



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Quality Management And Patient Safety		
<b>Document:</b>	Multidisciplinary Policy and Procedure		
<b>Title:</b>	Hand Over		
<b>Applies To:</b>	All MCH Department		
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## 1. PURPOSE:

- 1.1 To provide a rationale for clinical handover.
- 1.2 To determine the standards of handover this must be delivered by healthcare providers.
- 1.3 To provide a framework for clinical handover based on best practice.

## 2. DEFINITIONS:

- 2.1 **Handover** – transfer of professional responsibility and accountability for some or all aspects of care for a patient or group of patients to another professional on a temporary or permanent basis.
- 2.2 **Risk factor** – information which may identify that a patient's condition may change or need review in the period of shift.
- 2.3 **Patients Records** – is a primary source of information on the care process and the patient's progress and thus is an essential communication tool.

## 3. POLICY:

- 3.1 There is a documented evidence of handover between physicians at change of shift.
- 3.2 There is a documented evidence of handover between nurses at change of shift.
- 3.3 There is a documented evidence of handover between intensive care physician, nurse and the unit/ward nurse at the time of transfer to a lower acuity of care.
- 3.4 Conduct hand over face to face, verbal and using a structured written communication form. It uses the pneumonic SBAR (Situation, Background, Assessment, and Recommendation).
- 3.5 Ensure confidentiality.
- 3.6 Sufficient and relevant information should be endorsed to ensure patient safety.
- 3.7 Handover promotes the healthcare system and must occur at:
  - 3.7.1 Shift change.
  - 3.7.2 When patient is transferred inter-intra-hospital.
  - 3.7.3 During admission, referral or discharge.
- 3.8 Education and Training for staff is a must.
- 3.9 Hand over documentation should be included in the patient's medical record.

## 4. PROCEDURE:

- 4.1 Intensive Care.
  - 4.1.1 Begin with a short briefing to make all team members aware of the plan for the shift and what is expected from them situational awareness.
  - 4.1.2 Facilitate structural team discussion, ensuring clarity from the outset.
  - 4.1.3 There should be a continuous plans in case that the patient once will become worse.
  - 4.1.4 Ensure the following information is available in the handover procedure.



- 4.1.4.1 Patient 4 names for the Saudi and complete name for the Non – Saudi, and Medical Record Number.
- 4.1.4.2 Date of admission.
- 4.1.4.3 Location and bed number.
- 4.1.4.4 Responsible physician
- 4.1.4.5 Current diagnosis.
- 4.1.4.6 Result of significant or pending investigations.
- 4.1.4.7 Patient condition.
- 4.1.4.8 Urgency/ frequency of review required.
- 4.1.4.9 Management plan.
- 4.1.4.10 Resuscitation plan
- 4.1.4.11 Physician contact details/ availability.
- 4.1.4.13 Operational issues.
- 4.1.4.14 All members should be aware of their responsibilities and need to ensure that:
  - 4.1.4.14.1 Task should be prioritized.
  - 4.1.4.14.2 Unstable patients are reviewed as often as required.
  - 4.1.4.14.3 Any patient who is considered at risk of deterioration plan of care should be ready from the time of admission.
- 4.1.5 The outgoing healthcare provider will give the handover form filled with recent patient's summary of care to the incoming nurse.
- 4.1.6 The incoming healthcare provider will review the handover form and ask relevant questions that are not clear to her.
- 4.1.7 The handover form will be used for 3 shifts in 1 day.
- 4.2 Ward to Operating Room.
  - 4.2.2 The assigned healthcare provider endorses all the findings of the pre-operative checklist to the receiving nurse in the operating room.
  - 4.2.3 The receiving healthcare provider in the operating room reviews all the findings of the pre-operative checklist with the assigned healthcare provider and confirms in writing.
- 4.3 Intensive Care to Ward.
  - 4.3.1 A detailed summary of the care and procedure that has been done should be endorsed including some referrals and consultation.
- 4.4 Patient coming from other hospital to ER to Ward and Intensive Care.
  - 4.4.1 Referring hospital should produce a copy of the acceptance (name of the receiving physician and the department).
  - 4.4.2 ER healthcare provider should receive proper endorsement from the referring staff, which includes and is not limited to, past medical history, present condition and treatments needed and etc.
  - 4.4.3 ER routines and procedures should be rendered prior to admission.
  - 4.4.4 ER healthcare provider will inform the receiving department regarding the arrival and current condition of the patient (ward and intensive care unit).
- 4.4 MCH patient to referring hospitals
  - 4.4.1 Top urgent/life saving/OPD fax to be sent in referring hospitals.
  - 4.4.2 Acceptance letter from the referring hospital
  - 4.4.3 Photocopies of the latest laboratory investigations, medication sheet or any invasive investigation results.
  - 4.4.4 Transfer forms to be filled by the MRP

