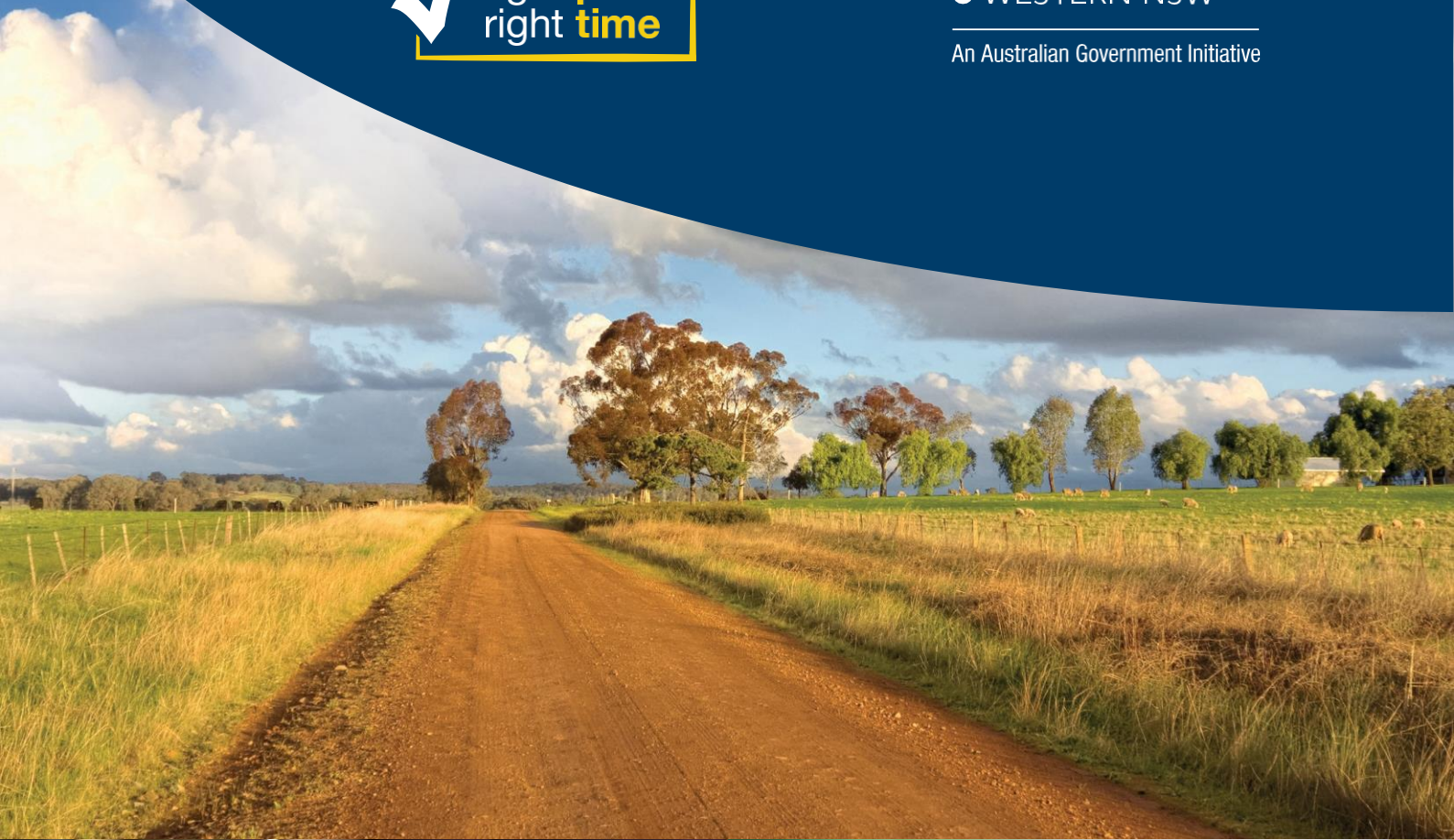
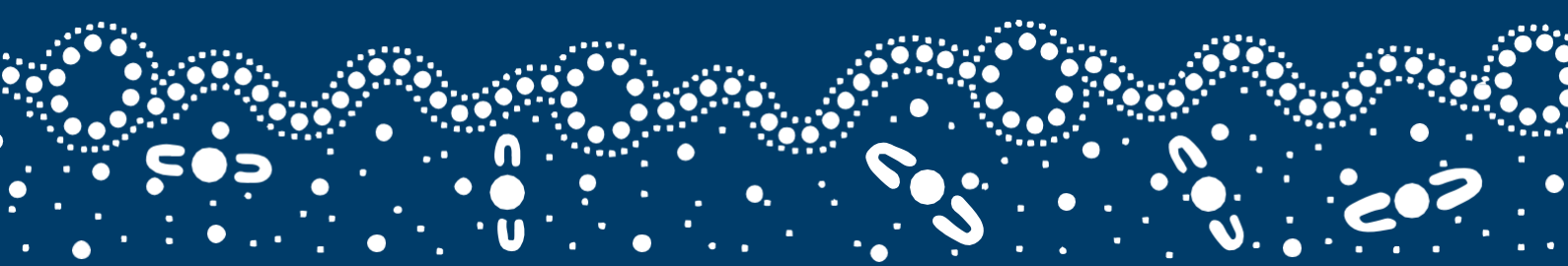




