Clinical Handover

This statement has been developed and reviewed by the Women’s Health Committee and approved by the RANZCOG Board and Council.

A list of Women’s Health Committee Members can be found in Appendix A.

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: July 2011
Current: May 2015
Review due: March 2018

Background: This statement was first developed by Women’s Health Committee in July 2011 and most recently reviewed in May 2015.

Funding: The development and review of this statement was funded by RANZCOG.
## Table of contents

1. Introduction ................................................................................................................................. 3
2. Discussion and recommendations ................................................................................................. 3
3. Other suggested reading .................................................................................................................. 4
4. Links to other College statements ................................................................................................ 5
Appendices .......................................................................................................................................... 6
   Appendix A Women’s Health Committee Membership ................................................................. 6
   Appendix B Overview of the development and review process for this statement ....................... 6
   Appendix B Full Disclaimer .............................................................................................................. 8
1. Introduction

Clinical handover is an essential part of good clinical practice, and is a high-risk area for patient safety.

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.

The Australian Council for Safety and Quality in Healthcare (May 2005) defines Clinical handover as “the transfer of information from one healthcare provider to another when:

- A patient has a change of location of care; and/ or
- When the care of a patient shifts from one provider to another”.

2. Discussion and recommendations

All organisations providing Obstetric and Gynaecological services should develop:

- An organisational policy for clinical handover;
- A high level of accountability and consider audit of clinical handover practices; and
- Appropriate resources for efficient, meaningful, and quality handover.

The issues that require specific consideration:

- Adequate uninterrupted time allocation for this process;
- Formalised structure of the process;
- Involvement of Senior Staff in a multidisciplinary setting as appropriate;
- Provision of training in communication, clinical handover and teamwork skills; and
- Access and availability of all the information such as Pathology, Radiology and other tests necessary to ensure the best care of the woman and/or neonate.

Obstetrics is an area of medicine where there is particular need for good clinical handover, as the pregnant woman will usually require a number of professionals to care for her and her baby during pregnancy, delivery and postpartum. Her care will be enhanced if all professionals involved in her care have accurate, relevant and timely transfer of information.

When a woman is admitted to the Birth Suite there must be ready access to a record of her antenatal visits and all pathology and imaging results that have been performed during or before her pregnancy.

For models of care where the clinical record has not been provided to the hospital, and this information is not an integral part of the hospital records, then this should be provided by way of a personal record provided to the pregnant woman. Ideally, this should be supplemented with personal contact from the previous care provider to the accepting clinical team.

For women in labour it is essential that there is handover from one set of carers to another. The information provided must include all the relevant information necessary for on-going care of the woman in labour - including all risk factors, all departures from normal in labour so far, all pain relief and medications administered, and information regarding the woman and her partner’s expectations and wishes regarding their care.

There must be detailed contemporaneous records of all vaginal examinations, recording of maternal observations, details of the liquor, and fetal heart recordings plus all medications administered in the course of the labour.
For high complexity pregnancies, information from other medical staff such as physicians, paediatricians and anaesthetists involved in care should be noted.

In hospital situations where there is a lead midwife in charge of the delivery suite, he/she must be provided with a list of all women on the Birth Suite, any women awaiting induction of labour or caesarean section, and any identified problems in the Birth Suite. In situations where junior medical staff are supervising the Birth Suite, it is essential that the same information is provided to the most senior medical clinician taking responsibility for the Birth Suite as well as all the junior medical staff with Birth Suite responsibilities.

Anaesthetists attending labouring women, particularly in the urgent situation, should be provided with all relevant medical history and any relevant pathology tests, for example haematological investigations related to bleeding disorders or abnormalities of clotting.

Paediatricians attending either the delivery of newborn, or in the postnatal period, should have access to all relevant information from the antenatal period related to conditions or medications of the mother that may in impact on the baby, and to all imaging results demonstrating abnormality in the baby.

In both obstetrics and gynaecology some important principles of effective clinical handover are outlined in a number of resources. There are a number of resources concerning Clinical Handover in the Australian and New Zealand setting:


3. Other suggested reading


4. **Links to other College statements**

(C-Gen 15) Evidence-based Medicine, Obstetrics and Gynaecology
Appendices

Appendix A Women’s Health Committee Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Position on Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Professor Stephen Robson</td>
<td>Chair and Board Member</td>
</tr>
<tr>
<td>Dr James Harvey</td>
<td>Deputy Chair and Councillor</td>
</tr>
<tr>
<td>Associate Professor Anusch Yazdani</td>
<td>Member and Councillor</td>
</tr>
<tr>
<td>Associate Professor Ian Pettigrew</td>
<td>Member and Councillor</td>
</tr>
<tr>
<td>Dr Ian Page</td>
<td>Member and Councillor</td>
</tr>
<tr>
<td>Professor Yee Leung</td>
<td>Member of EAC Committee</td>
</tr>
<tr>
<td>Professor Sue Walker</td>
<td>General Member</td>
</tr>
<tr>
<td>Dr Lisa Hui</td>
<td>General Member</td>
</tr>
<tr>
<td>Dr Joseph Sgroi</td>
<td>General Member</td>
</tr>
<tr>
<td>Dr Marilyn Clarke</td>
<td>General Member</td>
</tr>
<tr>
<td>Dr Donald Clark</td>
<td>General Member</td>
</tr>
<tr>
<td>Associate Professor Janet Vaughan</td>
<td>General Member</td>
</tr>
<tr>
<td>Dr Benjamin Bopp</td>
<td>General Member</td>
</tr>
<tr>
<td>Associate Professor Kirsten Black</td>
<td>General Member</td>
</tr>
<tr>
<td>Dr Jacqueline Boyle</td>
<td>Chair of the ATSIWHC</td>
</tr>
<tr>
<td>Dr Martin Byrne</td>
<td>GPOAC representative</td>
</tr>
<tr>
<td>Ms Catherine Whitby</td>
<td>Community representative</td>
</tr>
<tr>
<td>Ms Sherryn Elworthy</td>
<td>Midwifery representative</td>
</tr>
<tr>
<td>Dr Nicola Quirk</td>
<td>Trainee representative</td>
</tr>
</tbody>
</table>

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in July 2011 and was most recently reviewed in May 2015. The Women’s Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the November 2013 face-to-face committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix A part iii)

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women’s Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women’s Health Committee members
were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women’s Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

<table>
<thead>
<tr>
<th>Recommendation category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based</td>
<td>A Body of evidence can be trusted to guide practice</td>
</tr>
<tr>
<td></td>
<td>B Body of evidence can be trusted to guide practice in most situations</td>
</tr>
<tr>
<td></td>
<td>C Body of evidence provides some support for recommendation(s) but care should be taken in its application</td>
</tr>
<tr>
<td></td>
<td>D The body of evidence is weak and the recommendation must be applied with caution</td>
</tr>
<tr>
<td>Consensus-based</td>
<td>Recommendation based on clinical opinion and expertise as insufficient evidence available</td>
</tr>
<tr>
<td>Good Practice Note</td>
<td>Practical advice and information based on clinical opinion and expertise</td>
</tr>
</tbody>
</table>
Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.