What information do we need to include in Mental Health Nursing Electronic handover and what is Best Practice?
Search Strategy

Sources searched:

All 8 NHS Healthcare databases: AMED, BNI, Embase, HMIC, Medline, PsycINFO, CINAHL, Health Business Elite

NICE, Cochrane Library of Systematic Reviews, AQUA, the NHS Institute for Innovation and Improvement (Productive Wards)

Structured Google search for resources in the public domain

Search terms:

handover* AND ("mental* ill*" OR "mental health*" OR psychiatric)

handover* AND (electronic* OR digital*)
To date, no minimum set of required risk information has been compiled for mental health settings and, therefore, there is no real benchmark from which to compare current nursing practice.

**Information to include:**

This study identified risk items that are commonly used in standardized risk assessment tools on the premise that these items, logically, should then be communicated as a means of making nursing staff aware of the level of risk. These included:

- Risk history
- PRN use
- Management plan
- Mood
- Thought
- Behaviour
- Perception

The study found that critical risk information such as risk histories (a factor that has been shown to be highly useful in the prediction of violence and aggression) were often being omitted from handover communication.

**Recommendations:**

That the ‘Situation, Background, Assessment & Recommendations (World Health Organization 2007a) format for handover is used.
| 2. Developing a community mental health nursing handover form. *Nursing Standard*, Burleton, 2013. | **Information to include:**  
Fig. 1 provides an example of a suggested community mental health nursing handover form and the information it should contain - this includes mental health specific information such as:  
- Risks  
- Risk management  
- Early warning signs.  
**Recommendations:**  
Forms that include check boxes only can lead to a 15% loss of information when compared to forms that use open-ended questions (Pothier et al 2005[21]).  
Suggests combine with verbal handover:  
- Nurse opinion studies of communication have suggested that electronic systems can impair effective communication when they are used to replace verbal communication (Robinson et al 2010).  
- To address criticisms from previous research that the use of verbal or written handovers alone can lead to a loss of information, the handover form should be used in conjunction with verbal handover, make use of open questions and use adapted elements of the SBAR framework. |
| --- | --- |
| 3. Clinical Handover of Care Policy, Manchester Mental Health and Social Care Trust, 2013. | **Information to include:**  
Guidance on all aspects of handover – appendix 1 contains headings for information to be conveyed. |

**Information to include:**

P.28 presents evidence based audit criteria for handover:

- Face to face
- Use of a structured tool
- Patient identified by name, hospital number, age, gender, race and diagnosis
- Relevant history - admission history, past mental and medical (if any) conditions, and medication
- Observations on mental status, behaviour and medical conditions (if any), specific concerns
- Forwarding pending tasks, agreed plan of care
- Transfer of responsibility of the patient from one nurse/shift to another nurse/shift

**Recommendations:**

In order to create awareness of the importance of good handover, sentinel adverse events were shared (presumably those that might have been avoided with better handover?)

- Education sessions based on the evidence-based handover strategies were also conducted for the nurses.
- A time keeper was appointed to ensure a focus on handing over specific information and pending patient care tasks and to avoid conversations getting side tracked.


This study collected a snapshot of current handover practice in mental health settings

Table 4 outlines staff perceptions of Barriers to efficient clinical handover

**Information to include:**

Most handovers include: The patient’s mental state, critical incidents and risk assessment, drug and alcohol issues, leave or discharge planning and medical information such as side effects and test results.
<table>
<thead>
<tr>
<th>Recommendations:</th>
<th>Information to include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The inclusion of prompts or simulation models to recognize and escalate patients that are deteriorating in their physical condition or mental state may improve patient outcomes by prompting action to avert adverse events.</td>
<td>P.291 (Content of handover section) includes staff recommendations for essential information to be included:</td>
</tr>
</tbody>
</table>
| **6. Nursing handover within mental health rehabilitation:** An exploratory study of practice and perception *International Journal of Mental Health Nursing*, McClooughen et al., 2008. | - any information related to change  
- specific changes in patients  
- external changes that might affect patients in some way  
- Any shift in a patient’s behaviour  
- alteration to medication and treatment regime |
| Also implies that direct patient care activities already initiated or yet to be completed by nursing staff should also be included. | **Recommendations:**  
Suggests quality of handover is improved by not taking place in staffs own time |
| **7. How to improve change of shift handovers and collaborative grounding and what role does the electronic patient record system play? Results of a systematic literature review.** *International Journal of Medical Informatics*, Flemming & Hubner, 2013. | **Information to include:**  
Section 3.4.3 includes suggestions for information content and use in electronic handover including: |
| | - patient history, clinical course, “to do” list  
- physicians explicitly suggested the inclusion of anticipated problems and “if then” recommendations |
| Most electronic systems don’t provide the following but it would be helpful if they could: | - Sharing opinions, warnings and other subjective information  
- directing and customizing information to the receiver |
|---|
| **Recommendations:**
| Recommends structuring and systematizing the information, e.g. according to Situation, Background, Assessment and Recommendation schema (SBAR).
| The process of projecting onto a screen or wall so that the participants could read and go over the information together is referred to again here. |

|---|
| **Recommendations:**
| The Nursing Handover Minimum Data set (Table 3, p.340) can direct nurses to give a comprehensive account of their patient’s condition and care. It provides a framework for system development by clinicians, managers and information technologists. |
| The dataset needs to be flexible and adaptable to the patient context and setting and complements structured verbal handover. |
10. Living for the weekend: electronic documentation improves patient handover


**Information to include:**

**Guidelines:** Box 1, p125. Summarises National Guidelines from the British Medical Association, Royal College of Physicians and Royal College of Surgeons on what should be included in a written handover.

