Standard 6

Clinical Handover

Safety and Quality Improvement Guide

October 2012

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS
STANDARDS

ISBN:
Print: 978-1-921983-37-5
Electronic: 978-1-921983-38-2

Suggested citation: Australian Commission on Safety and Quality in Health Care. *Safety and Quality Improvement Guide Standard 6: Clinical Handover (October 2012)*. Sydney. ACSQHC, 2012.

Australian Commission on Safety and Quality in Health Care

GPO Box 5480
Sydney NSW 2001
Email: mail@safetyandquality.gov.au

Acknowledgements

This document was prepared by the Australian Commission on Safety and Quality in Health Care in collaboration with numerous expert working groups, members of the Commission's standing committees and individuals who generously gave of their time and expertise.

The Commission wishes to acknowledge the work of its staff in the development of this document.

Table of Contents

The National Safety and Quality Health Service Standards

The *National Safety and Quality Health Service (NSQHS) Standards*[1] were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in consultation and collaboration with jurisdictions, technical experts and a wide range of other organisations and individuals, including health professionals and patients.

The primary aims of the *NSQHS Standards* are to protect the public from harm and to improve the quality of care provided by health service organisations. These Standards provide:

- a **quality assurance** mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met
- a **quality improvement** mechanism that allows health service organisations to realise developmental goals.

Safety and Quality Improvement Guides

The Commission has developed Safety and Quality Improvement Guides (the Guides) for each of the 10 *NSQHS Standards*. These Guides are designed to assist health service organisations to align their quality improvement programs using the framework of the *NSQHS Standards*.

The Guides are primarily intended for use by people who are responsible for a part or whole of a health service organisation. The structure of the Guides includes:

- introductory information about what is required to achieve each criterion of the Standard
- tables describing each action required and listing:
  - key tasks
  - implementation strategies
  - examples of the outputs of improvement processes
- additional supporting resources (with links to Australian and international resources and tools, where relevant).

Direct links to these and other useful resources are available on the Commission's web site:

www.safetyandquality.gov.au

The Guides present **suggestions** for meeting the criteria of the Standards, which should not be interpreted as being mandatory. The examples of suggested strategies and outputs of improvement processes are **examples only**. In other words, health service organisations can choose improvement actions that are specific to their local context in order to achieve the criteria. The extent to which improvement is required in your organisation will heavily influence the actions, processes and projects you undertake.

You may choose to demonstrate how you meet the criteria in the Standards using the example outputs of improvement processes, or alternative examples that are more relevant to your own quality improvement processes.

Additional resources

The Commission has developed a range of resources to assist health service organisations to implement the *NSQHS Standards*. These include:

- a list of available resources for each of the *NSQHS Standards*
- an *Accreditation Workbook for Hospitals* and an *Accreditation Workbook for Day Procedure Services*
- *A Guide for Dental Practices* (relevant only to Standards 1–6)
- a series of fact sheets on the *NSQHS Standards*
- frequently asked questions
- a list of approved accrediting agencies
- slide presentations on the *NSQHS Standards*.

Overarching NSQHS Standards

Standard 1: Governance for Safety and Quality in Health Service Organisations, and *Standard 2: Partnering with Consumers* set the overarching requirements for the effective application of the other eight *NSQHS Standards* which address specific clinical areas of patient care.

Standard 1 outlines the broad criteria to achieve the creation of an integrated governance system to maintain and improve the reliability and quality of patient care, and improve patient outcomes.

Standard 2 requires leaders of a health service organisation to implement systems to support partnering with patients, carers and other consumers to improve the safety and quality of care. Patients, carers, consumers, clinicians and other members of the workforce should use the systems for partnering with consumers.

Core and developmental actions

The *NSQHS Standards* apply to a wide variety of health service organisations. Due to the variable size, structure and complexity of health service delivery models, a degree of flexibility is required in the application of the standards.

To achieve this flexibility, each action within a Standard is designated as either:

CORE

- considered fundamental to safe practice

OR

DEVELOPMENTAL

- areas where health service organisations can focus activities or investments that improve patient safety and quality.

Information about which actions have been designated as core or developmental is available on the Commission's web site.

Quality improvement approaches in health care

Approaches to improving healthcare quality and safety are well documented and firmly established. Examples of common approaches include Clinical Practice Improvement or Continuous Quality Improvement. The Guides are designed for use in the context of an overall organisational approach to quality improvement, but are not aligned to any particular approach.

Further information on adopting an appropriate quality improvement methodology can be found in the:

NSW Health Easy Guide to Clinical Practice Improvement[2]

CEC Enhancing Project Spread and Sustainability[3]

Institute for Healthcare Improvement (US)[4]

The National Safety and Quality Health Service Standards (continued)

Roles for safety and quality in health care

A range of participants are involved in ensuring the safe and effective delivery of healthcare services. These include the following:

- **Patients and carers**, in partnership with health service organisations and their healthcare providers, are involved in:
  - making decisions for service planning
  - developing models of care
  - measuring service and evaluating systems of care.
- They should participate in making decisions about their own health care. They need to know and exercise their healthcare rights, be engaged in their healthcare, and participate in treatment decisions.

  Patients and carers need to have access to information about options and agreed treatment plans. Health care can be improved when patients and carers share (with their healthcare provider) issues that may have an impact on their ability to comply with treatment plans.
- The role of **clinicians** is essential. Improvements to the system can be achieved when clinicians actively participate in organisational processes, safety systems, and improvement initiatives. Clinicians should be trained in the roles and services for which they are accountable. Clinicians make health systems safer and more effective if they:
  - have a broad understanding of their responsibility for safety and quality in healthcare
  - follow safety and quality procedures
  - supervise and educate other members of the workforce
  - participate in the review of performance procedures individually, or as part of a team.