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Western Health Alliance Limited RACF ISBAR Framework



Western Health Alliance Ltd (WHAL)

WHAL RACF ISBAR Framework

A Guide to Effective Clinical Handovers

Version Control Table

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Chief Executive Officer
WHAL

Summary of Revisions

Version	Date of changes	Summary Description of changes made	Changed by (role)
1.6	1 Feb 2018	Research and initial creation of Framework	RACF Program Administrator
1.6	01 Feb 2018	Review and approvals	Clinical Care Projects Manager
1.6	02 Feb 2018	Final review and approvals	Chief Executive Officer

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Western Health Alliance Ltd

WHAL RACF ISBAR Framework

1. Background

Research has shown that using a standardised format can assist the transfer of information, for Residents particularly when there are time constraints. ISBAR (Introduction/ Identify, Situation, Background Assessment, Recommendation) is one such tool to clinically handover a Resident. ISBAR organises a conversation into the essential elements in the transfer of information from one source to another.

Effective communication lies at the very heart of good care for Residents, and Clinical Handover is one of the most important matters to consider when ensuring the continuity of care for them. Good handover does not happen by chance. It requires work by all those involved, including organisations and individuals, and in some cases might call for a change in culture.

This document:

- Provides guidance to RACF Nurses and Carers on best practice in clinical handovers;
- Proposes a model for effective handovers;
- Aims to drive further developments in standardising handover arrangements.

Where did ISBAR come from?

The concept first emerged within the US Navy that used SBAR in nuclear submarines. It has also been used in the airline industry. It assisted in the transfer of important information in limited time in an effective manner.

ISBAR provides a framework for clinical conversations and is a consistent and reliable tool for clinical discussions. Evidence shows that when a standardised approach is implemented, the effectiveness of that approach increases.

2. National Safety and Quality Health Service Standards for Clinical Handovers

Clinical Handover is the focus of Standard 6 in the National Safety and Quality Health Service Standards. The key messages are;

- Clinical handover is practised every day, in a multitude of ways, in all health care settings.
- Poor or absent clinical handover, or a failure to transfer information, responsibility and accountability, can have extremely serious consequences for patients.
- This can lead to discrepancies in the content and accuracy of information provided.
- The aim of clinical handover is to ensure the accurate and timely transfer of information, responsibility and accountability.
- Where possible, clinical handover should actively involve the patient and carer

as well as clinicians. Patients and carers can provide information that is not necessarily available to clinicians.

3. Key Principles

- Handover requires preparation and needs to be well organised;
- Handover should provide environmental awareness;
- Handover must include transfer of accountability and responsibility for patientcare.

All RACF clinical staff are encouraged to use ISBAR. Because it focuses on the issue at hand, it means that those of different discipline and seniority will speak the same language. This allows more effective communication. ISBAR creates a shared mental model for the transfer of relevant, factual, concise information between clinicians. It flattens the hierarchy and so eliminates the power differences that may inhibit information flow.

