Clinical handover forms Mental Health Tool

Implementation

TARGET AUDIENCE and SETTING

All Mental Health Staff working in all Mental Health clinical settings

PURPOSE

This implementation tool explains which Handover form/instrument to use for discharge or transfer betweenservices.

Patient Centered handover includes:

- preparing for handover, including setting the location & time whilst maintaining continuity of patient care
- organising relevant workforce members to participate
- being aware of the clinical context, patients' needs and that of the family/carer/nominated person
- participating in effective clinical handover resulting in transfer of responsibility and accountability for careincluding where this affects the family/carer
- Document in the relevant health record

Monash Health has identified three focus areas for clinical handover. These are:

- Shift to shift handover
- Patient transfer
- Patient discharge

CLINICAL HANDOVER – FORMS AND/OR INSTRUMENTS

SHIFT TO SHIFT HANDOVER	
Acute Settings	
Inpatient Nursing	EMR Clinical Leader Organiser and EMR ISBAR Handover page *plus* Verbal ISBAR handover *plus* Bedside 'Close Proximity' handover once a day
Inpatient Medical	Email *plus* Phone (verbal ISBAR) when necessary
Inpatient Allied Health and Psychology	EMR ISBAR Handover page *plus* Phone (verbal ISBAR) when necessary
Consultation-Liaison	EMR ISBAR Handover page *plus* Phone and/or email when necessary

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Emergency Psychiatric Service (EPS)	EMR FirstNet
	plus
	EPS Handover tool (via Bi Portal)
Psychiatric Triage Service (PTS)	HEAT database
Community Settings	
All Community Teams (this includes PARCS)	Journey board or Whiteboard
	plus
	Verbal ISBAR handover
Community Care Units (CCU's)	Journey board with verbal ISBAR handover
	plus
	Bedside 'close proximity' handover once a day

PATIENT TRANSFER HANDOVER (Internal to Monash Health)	
Psychiatric Triage Service (PTS) to anywhere	Printout HEAT record and verbal ISBAR handover
	PTS to mobilise level 3 referrals to Crisis Assessment and Treatment Teams (CATT) within 2 hours; level 2 referrals to CATT within 1 hour; and level 1 referrals to CATT within 20 minutes.
	PTS to mobilise referrals to the Emergency Department (EPS) within 15 minutes.
	PTS to mobilise referrals to Community Care Teams (CCT) on the same business day. If unable to verbally handover to duty within business hours, HEAT document to be emailed to CCT business email with a request for call back to discuss
Emergency Psychiatric Services (EPS) to Mental Health Ward	Verbal ISBAR handover
	Medical File *including* EMR FirstNet transfer document
	and
	Mental Health Assessment Form (EMR PowerForm)
	plus
	Mental Health Risk assessment screen (EMR PowerForm)
	plus
	Mental Health Acute Inpatient Units - Clinical Handover Template (completed by accepting Mental Health Ward)
Emergency Psychiatric Services (EPS) to General Ward	EPS to initiate a referral to Consultation Liaison (CL) Psych via EMR FirstNet
	plus
	Email or page within business hours

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Consultation Liaison (CL) to Mental Health Ward	IntraService Referral Form / eNote MRAD02 *or* Mental Health Assessment form (EMR PowerForm) *plus* Mental Health Risk assessment screen (EMR PowerForm) *Plus* Mental Health Acute Inpatient Units - Clinical Handover Template (completed by accepting Mental Health Ward)
Ward to Ward (incl. Psych and Medical)	Verbal ISBAR handover *plus* EMR ISBAR Handover page
Ward to Community Mental Health Team	Verbal ISBAR handover IntraService Referral Form / eNote MRAD02, SMR (for new referrals only and not current case managed clients) *plus* Mental Health Risk assessment screen EMR PowerForm printed / SMR MRAR01 *plus* Medical Discharge Summary (EMR) within 48hrs
Ward to Crisis Assessment and Treatment Teams (CATT)	Verbal ISBAR handover IntraService Referral Form / eNote MRAD02, SMR *plus* Mental Health Risk assessment screen EMR PowerForm printed / SMR MRAR01 *plus* Medical Discharge Summary (EMR) within 48hrs
Crisis Assessment and Treatment Teams (CATT) team to Ward (excluding SECU)	Verbal ISBAR handover Mental Health Assessment Form (EMR PowerForm) / eNote MRAF01 *plus* Mental Health Risk assessment screen (EMR PowerForm_ / eNote screen MRAR01 If aforementioned forms not current (within 24hours), an IntraService Referral MRAD02 is required *plus* Mental Health Acute Inpatient Units - Clinical Handover Template (completed by accepting Mental Health Ward)

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Community Mental Health team to Ward (excluding SECU)	IntraService referral form / eNote MAD02 *plus* Mental Health risk assessment screen form / eNote MRAR01 *plus* Verbal ISBAR handover *plus* Mental Health Acute Inpatient Units - Clinical Handover Template (completed by accepting Mental Health Ward)
Community Mental Health Team to Community Mental Health Team	IntraService Referral Form / eNote MRAD02 *plus* Mental Health Risk assessment screen form / eNote MRAR01 *plus* Verbal ISBAR handover or email or other written communication to the Monash case manager
Ward or Community Mental Health Team to SECU	SECU referral form *Plus* Mental Health Risk assessment screen form / eNote MRAR01 *Plus* Verbal ISBAR handover or email or other written communicationto the Monash case manager

DISCHARGE HANDOVER (external to Monash Health)	
Ward to Non-Monash Health Community Mental Health Team	IntraService Referral form / eNote MRAD02 *plus* Mental Health Risk assessment screen SMR MRAR01 *plus* Phone call (verbal ISBAR) *plus* Medical Discharge summary (EMR) within 48hrs
Ward to GP or other relevant health practitioners	Phone call (verbal ISBAR) *plus* Medical Discharge summary (EMR) within 48hrs
Community Mental Health Teams (including CATT) to GP or other relevant health practitioners	Phone call (verbal ISBAR) *Plus* Community Discharge Summary (eNote)

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Emergency Psychiatric Service (EPS) to GP or other relevant health practitioners	1. Phone call (verbal ISBAR) to referrer (including family if appropriate) 2. Phone call (verbal ISBAR) to GP and other relevant health practitioners for follow up 3. **After business hours**, leave a detailed message by voicemail, email (or by exception FAX) Mental Health Assessment Form (EMR PowerForm) and Mental Health Risk assessment screen (EMR PowerForm) to ensure handover is complete 4. ED Medical Discharge Summary (EMR)

RELATED PROCEDURE OR GUIDELINE

Clinical handover shift to shift and bedside/close proximity

Clinical handover patient discharge or transfer Mental Health Procedure

KEYWORDS

Journey board; tv screen; intraservice, referral

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This Procedure has been endorsed by an EMR Subject Matter Expert (SME)	There are no Order Set or Quick Reference Guides linked

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