  When clinicians form partnerships with patients and carers, not only can a patient's experience of care be improved, but the design and planning of organisational processes, safety systems, quality initiatives and training can also be more effective.
- The role of the **non-clinical workforce** is important to the delivery of quality health care. This group may include administrative, clerical, cleaning, catering and other critical clinical support staff or volunteers. By actively participating in organisational processes – including the development and implementation of safety systems, improvement initiatives and related training – this group can help to identify and address the limitations of safety systems. A key role for the non-clinical workforce is to notify clinicians when they have concerns about a patient's condition.
- The role of **managers in health service organisations** is to implement and maintain systems, resources, education and training to ensure that clinicians deliver safe, effective and reliable health care. They should support the establishment of partnerships with patients and carers when designing, implementing and maintaining systems. Managing performance and facilitating compliance across the organisation is a key role. This includes oversight of individual areas with responsibility for the governance of safety and quality systems. Managers should be leaders who can model behaviours that optimise safe and high quality care. Safer systems can be achieved when managers in health service organisations consider safety and quality implications in their decision making processes.
- The role of **health service senior executives and owners** is to plan and review integrated governance systems that promote patient safety and quality, and to clearly articulate organisational and individual safety and quality roles and responsibilities throughout the organisation. Explicit support for the principles of consumer centred care is key to ensuring the establishment of effective partnerships between consumer, managers, and clinicians. As organisational leaders, health service executives and owners should model the behaviours that are necessary to implement safe and high quality healthcare systems.

Terms and definitions

Adverse clinical handover incident: Failures in clinical handover have been identified as a major cause of preventable harm to patients.[5-7] Poor handover can lead to wasted resources. Consequences include: unnecessary delays in diagnosis, treatment and care, repeated tests, missed or delayed communication of test results and incorrect treatment and medication errors.[5]

Change management: Establishing a compelling case for change is a key task for any improvement initiative.[5] For clinical handover improvement to be successful, members of the workforce need to understand the rationale for change. The case for change to improve clinical handover is likely to vary for different stakeholder groups. Change needs to be managed to ensure relevant stakeholders are involved in the initiative with invested interest and can see purpose and value for change in practice.[5-7]

Clinical handover: 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. This definition of clinical handover formed the basis for all the activities and work carried out as part of the National Clinical Handover Initiative.[5,7,8]

Flexible standardisation in clinical handover: Flexible standardisation recognises the importance of standardisation of clinical handover processes to improve patient safety. However, the standardised clinical handover process, minimum data sets of information and participants must be designed and integrated to fit the health service organisation's particular context of the handover.[7] The standardisation which is chosen needs to fit the particular needs of the patients and clinical workforce staff who are participants of the handover. These will vary widely as health service organisations will have differing functions, size and organisation with respect to service delivery mode, location and workforce. The *OSSIE Guide to Clinical Handover Improvement*[7] and the *Toolkit*[5] provide guidance on implementing flexible standardised processes for handover, tailored to a local context.

Governance: The set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including consumers). Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure through which the objectives (clinical, social, fiscal, legal, human resources) of the organisation are set, and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help in aligning the roles, interests and actions of different participants in the organisation in order to achieve the organisation's objectives. The Commission's definition of governance includes both corporate and clinical governance and where possible promotes the integration of governance functions.[1]

Implementation Toolkit for Clinical Handover Improvement and Electronic Resource Portal: The *Implementation Toolkit for Clinical Handover Improvement*[5] is a how to guide for managers and clinicians reviewing and implementing local clinical handover processes. The *Implementation Toolkit for Clinical Handover Improvement* supports the structured processes and principles for handover detailed in the *OSSIE Guide to Clinical Handover Improvement*[7] and articulated in the *Standard 6: Clinical Handover*. The *Implementation Toolkit for Clinical Handover Improvement* has been adapted to be used in all health service organisations.

Minimum data set: The minimum set of information and content that must be contained and transferred in a particular type of clinical handover.[7] There are many possible minimum data sets which will vary depending on the context and reason for handover.[5]

Terms and definitions (continued)

National Clinical Handover Initiative: The Commission established the National Clinical Handover Initiative with the aim of improving clinical handover communication across all healthcare settings. A pilot program was set up as part of the initiative to develop and implement tools and solutions to improve clinical handover. This project was externally evaluated and a report is available.[6]

OSSIE: OSSIE is a mnemonic which equates to a framework for change management. Each letter in the mnemonic stands for a change phase: Organisational leadership, Simple solution development, Stakeholder engagement, Implementation, Evaluation and maintenance. The phases aim to provide readers with all the information required to successfully introduce and sustain improvement to clinical handover.

Outputs: The results of your safety and quality improvement actions and processes. Examples of outputs are provided in this guide. They are examples only and should not be read as being checklists of evidence required to demonstrate achievement of the criterion. Outputs will be specific to the actions, processes and projects undertaken in your context which will be influenced by your existing level of attainment against the criterion and extent to which improvement has been required.

Standardisation of the handover process: Effective standardised handover ensures all participants know the purpose of the handover and the information that they are required to know and communicate.[7] Organisations have standardised processes, policies and procedures for the process of handover. This includes that the method and information content of handover be delivered in a structured format to improve patient safety. Standardised processes of handover can help clarify the purpose and content of handovers and reduce confusion. This approach needs to be easy to use so it can be easily taught and recalled.[9] The standardisation of the handover process does not mean that all handovers will be the same in all settings. Rather, they should be designed to fit the local context and clinical setting of the health service organisation and the situation of the handover, this is called flexible standardisation *(see flexible standardisation)*.

Structured handover: That the minimum data set (information content) and conduct of handover be delivered in a structured format.

Transition of care: Transition of care is a set of actions designed to ensure coordination and continuity of care as patients transfer between services.[10] Transitions of care occur in real time, during weekends and overnight, and are usually short lived and often involve clinicians that do not have an ongoing relationship with the patient.[10] They occur when a patient is leaving a health service, or being transferred to a different institution or level of care, and generally consist of one or more clinical handovers. The process ends only when the patient is received into the next clinical setting.[10] Transition of care is heavily involved in the processes of admission, referral and discharge[11] and is considered a unique and distinguished process from any other health care setting.[10]

Standard 6: Clinical Handover

Clinical leaders and senior managers of a health service organisation implement documented systems for effective and structured clinical handover. Clinicians and other members of the workforce use the clinical handover systems.

The intention of this Standard is to:

Ensure there is timely, relevant and structured clinical handover that supports safe patient care.

Context:

It is expected that this Standard will be applied in conjunction with *Standard 1: Governance for Safety and Quality in Health Service Organisations* and *Standard 2: Partnering with Consumers*. Essential elements of clinical handover are linked with other *NSQHS Standards*, which you should consider when developing or improving policy, procedure and/or processes surrounding clinical handover; *Standard 3: Preventing and Controlling Healthcare Associated Infections*, *Standard 4: Medication Safety*, *Standard 5: Patient Identification and Procedure Matching*, and *Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care*.