## 5. MATERIAL AND EQUIPMENT:

- 5.1 Handover Form
- 5.2 Checklist Form



## 6. RESPONSIBILITIES:

- 6.1 Health Care Professionals
- 6.2 Physicians
- 6.3 Nurses

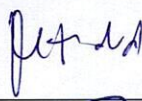
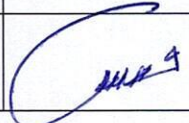
## 7. APPENDICES:

- 7.1 Transfer Handover Form

## 8. REFERENCES:

- 8.1 Saudi central board for accreditation of healthcare institutions.
- 8.2 Ministry of Health Rules and Regulations.

## 9. APPROVALS:

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# APPENDIX 7.1 Transfer Handover Form



TRANSFER HAND OVER FORM			
NAME: _____			
MEDICAL RECORD NUMBER : _____		NATIONALITY: _____	
ROOM NO: _____	BED NO: _____	AGE: _____	
DATE & TIME OF ADMISSION: _____			
DATE OF BIRTH: _____			
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			

Transferring To (Hospital Name): \_\_\_\_\_

Transferred From: ☐ ICU ☐ Ward

Transferred To: ☐ ICU ☐ Ward ☐ OPD

Date and Time of Transfer: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Diagnosis and Brief Summary of Clinical Findings: \_\_\_\_\_

## Ventilation During Transfer:

☐ Spontaneous ☐ Mechanical ☐ Ambu - bag

ET Tube Size: \_\_\_\_\_

Ventilator Type: \_\_\_\_\_

Tidal Volume: \_\_\_\_\_

FiO<sub>2</sub>: \_\_\_\_\_

PEEP: \_\_\_\_\_

Rate: \_\_\_\_\_

## Hydration/ IV Fluids:

IV Line Site: \_\_\_\_\_

Ongoing IVF: \_\_\_\_\_

Rate: \_\_\_\_\_

Others: \_\_\_\_\_

## Equipment Needed:

- ☐ O<sub>2</sub> Cylinder and Flow Meter
- ☐ Any other Supplies (eg. Catheters, cannulas, cotton, syringes)
- ☐ Resuscitation Supplies
- ☐ Suction Apparatus
- ☐ Others (Specify): \_\_\_\_\_

## History of Infection:

MRSA: ☐ Positive ☐ No

HEPATITIS: ☐ Positive ☐ No

HIV: ☐ Positive ☐ No

PSEUDOMONAS: ☐ Positive ☐ No

OTHERS: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

Has any adverse clinical incident occurred during transfer? ☐ Yes

If YES describe the incident: \_\_\_\_\_

## Vital Signs During Transfer:

Time	Temp	BP	HR	SPO <sub>2</sub>	RR

## Medications/ Infusion:

Drug Name	Dose	Route	Time

## Monitoring:

☐ ECG

☐ NIBP

☐ IABP

☐ SaO<sub>2</sub>

☐ PA Catheter

☐ No

☐ ET/CO<sub>2</sub>

☐ SPO<sub>2</sub>

☐ CVP

☐ Urinary Catheter

☐ Others: \_\_\_\_\_

Accompanied Staff Nurses: 1. _____ 2. _____	Signature: _____	Escorting Physician: 1. _____	Signature: _____
Endorsed By: Physician Name: _____ Nurse Name: _____	Signature: _____	Received by: Physician Name: _____ Nurse Name: _____	Signature: _____