit tool questions for Standard 6 Action 6.3.3**

Queensland Health  
**NSQHS Standard 6 Clinical Handover**  
 Shift to shift handover & patient audit tool

Pilot phase for Standard 6 audit tool documents is 1 July 2012 to 31 August 2012

Hospital and Health Service:	Facility:	Audit Date/Period:
Ward/Unit:	Clinical Handover Date:	Clinical Handover (circle) am / pm / late

**Shift to Shift Handover & Patient Audit tool:** For EACH shift to shift clinical handover audited/observed within the audit period, complete observation questions 1.0 to 4.0 AND, for EACH patient within the shift to shift clinical handovers audited/observed complete patients questions 5.0 to 5.5. For each audit period several shift to shift clinical handovers should be audited. The several shift to shift clinical handover / patient audit tool can be collated on the NSQHS Standard 6 Clinical Handover Ward Audit Tool.

**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 measures in this details each audit question and the action/strategies to be the standard

Shift to Shift Clinical Handover Observation Questions	Response
1.0 Record planned start time of shift to shift clinical handover	
1.1 Record planned finish time of shift to shift clinical handover	
1.2 Record actual start time of shift to shift clinical handover	
1.3 Record actual finish time of shift to shift clinical handover	
1.4 Did the shift to shift clinical handover start more than 5mins late? (actual start is > 5mins after planned start)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5 Total shift to shift clinical handover time: (finish – actual start)	
2.0 Was a 'board' meeting held prior to bedside handover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1 Was the full clinical team involved in shift to shift clinical handover whiteboard meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2 If yes: Which professional groups were involved? (select all options)	<input type="checkbox"/> Nursing <input type="checkbox"/> AHP <input type="checkbox"/> Medical
2.3 Was the full clinical team involved in shift to shift clinical handover at the bedside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4 If yes: Which professional groups were involved? (select all options)	<input type="checkbox"/> Nursing <input type="checkbox"/> AHP <input type="checkbox"/> Medical
3.0 Did the ward use a shift to shift clinical handover summary sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1 If yes: Did all the staff involved in shift to shift clinical handover receive the clinical handover summary sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2 If yes to 3.0: Did the summary sheet outline patient risks and alerts; prioritisation of deteriorating patients; OH&S issues; staffing allocation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The shift to shift / patient audit tool allows you to collect the specific question/s that can be used for 6.3.3 in auditing shift to shift clinical handovers.

Queensland Health  
**NSQHS Standard 6 Clinical Handover**  
 Ward/Unit audit tool

Ward/Unit/Unit Questions	Response
10.1 If yes: Give details of the quality improvement activities, when these were undertaken and the outcomes.	

Collation of Shift to Shift Clinical Handover Observation Questions		Count of No. of CH that meet criteria	Count of Total No. of CH audited	Calculate the %
	(as per measurement plan)	Number (N)	Denominator (D)	(N/D x 100)
11.0	What is the number of shift to shift clinical handovers with a delayed start (delay = actual start time is > 5mins after planned start time)? (CH_Patient_Q1.4)			
12.0	What is the number of shift to shift clinical handovers where a 'whiteboard' meeting takes place prior to bedside handover? (CH_Patient_Q2.0)			
13.0	What is the number of shift to shift clinical handovers that used a shift to shift clinical handover summary sheet? (CH_Patient_Q3.0)			
14.0	What is the number of the shift to shift clinical handovers where full clinical team are involved in clinical handover (whiteboard & bedside)? (CH_Patient_Q2.1 & Q2.3)			
15.0	What is the number of the shift to shift clinical handovers where full clinical team are involved in clinical handover (whiteboard)? (CH_Patient_Q2.1)			
16.0	What is the number of the shift to shift clinical handovers where full clinical team are involved in clinical handover (bedside)? (CH_Patient_Q2.3)			
17.0	What is the number of shift to shift clinical handovers with >10 interruptions? (CH_Patient_Q4.0)			
18.0	What is the number of shift to shift clinical handovers that took longer than 20mins? (CH_Patient_Q1.5)			

The ward/unit audit tool allows you to collate all the shift to shift clinical handover results for a ward/unit level view.