Introduction

Effective clinical handover can reduce communication errors between health professionals and improve patient safety and care.[7]

Clinical communication problems are a major contributing factor in 70% of hospital sentinel events[5] leading to an increased risk for adverse events. Adverse events are seen to increase particularly during a transition of care, when a patient is transferred between units, physicians and teams.[5] Poor or absent clinical handover, or a failure to transfer responsibility and accountability, can have extremely serious consequences for patients. It can result in a delay in diagnosis or treatment, tests being missed or duplicated and can lead to the wrong treatment or wrong medication being administered to the patient.[7] Clinical handover is an essential element to ensure a safe and high quality healthcare delivery. It is important to note that improvement strategies for clinical handover take time, effort and resources.[7]

Standard 6 addresses the need for effective structured communication during clinical handover. This Standard is built from research that informed the *OSSIE Guide to Clinical Handover Improvement*[7] (OSSIE Guide). The *OSSIE Guide* was developed by the Commission and was endorsed by Australian Health Ministers as a national approach for improving clinical handover.

Implementing systems to improve clinical handover

The following pages summarise the actions health service organisations may need to undertake to achieve the basic requirements for clinical handover implementation and improvement at the governance level, in service planning and during implementation. Many of the strategies which have been identified are interlinked and you may find that a strategy you undertake to meet one required action may also address other similar actions. For example, Item 6.1 sets the organisational policy framework for clinical handover. The process you establish to address Action 6.1.1 (involving policy and procedures surrounding clinical handover in organisations) may also address Action 6.2.1 (involving documented processes for clinical handover).

Many of the actions under this Standard require you to develop and implement an underpinning policy, procedures and/or processes to ensure that clinical handover is present and active at various levels within your organisation. Your health service organisation is required to have policies, procedures and/or processes outlining how clinical handover is undertaken within your organisation and what information needs to be transferred at a minimum (*see minimum data set*). You need to consider these policies, procedures and/or processes in the context of your existing organisational policies and structure, in order to work to identify and improve these. This does not necessarily require the development of separate policies, procedures and/or processes to address each action. It may be more efficient and effective for your organisation to have an overarching policy framework which documents the structured clinical handover policy, procedure and/or process, supported by a flexible standardisation policy which is fit for purpose and accommodates specific localised environments.

Standard 6: Clinical Handover (continued)

Your local context will significantly influence how you implement key tasks under this Standard, including the types of strategies and activities you may choose to implement. Whichever strategy your organisation adopts it needs to be meaningful, useful and relevant to your organisation's overall governance and structure, as well as being useful and relevant to the workforce and the consumers. You will need to have an understanding of what your priorities and risks are in this area and consider how these are best addressed to suit your local settings and overall organisation.

Resources

The tables below list a range of resources. They are from Australian and international sources, and some have been developed with specific audiences in mind or for specific jurisdictions or organisations. However, many of the tools and strategies identified in these resources can be adapted and applied to different Australian health service organisations.

The *OSSIE Guide*[7], the *Implementation Toolkit for Clinical Handover Improvement*[5] (*The Toolkit*) and the Electronic Resource Portal for Clinical Handover Improvement[8] (*Resource Portal*), have all been developed from the National Clinical Handover Initiative Pilot Program. The *Electronic Discharge Summary Systems Self-evaluation Toolkit*[12] (*EDS Toolkit*) has been developed to assist and advise health service organisations that have implemented or are planning to implement electronic discharge summary systems. These resources aim to provide a framework, tools and resources for health service organisations to implement and improve a structured process for clinical handover. Resources, tools and educational materials accessible in the *Resource Portal*[8] are easily modifiable to suit local clinical settings and have been adapted for use in local health service settings.

Requirements

The intention of the Standard is to ensure that a timely, relevant and structured clinical handover occurs that is appropriate to the clinical setting, and context of the handover that supports safe patient care.

Standard 6 requires health service organisations to implement documented systems for effective and structured clinical handover.

Criteria to achieve the Clinical Handover Standard:
Governance and leadership for effective clinical handover
Health service organisations implement effective clinical handover systems.
Clinical handover processes
Health service organisations have documented and structured clinical handover processes in place.
Patient and carer involvement in clinical handover
Health service organisations establish mechanisms to include patients and carers in the clinical handover processes.

For the purposes of accreditation, please check the Commission's web site regarding actions within these criteria that have been designated as core or developmental.

Standard 6

Criterion: Governance and leadership for effective clinical handover

Health service organisations implement effective clinical handover systems

This criterion relates to organisation-wide governance and leadership to support effective clinical handover policy, procedure and/or processes within a health service organisation. Building on and improving established clinical handover policies, procedures and/or processes is paramount to this Standard.

Clinical handover is a highly variable process, which can be unreliable in both local and organisation-wide health service organisations.[5,7] This variability of process poses a high risk for patient safety. Standardised and structured communication during clinical handover has been shown to improve the safety of patient care, with critical information more likely to be accurately transferred and acted upon.[5,7]

Under an effective structured and standardised handover process, all participants know the purpose of the handover and the minimum data set that they are required to know and communicate. They know what documentation is required. Senior clinicians ensure handover keeps the structure that has been agreed upon and documented by the clinical unit. They do this, for instance, by ensuring that participants in a routine verbal handover are free to attend, attend on time, and deliver the relevant information.

It is important to regularly evaluate current clinical handover governance. This is needed to establish if the policies, procedures and/or processes are efficient, and to determine if changes are needed to optimise performance. Ongoing monitoring of clinical handover systems is necessary to track changes over time, to ensure that systems continue to operate effectively and to identify areas for improvement. Data obtained from evaluating clinical handover systems should be fed back to the relevant committee or meeting about governance, and to the local workforce. This may help to inform clinicians and local workforce of areas that may need improvement, and provide a strong case for them to change practice and participate in improvement activities. This feedback process also contributes to a culture of transparency and accountability.

Each health service organisation is responsible for ensuring that their systems for clinical handover are operational, effective and documented.