RACF ISBAR Framework is being developed as a guide for residential aged care staff to be able to provide enough clinical information over the telephone / video consultation to the GP or After Hours GP Helpline and clinically handover the resident. It does not replace clinical care protocols within the residential aged care facility (RACF). The guide may also be useful if the staff need to contact the Ambulance or Hospital Emergency Department.

4. Emergency Decision Guidelines for the acutely unwell, deteriorating Resident

The headings listed below assist to direct clinical assessment and action, as required: Know the:

- Goals of care for the Resident;
- Resident's and family's wishes;
- Resident's Care Plan and Advance Care Directive.

Know what is **normal** for the resident.

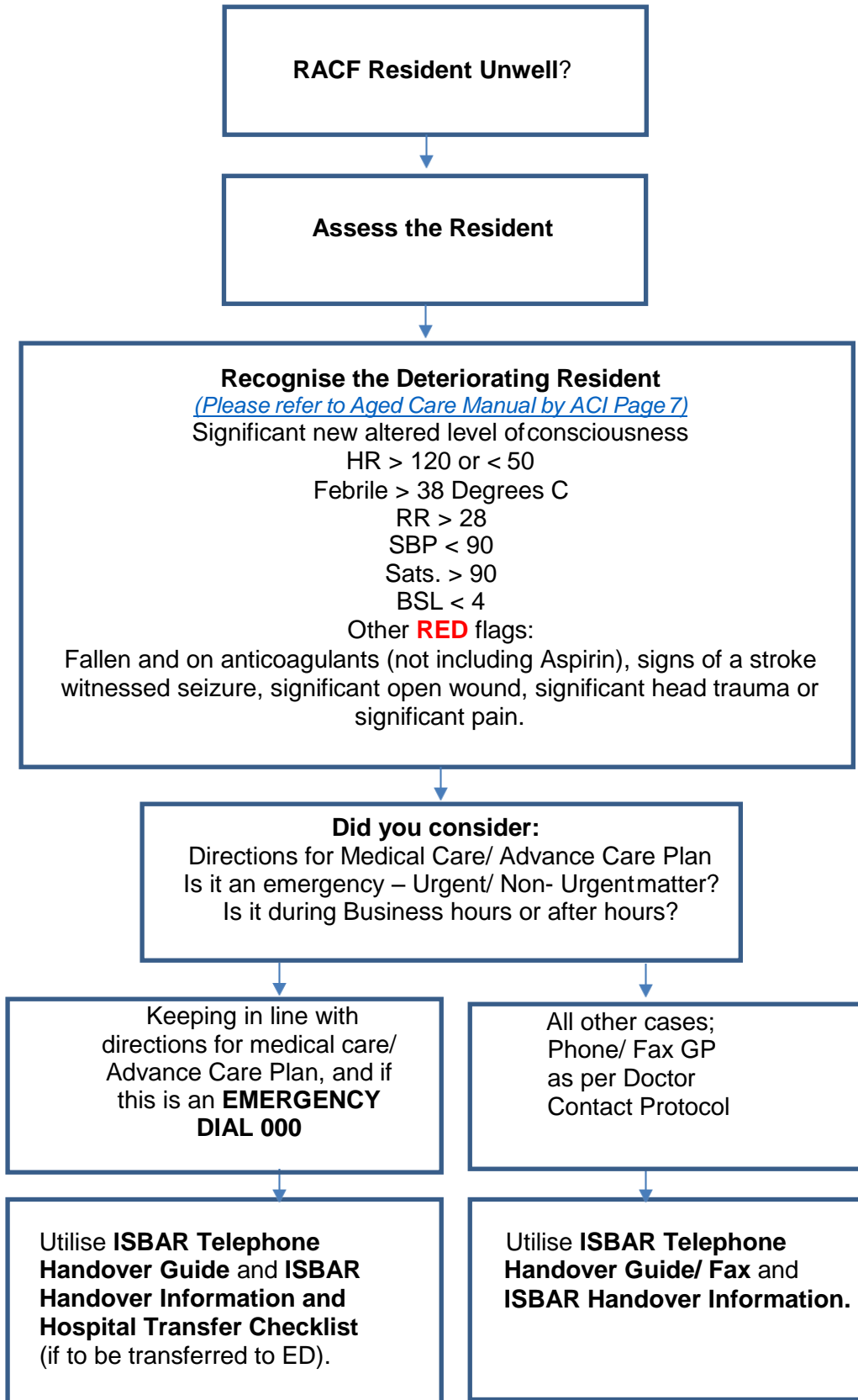
Follow **First Aid** response requirements:

- **Danger:** remove yourself / the Resident from danger
- **Response:** check the Resident's Response and then
- **Send for help:** Call 000 for an ambulance or ask another person if they are close by
- **Airway, Breathing and Circulation:** continue with your acute assessment
- **Defibrillation:** apply defibrillator (if available)

Ensure you assess and document all findings and actions including recording the time of onset of any symptoms.

Source: Emergency Decision Assist Guidelines, Country North SA Medicare Local

5. RACF Patient Unwell Flowchart



Source: Aged Care Folder, Dubbo – Western NSW PHN

6. Conclusion

In conclusion, ISBAR Handover tool is useful because it:

- Ensures completeness of information and reduces likelihood of missed data/information;
- Is an easy and focused way to set expectations for what will be communicated;
- Ensures a recommendation is clear and professional;
- Gives confidence in communication;
- Focuses not on the people who are communicating but on the problem, itself.

Key reasons for using ISBAR

- It is portable, memorable and easy to use;
- Can be used to present information clearly in any situation;
- Helps you to organise what you're going to say;
- Standardises communication between everyone.

7. Contact

For any questions, feedback and recommendations, please contact:

Michelle Squire

RACF Program Administrator
TRAC, Western NSW Primary Health Network
Phone: (08) 8005 8364
Email: michelle.squire@wnswphn.org.au

8. Resources, References and Acknowledgements

[National Safety and Quality Health Service Standards](#)

[Australian Commission on Safety and Quality in Health Care – Standard 6](#)

[Aged Care Folder – Western NSW LHD and Western NSW PHN](#)

[ISBAR – Nurse Handover Information – Hunter New England LHD and Hunter Primary Care](#)

[Aged Care Emergency Manual](#)

[Emergency Decision Assist Guidelines, Country North SA Medicare Local](#)

[Pushing the Envelope – Clinical Handover between Aged Care Homes and Hospitals](#)

[RACGP Aged Care Triage Information](#)

[Appendix 1 – ISBAR Handover Information](#)

[Appendix 2 – Telephone Handover Guide](#)

[Appendix 3 - ISBAR Fax Template](#)

[Appendix 4 - Transfer of Residents to Hospital](#)

[Appendix 5 - RACF Emergency Contact List](#)

[Appendix 6 - Symptoms Reference Guide](#)

[Appendix 7 - RACGP Aged Care Nurse Triage Information](#)

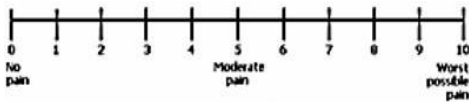
Appendix 1

Resident's Name	
Date of Birth	Age

ISBAR Handover Information

NOTE: Please complete prior to contacting the GP/NSW Ambulance. If TRANSFER to ED send: ISBAR Form, Observations Chart, Medication Chart and Advance Care Plan

[Go Back](#)

