Handover Assessment Tool – guidance for use

Purpose

Handover is an important element of current medical practice. The process is the transfer of responsibility for care from one group of doctors to another group, but is also an opportunity for team members to meet, educate and support each other.

The way in which handover is conducted varies enormously between units, although there are some important underlying principles.

This assessment aims to evaluate the effectiveness of handover, and is not dependent on a single model. It is intended that it is used flexibly to allow different styles of handover to be assessed, and the headings in the “areas to be covered column” are suggestions to prompt discussion, and additional areas for comment may become apparent during a specific handover.

Completing a HAT

1. **This assessment is formative** i.e. individual doctors undergoing assessment will gain advice on how they may improve their handover technique. The outcome is written feedback, with learning points identified. The trainee should also reflect on the assessment.

2. **Patient safety** is central to many clinical activities and this is certainly true of handover. Whether explicitly performed as a safety briefing, or tacitly included in handover, issues relating to patient safety must be incorporated.

   Are high risk patients identified appropriately? Such patients should be discussed. The way in which high risk is defined for each unit may be different and local practice should apply (e.g. if MEWS/PEWS is used this should be used)

   Isolation: Patients with isolation needs should be identified and the reasons given.
   Similar names: Patients with same/similar names should be highlighted.

   Safeguarding: Patients with safeguarding needs should be highlighted and the process in place to protect them summarised.
Parental concerns: Parents with specific needs should be highlighted and their needs briefly outlined. Some of this may have been covered in the safeguarding brief.

High risk treatment issues: Any patients who are to receive high risk treatment or procedure during the shift including expected patients should be identified and risks outlined. Feedback from team members should be sought to ensure everyone is clear.

3. Structure and Organisation Overall clarity is important and many units use a structured approach such as SBAR. However alternatives exist and good handover can occur in the absence of such formats. Nonetheless good communication is central to good handover and whatever scheme is used, this element should be assessed

4. Practical aspects of managing the ward/unit should be considered, particularly related to staffing and appropriate use of available personnel, and to anticipated admissions and discharges.

Staffing: Information may be sought from a relevant member of nursing staff on the nursing staffing level and skill mix, and how that may affect the day's work. The medical team should be identified and the consequent assignment of tasks according to the skills and level of training of those present considered.

Bed status: Bed status including the type of beds i.e. HDU, cubicles and general beds discussed.

Patients discharged / follow up issues: The trainee briefly describes the patients discharged during the shift and highlights relevant follow up issues

Patients expected: The doctor briefly informs about the patients expected including relevant or important issues

5. Time management & Prioritisation:

Prioritisation of cases and issues, ensuring sickest patients are handed over with relevant details. Appropriately deals with interruption and ensures that the handover begins and finishes on time.

Administration of HAT

HAT can be completed online, using the College ePortfolio system
http://www.eportfolio.rcpch.ac.uk/

Feedback

Following discussion of the handover the assessment record should then be filled out on line. Immediate feedback focusing on aspects of the discussion of the handover where you felt the trainee did especially well (anything
especially good), suggestions for development and any agreed action must be provided and documented and should then be transferred to the trainee's PDP.

**Reflection**

Once feedback has been received the trainee should take the opportunity to reflect on the handover, focusing on what could be done differently to reach improved outcomes. Please refer to the Feedback and Reflection section in the Assessment Guide [http://issuu.com/joballrcpch/docs/assessment_guide_2nd_ed_2015?e=1128809/14423217](http://issuu.com/joballrcpch/docs/assessment_guide_2nd_ed_2015?e=1128809/14423217)