Actions required	Implementation strategies
6.1 Developing and implementing an organisational system for structured clinical handover that is relevant to the healthcare setting and specialties, including: **• documented policy, procedures and/or protocols** **• agreed tools and guides**	
6.1.1 Clinical handover policies, procedures and/or protocols are used by the workforce and regularly monitored	**Key tasks:** • **Identify the situations within the organisation requiring clinical handover** • **Establish and/or review policy, procedures and/or protocols** • **Train and monitor the clinical workforce in the use of policy, procedure and/or protocols surrounding clinical handover** **Suggested strategies:** A key role of the governance framework for a clinical handover system is the development, implementation, evaluation and revision of policies surrounding management, structure and minimum data sets used in clinical handover situations. The core principle of clinical handover policy is a flexible standardised approach to suit local environments. Health service organisations should identify the situations for clinical handover based on the points of patient transitions of care within their service. This information will help to identify what structured clinical handover policies, procedures and/or protocols are relevant to and required for the healthcare setting. Improvement strategies surrounding clinical handover should be linked to your organisation's governance and accountability arrangements for effectiveness and sustainability.[7] When developing your organisational clinical handover policy, you should consider related principles of other National Standards; including *Standard 1: Governance for Safety and Quality Health Service Organisations*; *Standard 2: Partnering with Consumers*; *Standard 3: Preventing and Controlling Healthcare Associated Infections*; *Standard 4: Medication Safety*; *Standard 5: Patient Identification and Procedure Matching*; *Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care*. The Commission has developed, through extensive research and pilot programs, a change management guide with various resources (*OSSIE Guide*[7], *The Toolkit*[5]). These resources aim to assist the development and implementation of structured clinical handover policies and improvement in organisations. All tools and resources are available through the Commission's web site, on the Clinical Handover page[13]: www.safetyandquality.gov.au/our-work/clinical-communications/clinical-handover/ Although the Commission provides a range of resources, organisations are free to create their own policies, procedures and/or protocols based on national tools in order to support effective clinical handover in their organisational environment. Policies surrounding clinical handover should include: • details of the relevant committee or meeting regarding governance arrangements • situations when clinical handover should occur • structure and method (including minimum data set) relevant to the particular type of handover situation • clinical workforce with defined roles and responsibilities • available support, resources and tools to facilitate structured communication processes • mandatory education and training sessions for clinical workforce • evaluation, audit and feedback processes on current handover procedures.

Actions required	Implementation strategies
6.1 Developing and implementing an organisational system for structured clinical handover that is relevant to the healthcare setting and specialties, including: **• documented policy, procedures and/or protocols** **• agreed tools and guides** (continued)	
(continued) **6.1.1** Clinical handover policies, procedures and/or protocols are used by the workforce and regularly monitored	**Outputs of improvement processes may include:** • documented organisational policy, procedures and/or processes relating to clinical handover procedures • clinical handover policy and procedure corresponds with the achievement of other expected outcomes in *Standard 1: Governance for Safety and Quality in Health Service Organisations*; *Standard 2: Partnering with Consumers*; *Standard 3: Preventing and Controlling Healthcare Associated Infections*; *Standard 4: Medication Safety*; *Standard 5: Patient Identification and Procedure Matching; Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care* • evaluation of compliance of current clinical handover policy with corresponding action planning • appointment of relevant meeting, committee, with oversight of clinical governance for handover.
6.1.2 Action is taken to maximise the effectiveness of clinical handover policies, procedures and/or protocols	**Key task:** • **Evaluation of clinical handover policies, procedures and/or protocols** **Suggested strategies:** A systematic approach for evaluating clinical handover policies, procedures and/or protocols is required. This provides an understanding of whether, and to what extent, communication during handover is being utilised and practiced in specific organisational environments. The evaluation process ensures that you maximise the effectiveness of clinical handover. The evaluation process should be appropriate to meet the context and size of the health service organisation. For example, project teams may be appropriate in large health service organisations but not necessary in a small organisation where it may be most suitable for an individual member of the workforce to be responsible for evaluation activities. To maximise effectiveness of clinical handover policies, a good place to start is to reflect on current practice and evaluation of workforce issues and culture. Your evaluation of current practice will indicate whether and how you can make improvements to current practice, and what changes are required. Some handover information will be regularly located in the patient record (e.g. patient care plans, operation reports, discharge summaries). Other clinical handover documentation (e.g. handover checklists, transfer checklists) may not be a permanent part of the clinical record. You will need to consider how and what handover documentation should be archived to enable evaluation of clinical handover practice. The relationship between any handover documentation and patient records must be clearly identified in your policy, procedures and/or protocols. If improvement to current policies, procedures and/or protocols concerning clinical handover is required, a useful tool in ensuring effective organisational change is outlined in the *The Toolkit*[5]. Essential elements for implementing clinical handover policy include: • planning checklist • organisational leadership checklist • implementation checklist • evaluation and maintenance checklist.

Actions required	Implementation strategies
6.1 Developing and implementing an organisational system for structured clinical handover that is relevant to the healthcare setting and specialties, including: **• documented policy, procedures and/or protocols** **• agreed tools and guides** (continued)	
(continued) **6.1.2** Action is taken to maximise the effectiveness of clinical handover policies, procedures and/or protocols	**Outputs of improvement processes may include:** • availability of organisation-wide information tools and policy requirements • a quality improvement plan that includes evidence of: – a project team or member of the workforce responsible for the improvement – a committee with clearly defined terms of reference or designated individual with equivalent responsibilities • documented policy for incident reporting • documented policy for evaluation, audit and feedback processes and follow-up of improvement process to ensure improvements are sustained.
6.1.3 Tools and guides are periodically reviewed	**Key task:** • **Maintenance of established policies and tools to ensure that best practice is up to date within clinical settings** **Suggested strategies:** Evaluation and monitoring tools and guides used in clinical handover should be an integral part of planning and implementing clinical handover policies. You should consider this from the beginning of the project, over a range of organisational mechanisms and management levels, to ensure that tools and guides are being used appropriately and are suitable to local settings. **Outputs of improvement processes may include:** • feedback mechanisms to the relevant committee or meeting about clinical handover governance • review of risk register or log and incident reporting systems for relevant information • ongoing training and policy development for the orientation to new members of the clinical workforce • a clear maintenance and evaluation plan accessible to all stakeholders.
Further reading	***OSSIE Guide***:[7] Chapter 2: Planning for OSSIE Chapter 3: Organisational leadership – Phase 1 Chapter 7: Evaluation and maintenance – Phase 5 Table 11: A sample evaluation plan ***The Toolkit***:[5] Chapter 2: Planning Chapter 4: Simple solution development Chapter 7: Evaluation and maintenance ***Resource Portal***:[8] Project plan template Suggested membership and roles of team Project team meeting outline Evaluation plan Evaluation framework Example project plan for implementation for clinical handover improvement

Standard 6

Criterion: Clinical handover processes

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

The needs of health service organisations vary significantly, highlighting the need for flexible approach to clinical handover. Due to flexible standardisation, processes for clinical handover may vary in local settings. However, all clinical handover processes, across all levels of your organisation, need to be structured and documented to meet this criterion.

