SOP: Communication and Handover Protocol to Clinical Staff

This SOP defines the **communication and handover protocol to clinical staff**, ensuring accurate, timely, and effective transfer of patient information between healthcare providers. It covers standardized communication methods, documentation requirements, responsibilities during shift changes, critical information exchange, and strategies to minimize errors, thereby enhancing patient safety, continuity of care, and clinical team collaboration.

---

1. Purpose

To provide a standardized approach for the communication and handover of patient information between clinical staff, minimizing the risk of errors and ensuring the continuity of care.

2. Scope

This SOP applies to all clinical staff (doctors, nurses, allied health professionals) involved in the handover of patient care in all clinical areas.

3. Responsibilities

- **Outgoing Staff:** Complete and accurate communication of patient information during handover.
- **Incoming Staff:** Actively receive and clarify information as necessary; ensure understanding and documentation.
- **Supervisors:** Monitor adherence to this protocol and provide ongoing education and support.

4. Standardized Communication Method

Use a structured communication tool such as **SBAR** (Situation, Background, Assessment, Recommendation) during all handovers.

Element	Description	Example
Situation	Clearly state the patient's name, current location, and reason for handover	"Mr. John Doe in Room 8, admitted with chest pain..."
Background	Relevant clinical history, diagnoses, investigations, allergies	"History of hypertension, ECG done..."
Assessment	Current clinical status, vital signs, response to treatment	"BP stable, pain improved with morphine..."
Recommendation	What needs to be done; concerns; pending tests or actions	"Monitor vitals, repeat troponin at 6 am, review if pain recurs..."

5. Documentation Requirements

- All handovers must be documented in the patient's medical record or dedicated handover tool/electronic system.
- Include date, time, participants, and key information exchanged.
- Record any outstanding tasks, pending investigations, or concerns.

6. Handover Process During Shift Changes

1. Outgoing and incoming staff must meet face-to-face (when possible) in a quiet area free from interruptions.
2. Review patient list, highlighting critical cases and new admissions.
3. Use SBAR or equivalent for each patient with input from both parties.
4. Both parties sign or acknowledge handover where required.

7. Critical Information Exchange

- Adverse events or changes in condition since last review
- Pending investigations/procedures

- Escalations of care or special requirements (e.g., infection control, fall risk)
- Outstanding tasks or follow-up needed during next shift

8. Strategies to Minimize Errors

- Minimize distractions during handover; use a designated handover location.
- Confirm understanding by repeating back or summarizing key points.
- Encourage staff to ask questions and clarify ambiguities.
- Utilize checklists or standardized forms for consistency.
- Report and review near misses or incidents to improve the process.

9. Training and Compliance

- All clinical staff must complete training on effective handover protocols upon induction and at regular intervals.
- Supervisors to audit compliance with SOP and address gaps as needed.

10. Review and Revision

- This SOP will be reviewed annually or following any critical incident related to communication/handover failures.

Approval Date: _____   **Next Review Date:** _____

Approved By: _____