11. Electronic medical handover: towards safer medical care

*Medical Journal of Australia*, Cheah et al., 2005

**Information to include:**

A *minimum dataset* for surgical handover is outlined – see Box 1 embedded on right

**Recommendations:**

An electronic handover system should be able to:

- Print a patient list for the specialty or units being covered;
- Sort the list by ward and bed number, by consultant, by unit, or by need for review;
- Allow handover information to be entered efficiently (ideally with a single mouse click); and
- Allow patients from other specialties (e.g. a medical unit) for whom consultations have been requested to appear in the "patients-to-review" list. However, the free-text entry, although helpful, was often deficient in particular information, such as decisions that needed to be made in ward rounds and consultant availability.

Also includes discussion around challenges and feeding in from or to other electronic patient data systems already in place.
<table>
<thead>
<tr>
<th></th>
<th>Information to include:</th>
</tr>
</thead>
</table>
A minimum dataset (presented on p.504) achieved a standardization of minimum content for the transfer of information, responsibility and accountability during shift-to-shift clinical handover.  
- Environmental awareness  
- Patient identification and demographic details  
- History, evaluation and management  
- Responsibility, risk management and action plan  
- Accountability to ensure patient safety  
Also embedded here is another article (13) by the same team which provides more detail on the dataset. **Recommendations:**  
The paper highlights a human-centred design approach that actively involves medical and nursing staff in data collection, analysis, interpretation, and systems design.  
Warns against too great a focus on information when considering electronic tools, as information is only 1 factor amongst many others that influence the efficiency and effectiveness of clinical handover. |
A standardised proforma for handovers that contained specific sub-headings, re-classified patient risk assessments, and aided escalation of care by adding prompts for verbal handover.  
**Information to include:**  
Subheadings included:  
- Date task to be completed  
- Current problem list / Differentials; |
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations:</strong></td>
<td>Subheadings were based on SBAR ‘Situation, Background, Assessment, communication tool’</td>
</tr>
<tr>
<td><strong>15. Safe handover: safe patients Guidance on clinical handover for clinicians and managers, BMA, 2004.</strong></td>
<td>I can’t find anything helpful that addresses your question here – any guidance on content to be conveyed is far too targeted to acute care physical care such as bed availability or is unhelpfully vague e.g. it states that handovers should include ‘information to convey to the following shift’! I have included it however as it is a frequently referenced piece of guidance and you may wish to refer to it in your article.</td>
</tr>
<tr>
<td><strong>16. A Guide for the Safe Use of Electronic Clinical Handover Tools. South Australian Department of Health, 2009.</strong></td>
<td>The guide draws primarily from an evidence-base established through a series of case study projects. It is aimed at clinicians, medical administrators, quality and safety staff, and health informatics professionals with respect to the safe use of electronic tools to support clinical handover. This guide is also designed to assist at all stages of the design and use of electronic handover systems, from the investment in a new product right through to implementation and evaluation.</td>
</tr>
</tbody>
</table>
| 17. Communication During Patient Hand-Overs, World Health organisation, 2007. | **Information to include:**  
Patient’s status, medications, treatment plans, advance directives, and any significant status changes.  
**Recommendations:**  
In the ‘Suggested Actions’ section, contains recommendations for content timing, and training and encourages exploration of technologies.  
Use of the SBAR (Situation, Background, Assessment, and Recommendation) technique. |
|---|---|
| 18. Standards for the clinical structure and content of patient records. Health and Social Care Information Centre, Academy of Medical Royal Colleges, Royal College of Physicians, 2013. | **Information to include:**  
Section 3, pp.30-37 recommendations for handover record headings. |
| 19. Acutely ill patients in hospital NICE clinical guideline 50, NICE, 2007. | **Information to include:**  
The formal structured handover of care (from critical care to ward) should include:  
- a summary of critical care stay, including diagnosis and treatment  
- a monitoring and investigation plan  
- a plan for ongoing treatment, including drugs and therapies, nutrition plan, infection  
- status and any agreed limitations of treatment  
- physical and rehabilitation needs  
- psychological and emotional needs  
- specific communication or language needs. |
<table>
<thead>
<tr>
<th></th>
<th>Handover improvement Guidelines</th>
</tr>
</thead>
</table>
| **20. The Productive Ward Shift Handovers, Version 2.**  
The NHS Institute for Innovation and Improvement, 2008. | This does not prescribe what best practice should be but aims to help you decide what a good handover process should look like and help you make that happen by exploring:  
The best place for handovers, who should be involved, what tools to use, how to evaluate your improved handover, staff confidence, sustainability. |
| **21. OSSIE Guide to Clinical Handover Improvement.**  
Australian Commission on Safety and Quality in Health Care, 2010. | This guide to clinical handover improvement is based on learning from the National Clinical Handover Initiative funded by the Australian Commission on Safety and Quality in Health Care  
Section 4.3, P.30, Solution Development - Tools and Techniques outlines some evidence based tools for structuring handover and information contained – including elaborating on SBAR. |
‘Forms that include check boxes only can lead to a 15% loss of information when compared to forms that use open-ended questions’. |