Clinical handover is an integral part of clinical communication and is practised in a multitude of ways within all health service organisations.

Clinical handover will vary depending on the size of the service, setting and circumstances, including:

- the situation of the handover, such as:
  - during a shift change
  - when patients are transferred inter and intra hospital/unit/service
  - during patient admission, referral or discharge
- the method of the handover, such as:
  - face-to-face
  - via telephone
  - via written orders
  - when aided by electronic handover tools or systems
- the venue where handover takes place, such as:
  - at the patient's bedside
  - in a common staff area
  - at a hospital or clinic reception.

Clinical handover must be structured, fit for local purpose and be appropriate to the clinical context in which handover occurs. Clinical handover processes need to consider and meet needs of the patients, carers and clinicians who are active participants in the clinical handover process. In most health service organisations, the emphasis during the clinical handover period is to deliver the most important information first, rather than focus on a fixed structure for facilitating communication. Standardisation of clinical handover should not minimise communication or set guidelines that interfere with what the workforce deems to be the most critical information. Flexible standardisation provides a structure to convey important clinical information with relevant defined patient information (a *minimum data set* of information).

Your clinical handover policy, procedure and/or processes should include a documented and clearly structured process to facilitate communication resulting in; the transfer of relevant defined minimum data set, the transfer of responsibility and accountability between clinical workforces within a defined time frame. Health service organisations should adopt a flexible yet standardised approach that fits specifically into current local practice.

Table 1 illustrates a range of clinical handover solutions in a matrix of clinical situations and handover delivery options. This matrix outlines transition of care situations where effective clinical handover is critical. It considers the format clinical handover might occur in and how it should be delivered.

Health service organisations have documented and structured clinical handover processes in place (continued)

Table 1: Clinical handover solutions matrix

WHY **Implement standard key principles?**		Provide the best patient care by improving the transfer of clinical information, responsibility and accountability.						
WHAT **Clinical information is handed over?**		Locally defined minimum data set that meets the key principles, ensuring the most important clinical information is handed over.**						
WHO **Should attend the handover?**		Key participants in the handover process are identified and available to attend the clinical handover of their patients.						
WHEN **Should handover occur?**		**Escalation of deteriorating patient**	**Patient transfers to another ward**	**Shift to shift change over**	**Patient transfers for a test or appointment**	**Patient transfers to another facility**	**Multi-disciplinary team handover**	**Patient transfers to/from the community**
HOW **Should handover be delivered?**	Face to face + checklist	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓
	In the patient's presence (bedside handover)	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓
	Face to face verbal only	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓
	Checklist	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓
	In a common staff area	•••	•••	✓✓✓	•••	•••	✓✓✓	•••
	Telephone handover	✓✓✓	✓✓✓	•••	✓✓✓	✓✓✓	✓✓✓	✓✓✓
	Mobile electronic tools	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓
	Detailed transfer letter	✗✗✗	•••	✗✗✗	•••	✗✗✗	•••	✗✗✗
	Tape recording	✗✗✗	✗✗✗	✗✗✗	✗✗✗	✗✗✗	✗✗✗	✗✗✗

Adapted from source: Implementation Toolkit: Standard Key Principles for Clinical Handover, NSW Department of Health 2009 [14]

LEGEND	
✓✓✓	Recommended Options
•••	Not Recommended
✗✗✗	Should Never Occur

Standard 6

Criterion: Clinical handover processes (continued)

Health service organisations have documented and structured clinical handover processes in place (continued)

Your health service organisation is required to develop documented and structured clinical handover policies, procedures and/or processes during key points of patient transition of care. This includes: at shift change; when patients are transferred inter and intra hospital or service; and at patient discharge, for example, if a health service organisation transfers a patient to another facility or within a hospital or to oncoming clinicians to the next shift, or is discharged. These transition of care points need to considered as a **minimum requirement** of clinical handover policy, procedure and/or processes, if these situations occur in the health service organisation.

Handover processes are not limited to these transition of care points and need to be in place for all relevant situations. If your organisation does not have these situations, you may not need all of these handover processes, but will need to have documented structured processes for handover where care of the patient is handed over to the next caregiver. For example, in a day procedure service, handover might include procedures for patient handover between clinicians in the operating theatre and recovery, and procedures for handover at discharge to the carer and the patient, such as a discharge summary.

Actions required	Implementation strategies
6.2 Establishing and maintaining structured and documented processes for clinical handover	
6.2.1 The workforce has access to documented structured processes for clinical handover that include: • preparing for handover, including setting the location and time while maintaining continuity of patient care • organising relevant workforce members to participate • being aware of the clinical context and patient needs • participating in effective clinical handover resulting in transfer of responsibility and accountability for care	**Key task:** • **Key handover procedure and processes need to be documented in a clear and structured manner within your organisational policy** **Suggested strategies:** Various tools (ISOBAR, ISBAR, SBAR, SHARED) to help structured handover are available on the Commission's web site. These tools are designed to be flexible and adapted to suit local workforce environments. Local environments can use new tools, or alter available tools, to develop structured process documentation. The process must include elements that are suited to individual workforce, culture and purpose. Processes must take account of: • specific location of handover • engagement with relevant members of the workforce • workforce time management strategies • orientation and/or training requirements for type of information transferred • understanding of handover as the official transfer of care responsibility. You should take special care when planning and implementing electronic handover tools solutions such as electronic discharge summary systems. A well-implemented and designed system can improve the clinical handover process but also has the potential to adversely impact the safety and quality of patient care if not properly designed or implemented. To ensure best practice when implementing or evaluating electronic discharge summary systems, health service organisations should use and be guided by the *Electronic Discharge Summary Systems Self Evaluation Toolkit*.[12] **Outputs of improvement processes may include:** • clinical handover tools available for the workforce • documented processes for clinical handover including: – local needs are considered, including time management strategies to ensure all relevant members of the workforce are present, organised, educated and prepared for handover – transfer of responsibility and accountability – You should include these at a **minimum** if these situations occur in the health service organisation: · during shift change · when patients are transferred inter and intra hospital · at patient discharge • record of attendance of the workforce to appropriate orientation and/or training regarding the standardised clinical handover for the local setting • audit of patient records and or clinical handover documentation showing clinical handover has occurred, by whom, and actions recorded • regular audit in clinical handover periods to ensure that compliance to the policy is appropriate.