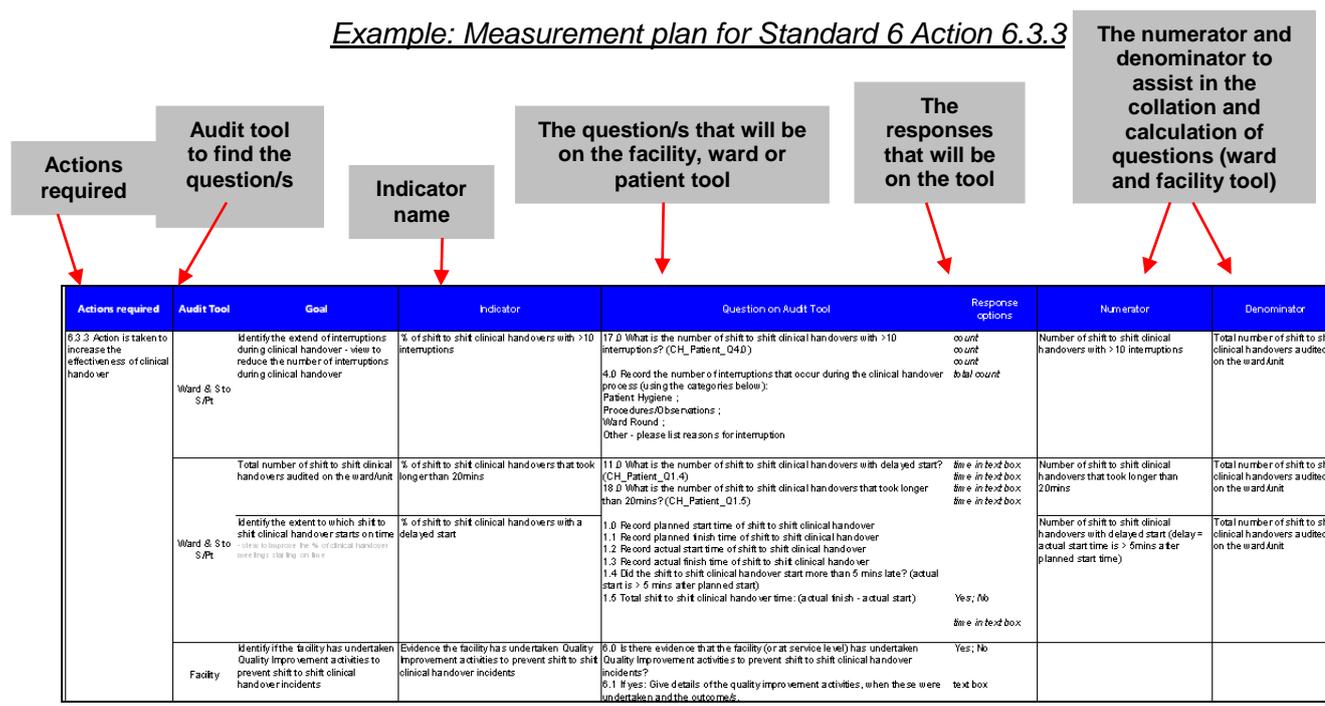
In addition to the collection of information, the ward/unit and facility tools include the ability to be able to collate data i.e.: collate the data collected at a patient level for a ward/unit view, collate the data collected at a ward/unit level for a facility view. Where this is the case, the collation questions refer to where the information can be found eg. CH\_Patient\_Q8.0 refers to Q8.0 in the S to S/Patient audit tool where the responses to collate the data will be found.

The last three columns in the collation sections i.e.: Num/Den/% allows for the calculation of the % result at a ward/unit and facility level (for reporting). Details of these can be found in the measurement plan. Future plans for the electronic capture of information will allow the collation of data to be automatic.

3. The measurement plan details the criteria / action and those question/s / responses that correspond to the action.

Note : Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

**Example: Measurement plan for Standard 6 Action 6.3.3**



Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator
6.3.3 Action is taken to increase the effectiveness of clinical handover	Ward & Sto S/Pt	Identify the extent of interruptions during clinical handover - view to reduce the number of interruptions during clinical handover	% of shift to shift clinical handovers with >10 interruptions	17.D What is the number of shift to shift clinical handovers with >10 interruption? (CH_Patient_Q4D)  4.0 Record the number of interruptions that occur during the clinical handover process (using the categories below): Patient Hygiene ; Procedures/Observations ; Ward Round ; Other - please list reasons for interruption	count count total count	Number of shift to shift clinical handovers with > 10 interruptions	Total number of shift to shift clinical handovers audited on the ward/unit
	Ward & Sto S/Pt	Total number of shift to shift clinical handovers audited on the ward/unit	% of shift to shift clinical handovers that took longer than 20mins	11.D What is the number of shift to shift clinical handovers with delayed start? (CH_Patient_Q1.4) 19.D What is the number of shift to shift clinical handovers that took longer than 20mins? (CH_Patient_Q1.5)	time in text box time in text box time in text box	Number of shift to shift clinical handovers that took longer than 20mins	Total number of shift to shift clinical handovers audited on the ward/unit
	Ward & Sto S/Pt	Identify the extent to which shift to shift clinical handover starts on time - view to improve the % of clinical handover meetings starting on time	% of shift to shift clinical handovers with a delayed start	1.0 Record planned start time of shift to shift clinical handover 1.1 Record planned finish time of shift to shift clinical handover 1.2 Record actual start time of shift to shift clinical handover 1.3 Record actual finish time of shift to shift clinical handover 1.4 Did the shift to shift clinical handover start more than 5 mins late? (actual start is > 5 mins after planned start) 1.5 Total shift to shift clinical handover time: (actual finish - actual start)	Yes; No time in text box	Number of shift to shift clinical handovers with delayed start (delay = actual start time is > 5mins after planned start time)	Total number of shift to shift clinical handovers audited on the ward/unit
Facility	Facility	Identify if the facility has undertaken Quality Improvement activities to prevent shift to shift clinical handover incidents	Evidence the facility has undertaken Quality Improvement activities to prevent shift to shift clinical handover incidents	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? 6.1 If yes: Give details of the quality improvement activities, when the se were undertaken and the outcomes.	Yes; No text box		

In addition, we recognise that each facility will define when the audit will take place, how often, how many patients to audit and who will perform the audit.

Queensland Health facilities have the ability to enter their audit data on-line using an existing secure electronic web-based system, Measurement Analysis & Reporting System (MARS), available via the Queensland Health intranet. Please email [mars@health.qld.gov.au](mailto:mars@health.qld.gov.au) for further information.

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.**

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