



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Quality Management And Patient Safety		
Document:	Multidisciplinary Policy and Procedure		
Title:	Hand Over		
Applies To:	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 mnemonic 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 form 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

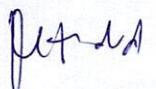
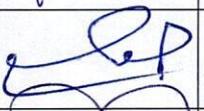
7. APPENDICES:

- 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: _____

FiO₂: _____

PEEP: _____

Rate: _____

Hydration/ IV Fluids:

IV Line Site: _____

Ongoing IVF: _____

Rate: _____

Others: _____

Equipment Needed:

O₂ 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: _____

DATE: _____

Has any adverse clinical incident occurred during transfer?

Yes

Monitoring:

ECG

ETCO₂

NIBP

SPO₂

IABP

CVP

SaO₂

Urinary Catheter

PA Catheter

Others: _____

If YES describe the incident: _____

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