Actions required	Implementation strategies
6.3 Monitoring and evaluating the agreed structured clinical handover processes, including: • **regularly reviewing local processes based on current best practice in collaboration with clinicians, patients and carers** • **undertaking quality improvement activities and acting on issues identified from clinical handover reviews** • **reporting the results of clinical handover reviews at executive level of governance**	
6.3.1 Regular evaluation and monitoring processes for clinical handover are in place	**Key task:** • **Evaluate clinical handover policy to ensure best practice is achieved for local and organisation-wide settings** **Suggested strategies:** You should engage relevant stakeholders in the planning, evaluation and maintenance of clinical handover policy. To achieve this, your organisation may develop a stakeholder engagement strategy[5,8] to ensure all relevant people (e.g. governance structures, workforce, patients, carers) are engaged in clinical handover policy, procedures and processes. Organisation-wide clinical handover evaluation systems may already be in place. However in large organisations, the local workforce (e.g. units, wards) may find it beneficial to establish a local project team or appoint a member of the workforce to oversee, plan and coordinate the implementation and evaluation of policy, procedure and/or processes in their local own individual setting. You may consider a localised process to monitor the effectiveness of clinical handover policy and to develop quality improvement processes tailored to individual workforce and setting. These processes must be consistent with best practice. **Outputs of improvement processes may include:** • a suitable individual, group or committee is identified to take on responsibility for monitoring clinical handover system • defined roles, responsibilities and accountabilities for local project team or individual to facilitate clinical handover improvement (if required) and actions relating to evaluation and monitoring of current practice • evidence of relevant committee or meeting evaluating and monitoring processes for clinical handover • defined process for feedback into local and organisational-wide governance in relation to findings on evaluation and monitoring within the local setting • agree on strategies for evaluating the clinical handover processes that include reviews to assess processes and outcomes both at a local and organisational-wide level • audit of clinical handover periods to ensure clinical workforce practices are monitored and are consistent with policy, process and/or processes.

Actions required	Implementation strategies
6.3 Monitoring and evaluating the agreed structured clinical handover processes, including: • **regularly reviewing local processes based on current best practice in collaboration with clinicians, patients and carers** • **undertaking quality improvement activities and acting on issues identified from clinical handover reviews** • **reporting the results of clinical handover reviews at executive level of governance** (continued)	
6.3.2 Local processes for clinical handover are reviewed in collaboration with clinicians, patients and carers	**Key task:** • **Review local process for clinical handover in collaboration with clinician, patients and carers** **Suggested strategies:** Your review of current policy, process and/or processes surrounding clinical handover should consider a range of stakeholders. Relationships, engagement and collaboration that support clinical handover improvement activities are important factors for change. You should consider engaging the clinical workforce to identify barriers surrounding use of current handover policy, procedure and/or processes. This will assist in evaluating local clinical handover processes and can be used to inform local improvement projects. While the clinical workforce plays an important role in driving change and improvement, they still require both senior executives and clinicians across the organisation to provide leadership and support. Successful implementation of clinical handover policy requires ongoing commitment at all levels. Successful review of the current policy must incorporate a mechanism to utilise feedback from clinicians and patient experience, and also a process to remove bottlenecks and streamline the clinical handover procedure. **Outputs of improvement processes may include:** • agendas, meeting minutes and/or reports of relevant clinical handover and quality improvement meetings which show review of risk register or log and clinical incident reports • review process in place including feedback from the workforce and patients with mechanisms for data to be used in focus groups/reviews • documentation of feedback, recommendations and action taken to reduce re-occurrence of clinical handover incidents • report on results of surveys of clinical feedback in relation to clinical handover systems • feedback mechanisms for the clinical workforce using the clinical handover systems such as debriefing on individual events or peer review process.

Actions required	Implementation strategies
6.3 Monitoring and evaluating the agreed structured clinical handover processes, including: • **regularly reviewing local processes based on current best practice in collaboration with clinicians, patients and carers** • **undertaking quality improvement activities and acting on issues identified from clinical handover reviews** • **reporting the results of clinical handover reviews at executive level of governance** (continued)	
6.3.3 Action is taken to increase the effectiveness of clinical handover	**Key task:** • **Review monitoring and evaluation process and implement actions arising** **Suggested strategies:** Iterative feedback is essential to engage members of the clinical workforce and maintain commitment to clinical handover policy, procedure and/or processes. 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. 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. **Outputs of improvement processes may include:** • 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 • 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 • 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 • using available clinical and administrative data and information from patient feedback to implement and evaluate changes in clinical handover processes.

Actions required	Implementation strategies
6.3 Monitoring and evaluating the agreed structured clinical handover processes, including: **• regularly reviewing local processes based on current best practice in collaboration with clinicians, patients and carers** **• undertaking quality improvement activities and acting on issues identified from clinical handover reviews** **• reporting the results of clinical handover reviews at executive level of governance** (continued)	
6.3.4 The actions taken and the outcomes of local clinical handover reviews are reported to the executive level of governance	**Key task:** • **Feedback outcomes from improvement activities related to clinical governance** **Suggested strategies:** Stakeholder engagement at all levels of the organisation is essential to leading change. Mechanisms that facilitate feedback to relevant committee or meeting about governance and leadership should be in place for continual development of clinical handover policy, procedure and/or processes. Members of the relevant committee meeting or assigned individual responsible for governance arrangement must ensure that actions taken and local reviews are evaluated and escalated to ensure a quality improvement of current clinical handover policy, procedure and/or processes. **Outputs of improvement processes may include:** • evidence of local and executive commitment to quality throughout clinical handover planning, implementation and evaluation process • evidence of local risk registers or logs with documented mechanisms to provide feedback into organisation-wide systems and governance meetings • a documented process for reporting and monitoring the effectiveness of local clinical handover policy, procedures and/or processes which can be fed to senior executives/ governance structures.

