

NSQHS Standard 6 Clinical Handover

Ward/Unit audit tool



Hospital and Health Service:	Facility:	Ward/Unit:	Audit Date/Period:
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Ward/Unit audit tool: For EACH ward/unit within the facility collect the ward/unit level questions and collate the shift to shift clinical handover (including patient level) questions. The ward/unit tools can be collated together for facility results on the NSQHS Standard 6 Clinical Handover Facility 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 measurement plan details each audit question and the action/criteria it aligns to in the standard

Ward/unit/Unit Questions		Response
1.0	Is there evidence that the ward/unit has a shift to shift clinical handover procedure/protocol in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	If yes: Is it available to staff at the time of clinical handover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	If yes to 1.0: Does the procedure/protocol define the audit process to be undertaken to assess against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	If yes to 1.0: Does the procedure/protocol reference the consultation processes or collaborative group/s involved in their development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	If yes to 1.0: Does the procedure/protocol detail the date it became effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	If yes to 1.0: Does the procedure/protocol detail the date of the next revision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.6	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
1.7	If yes to 1.0: Outline details of the document, where kept, review date and the 'owner'.	
2.0	Is there evidence that the ward/unit displays any communication material for the workforce and/or patients regarding shift to shift clinical handover? E.g. flyer, patient brochures	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1	If yes: Is it aimed at staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	If yes to 2.0: Is it aimed at patients/carers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	If yes to 2.0: Is there evidence of processes in place for routinely distributing the material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	If yes to 2.0: Is there evidence that the needs of culturally and linguistically diverse populations are taken into consideration?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ward/unit/Unit Questions		Response
2.5	If yes to 2.0: Is there evidence the communication strategies are evaluated and modified accordingly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6	If yes to 2.0: Outline what communication material is displayed, in what format and the intended audience.	
3.0	Is there evidence that the ward/unit has set times for shift to shift clinical handover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.0	Is there evidence that the ward/unit has a set place for shift to shift clinical handover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.0	Is there evidence that the ward/unit records the following in the Discharge Summary? - emergency details - post-procedure instructions - future appointment times	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6.0	Is there evidence that the ward/unit has guidelines and forms for patients transferred to other facilities for ongoing care or investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.0	Is there evidence that the ward/unit undertakes regular audits of shift to shift bedside clinical handover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1	If yes: Outline who conducts the audit? What information is collected and on what tool? How often is an audit conducted?	
8.0	Is there evidence that the ward/unit 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
8.1	If yes: What sources of data/information led to the development of the plan e.g. PRIME, Queensland Bedside Audit, other data sources?	
8.2	If yes to 8.0: Is there evidence that the plan/s record quality improvement action/s to be implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.3	If yes to 8.2: List the actions as per plan.	
8.4	If yes to 8.0: 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
8.5	If yes to 8.4: Does the risk register include a scale to rate risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.6	If yes to 8.4: Are the risks reviewed on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.7	If yes to 8.0: Is there evidence that the plan/s include mechanisms for evaluating the quality improvement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.8	If yes to 8.0: Is there evidence that the plan/s are tabled at a committee/group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.9	If yes to 8.8: Which committee/group?	
8.10	If yes to 8.0: Who assisted in the development of the plan/s?	
8.11	If yes to 8.0: Is there evidence the workforce know the plan/s exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ward/unit/Unit Questions		Response
8.12	If yes to 8.0: Outline who the 'owner' is, the clinical lead, where the plans are filed and how often they are reviewed.	
9.0	Is there evidence that the ward/unit includes shift to shift clinical handover policy / procedure / guidelines in the staff orientation process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.1	If yes: Outline when/how is this undertaken in the orientation process and who facilitates it.	
10.0	Is there evidence that the ward/unit has undertaken Quality Improvement activities to prevent shift to shift clinical handover incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.1	If yes: Give details of the quality improvement activities, when these were undertaken and the outcome/s.	

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)	Numerator (N)	Denominator (D)	(N/D*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)			

**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)	Numerator (N)	Denominator (D)	(N/D*100)
18.0	What is the number of shift to shift clinical handovers that took longer than 20mins? (CH_Patient_Q1.5)			
19.0	What is the number of patients/carers where a bedside safety scan was performed during the clinical handover process? (CH_Patient_Q5.0)			
20.0	What is the number of patients/carers who were greeted at the commencement of the shift to shift clinical handover?(CH_Patient_Q5.1)			
21.0	What is the number of patients/carers who were introduced to oncoming staff in shift to shift clinical handover? (CH_Patient_Q5.2)			
22.0	What is the number of patients/carers with general observations documentation at time of shift to shift clinical handover? (CH_Patient_Q5.3)			
23.0	What is the number of patients/carers that had shift to shift clinical handover documented (chart)? (CH_Patient_Q5.4)			
24.0	What is the number of patients/carers involved in shift to shift clinical handover at the bedside? (CH_Patient_Q5.5)			

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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