Actions required	Implementation strategies
6.4 Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any clinical handover incidents	
6.4.1 Regular reporting, investigating and monitoring of clinical handover incidents is in place	**Key task:** • **Ensure all members of the workforce know the policies, procedures and/or processes regarding reporting clinical handover incidents** **Suggested strategies:** Evaluation, monitoring and regular review of policies and improvement plans is required to ensure best practice is achieved in local and organisational levels. Clinical handover adverse events should be monitored through a register or log of incident reports, adverse events and near misses. Monitoring adverse events allows clinical handover to be modified to further suit local processes. Evaluation allows measurement of the progress and impact of clinical handover process and possible improvement strategies. Your organisational clinical handover policy must have a mechanism in place to monitor and review clinical handover incidents from local levels. This mechanism must be known and accessible to the workforce. **Outputs of improvement processes may include:** • a register or log of incident reports, adverse events and near misses to capture data on clinical handover incidents • committee terms of reference that outline senior executive and clinical handover or quality improvement team roles, responsibilities and accountabilities. In smaller health service organisations, this task may be assigned to a small group within the workforce or even an individual, however, the roles, responsibilities and accountabilities still need to be clearly defined. • incident reporting forms and processes included in policies, procedures and/or processes • reports on trends in clinical handover incidents • a mechanism for review and feedback of clinical handover incidents to relevant stakeholders.

Actions required	Implementation strategies
6.4 Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any clinical handover incidents (continued)	
6.4.2 Action is taken to reduce the risk of adverse clinical handover incidents	**Key task:** • **Implement improvements arising from risk and incident registers or logs** **Suggested strategies:** You should use incident data to inform changes in clinical handover policy, procedure and/or processes. The evaluation process can identify positive and negative effects that may not have been anticipated as a result of changes to clinical handover policy, procedures and/or protocols. Findings from adverse incidents and near misses can form the basis for future improvement plans. The ability to provide evidence of effective handover resulting in improved care is a critical aspect of effecting practice change. Your policy should include a mechanism to utilise information, incident reporting and the risk register or log to communicate with the workforce and develop the required change to achieve best practice in your clinical setting. **Outputs of improvement processes may include:** • clinical handover tools and processes are updated in line with best practice, incident reporting and risk register issues and controls • detailed examples of improvement activities that have been implemented and evaluated reduce the risk of adverse clinical handover incidents.
Further reading	***OSSIE Guide***:[7] Chapter 3 – Organisational leadership 3.2 Learning about clinical handover Chapter 4 – Simple solution development 4.3 Tools and techniques – ISOBAR, ISBAR, SBAR, SHARED Chapter 6: Implementation – Phase 4 Chapter 7 – Evaluation and maintenance Table 9: Suggested content for clinical handover education and training (p44) ***The Toolkit***:[5] Chapter 5: Stakeholder engagement Stakeholder engagement strategy Chapter 6: Implementation Chapter 7 – Evaluation and maintenance Implementation action plan (p50) Example project plan for the implementation of clinical handover (p31) ***Resource Portal***:[8] Principles of handover poster Simple solution development tools: ISOBAR, SHARED, SBAR Stakeholder engagement strategy Project plan template Suggested membership and roles of team Project team meeting outline

Standard 6

Criterion: Patient and carer involvement in clinical handover

Health service organisations establish mechanisms to include patients and carers in clinical handover processes

Patients are key stakeholders in clinical handover processes. Evaluating patient and carer perspectives and experiences provides valuable information on the personal aspects of care. It identifies areas requiring improvement that may not have been considered by the workforce and may provide solutions to clinical issues. It is important to ensure that communication and improvement plans surrounding clinical handover include patients and consumers.

Involving patients and carers as a part of the planning and improvement is one step in improving clinical handover. Participation of patients, carers and family members can also enhance the effectiveness of handover communication. Patient-centred or consumer-centred care, involves the active participation of patients, consumers and carers in the planning, delivery and evaluation of care, and the design of the health system. The concept of patient-centred, or consumer-centred, care has been identified as a key factor for developing a safe and high quality healthcare system in Australia. *Standard 2: Partnering with Consumers* aims to create a health service that is responsive to patient, carer and consumer inputs and needs. There is growing evidence about the importance of partnerships between health service organisations and health professionals, and patients, families, carers and consumers.

The core components of *Standard 2: Partnering with Consumers* apply to successful clinical handover and clinical handover improvement activities. Patients involved in their own care, asking questions and being an active participant in decision making processes in relation to their condition, results in a reduction in the risk of the patient experiencing an adverse event.[15] This should be considered when implementing clinical handover policy, procedure and/or process.

Actions required	Implementation strategies
6.5 Developing and implementing mechanisms to include patients and carers in the clinical handover process that are relevant to the healthcare setting	
6.5.1 Mechanisms to involve a patient and, where relevant, their carer in clinical handover are in use	**Key task:** • **Establish mechanisms to involve patients and their carers in clinical handover** **Suggested strategies:** Patient-centred care in clinical handover requires the active participation of patients, consumers, carers and family members in the planning, delivery and evaluation of care and the design of the clinical handover system. You should ensure that policies, procedures and/or processes describe how patients can be involved in clinical handover processes. You should explore patient's concerns and their insights about handover, and consider their active role within the process. Patients are the common link in clinical handover and should be included in current policy review and actively participate with the improvement team whenever possible. Having a patient representative on the team during clinical handover improvement activities, can help a health service organisation to understand the role of patients and carers in healthcare improvement work and continuing safety initiative. Your health service organisation needs to consider how clinical handover can be modelled as a patient-centred and culturally appropriate approach to patient safety. You should evaluate the level of understanding between treating workforce, the patient and carers regarding the course of the care, discharge date and post-discharge plans. Patients and carers confirm the appropriateness of the care received according to their needs and preferences. **Outputs of improvement processes may include:** • clinical handover procedure corresponds with the achievement of other expected outcomes in *Standard 2: Partnering with Consumers* • evidence of a patient experience survey examining exposure and feedback of clinical handover scenarios • evidence of an active mechanism for monitoring and responding to patient complaints and feedback relating to clinical handover • evaluation of understanding between clinicians, patients and carers regarding the care plan, discharge date and post-discharge plans • audit of clinical handover periods to establish the extent of patient and carer involvement in handover discussions.

Actions required	Implementation strategies
6.5 Developing and implementing mechanisms to include patients and carers in the clinical handover process that are relevant to the healthcare setting (continued)	
Further reading	***OSSIE Guide***:[7] Chapter 6: Implementation – Phase 4 Table 9: Suggested content for clinical handover education and training (p44) ***The Toolkit***:[5] Chapter 2: Planning: 3. Form a project team Chapter 5: Stakeholder engagement ***Resource Portal***:[8] Stakeholder engagement strategy Project plan template Suggested membership and roles of team Project team meeting outline

References

1. Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*. Sydney. ACSQHC, 2011.
2. NSW Department of Health. *Easy Guide to Clinical Practice Improvement*: *A guide for healthcare professionals*. Sydney, 2002.
3. Clinical Excellence Commission (CEC). *Enhancing Project Spead and Sustainability – A Companion to the 'Easy Guide to Clinical Practice Improvement'*. CEC, Sydney, 2008.
4. How to Improve. Institute for Healthcare Improvement (US), 2012. (Accessed 3 September 2012, at www.ihi.org/knowledge/Pages/HowtoImprove/default.aspx)
5. Australian Commission on Safety and Quality in Health Care. *Implementation Toolkit for Clinical Handover Improvement*. ACSQHC, Sydney, 2011.
6. Australian Commission on Safety and Quality in Health Care. *External Evaluation of the National Clinical Handover Initiative Pilot Program*. Sydney. ACSQHC, 2011.
7. Australian Commission on Safety and Quality in Health Care. *OSSIE Guide to Clinical Handover Improvement*. Sydney. ACSQHC, 2010.
8. Australian Commission on Safety and Quality in Health Care. *Implementation Toolkit for Clinical Handover*. Sydney. ACSQHC, 2011.
9. Jorm C, White S, Kaneen T. Clinical Handover: Critical Communications. *Medical Journal of Australia* 2009;190(11).
10. Coleman E, Berenson A. Lost in transition: Challenges and opportunities for improving the quality of transitional care. *Improving Patient Care* 2004;140:533-36.
11. Butterfield S, Stegal C, Glock S, Tartaglia D. Understanding care transition as a patient safety issue. *Patient Safety and Quality in Healthcare* 2011:28-33.
12. Australian Commission on Safety and Quality in Health Care. *Electronic Discharge Summary Systems Self-Evaluation Toolkit*. Sydney. ACSQHC, 2011.
13. Australian Commission on Safety and Quality in Health Care – Clinical Handover. ACSQHC, 2012. (Accessed 3 September www.safetyandquality.gov.au/our-work/clinical-communications/clinical-handover/)
14. NSW Department of Health. Implementation Toolkit: Standard Key Principles for Clinical Handover. 2009 (Accessed 3 September www.health.nsw.gov.au)
15. Weingart SN, Zhu J, Chiappetta L, Stuver SO, Schneider EC, Epstein AM, et al. Hospitalized patients' participation and its impact on quality of care and patient safety. *International Journal for Quality in Health Care* 2011;23(3):269-77.

Appendix: Links to resources

International organisations

Agency for Healthcare Research and Quality
www.ahrq.gov

Canadian Patient Safety Institute
www.patientsafetyinstitute.ca

Institute for Healthcare Improvement
www.ihi.org

National Patient Safety Agency
www.npsa.nhs.uk

National Institute for Health and Clinical Excellence
www.nice.org.uk

Patient Safety First
www.patientsafetyfirst.nhs.uk

Picker Institute
www.pickerinstitute.org

National organisations

Australian Commission on Safety and Quality in Healthcare
www.safetyandquality.gov.au

Department of Health and Ageing
www.health.gov.au

State and territory organisations

ACT Health
www.health.act.gov.au

NSW Department of Health
www.health.nsw.gov.au

NSW Clinical Excellence Commission
www.cec.health.nsw.gov.au

Northern Territory Department of Health and Families
www.health.nt.gov.au

Queensland Health
www.health.qld.gov.au

Patient Safety and Quality Improvement Service
www.health.qld.gov.au/chi/psq/

SA Health
www.sahealth.sa.gov.au

Department of Health and Human Services
www.dhhs.tas.gov.au

Department of Health
www.health.vic.gov.au

Victorian Quality Council
http://www.health.vic.gov.au/qualitycouncil/index.htm

Western Australian Department of Health
www.health.wa.gov.au

Office of Quality and Safety
www.safetyandquality.health.wa.gov.au

Change improvement

Australian Resource Centre for Healthcare Innovations
http://www.archi.net.au/resources/moc/making-change

Institute of Healthcare Improvement:
Register at www.ihi.org (free), then log in so that you can access resources on the IHI web site

National Health and Medical Research Council, implementing guidelines
www.nhmrc.gov.au/nics/materials-and-resources/materials-and-resources-subject/-subject-guideline-implementation

Clinical governance

Queensland Health, clinical governance resources
www.health.qld.gov.au/psq/governance/webpages/gov_frame.asp

Victorian Healthcare Association, clinical governance resources
www.vha.org.au/clinicalgovernanceresources.html

www.vha.org.au/clinicalgovernance.html

Victorian Quality Council, clinical governance guides, resources and tools
www.health.vic.gov.au/qualitycouncil/pub/improve/index.htm#_Clinical_governance

www.health.vic.gov.au/qualitycouncil/downloads/clingov_clin.pdf

www.health.vic.gov.au/qualitycouncil/downloads/clingov_exec.pdf

Australian Commission on Safety and Quality in Health Care

Level 7, 1 Oxford Street, Darlinghurst NSW 2010
GPO Box 5480, Sydney NSW 2001

Phone: (02) 9126 3600 (international +61 2 9126 3600)
Fax: (02) 9126 3613 (international + 61 2 9126 3613)
Email: mail@safetyandquality.gov.au
www.safetyandquality.gov.au