I Introduction/ Identify	Your name and role RACF Phone Fax Name and position of person you are speaking to
	S Situation Resident's main problem /symptom at present? How long has this been an issue?
B Background	Is there any relevant medical history? <i>(have chart available)</i> Medications <i>(have chart available)</i> Known Allergies: Initial treatment and the Initial treatment and the effect on the resident? Resident's family notified Yes / No Name of the Resident's usual GP: Is there an Advance Care Plan in place? If so, what is it?
	A Assessment <u>Observations:</u> <i>(have chart available)</i> <u>Baseline:</u> <u>Date:</u> <u>Time:</u> Temp: Blood pressure Pulse rate: (regular/irregular) Respirations: Oxygen saturation: BGL: Weight: <u>Current Observations:</u> Temp: Blood pressure: Pulse rate: (regular/irregular) Respirations: Oxygen saturation: BGL: Weight: Urinalysis: Injuries or abnormal Injuries or abnormal findings <i>(See Symptom Reference Guide over page):</i> <u>Is resident more confused than usual?</u> Yes / No How much pain is the patient in?  0 – No hurt 2- Hurts a Bit 4 – Hurts a little more 6 – Hurts even more 8 – Hurts a whole lot 10 – Hurts worst Circle the type of pain: Chronic / Acute/Acute on chronic
R Recommendation	I am requesting assistance with / advice for: Symptom management; Medication review; GP assessment of patient; Sending patient to ED; Other _____ Goals of Care <i>(consider Advance Care Plans):</i> Doctor's Orders/ Ambulance Triage / Other Comment
	Name Signature Date

Telephone Handover Guide

This guide is for RACF to provide clinical information over the telephone to the GP or after Hours GP Helpline. It does not replace clinical care protocols within your facility. The guide may also be useful if you need to contact the ambulance or hospital.

1

Before phoning have in front of you;

Medication chart, allergies and Resident's clinical notes and End of Life wishes

INTRODUCTION/ IDENTIFY –

Your name, designation, Resident's name, DOB, Gender, location and who you intend to direct your call to;

SITUATION – what has happened/ when did it happen, how long and what are the critical signs;

BACKGROUND – Resident's relevant medical history – how long has he/ she been unwell;

ASSESSMENT – results of your physical assessment of the Resident/ vital signs/ conscious state/ type of injury post fall/ neurological observations/ BSL if appropriate – pain-acute/ chronic/ site/ intensity/ type;

RECOMMENDATIONS – what is the clinical need for the Resident.

Have you told the Clinician about the Resident's End of Life Wishes?

2

After the phone call, please note;

- Name and phone of Clinician/ Health Service and time of call;
- Date and time of booked appointment, if confirmed;
- Immediate instructions/ actions as advised by the Clinician until the Resident is seen;
- Monitor and record the Resident condition for changes;
- Contact family/ Medical Power of Attorney, as required.

ISBAR Fax Template

FAX REQUEST

RACF Fax Number _____

To: DOCTOR _____ FAX NO _____

REQUEST DATE ____ / ____ / ____ FROM _____

RESIDENT NAME _____ DOB _____

<input type="checkbox"/> Urgent Next Hour	<input type="checkbox"/> Next 4 Hours	<input type="checkbox"/> End of Day	<input type="checkbox"/> Tomorrow	<input type="checkbox"/> Within 24 Hours
--	--	--	-----------------------------------	---

INTRODUCTION

SITUATION

BACKGROUND

ASSESSMENT

Observations: Temp _____ Pulse _____ BP ____ / ____ Resp. _____

SPO2 _____ BGL _____ Pain Scale _____

RECOMMENDATIONS

GP Practice Response:

Appointment Date _____ Time _____

Transfer of Residents to Hospital

The North East Valley Division of General Practice Victoria introduced the Aged Care Home Transfer to Hospital Envelope featuring a checklist of crucial clinical and other handover information to be included when a resident is transferred. This Checklist is available for RACFs to use to effectively transfer their Residents to the Hospital:

Aged Care Home Transfer-to-Hospital Envelope

This envelope contains CONFIDENTIAL medical information which should remain with the PATIENT RECORD.

Resident / Patient's Name:

Name of Aged Care Home:

Contact telephone number: **In-hours:**

After-hours:

There is a range of residential settings with different levels of care available.
This Aged Care Home is:

High Care 'Nursing Home' - Registered Nurse / Registered Nurse Division 1 usually present.

Low Care Hostel, but may have '**Ageing in Place**'- residents may have complex medical &/or personal care needs (i.e. high care). Usually staffed by Enrolled Nurse / Registered Nurse Division 2 &/or non-nursing care staff e.g. PCA/PCW/AIN. Generally medications are administered from a Dose Administration Aid.

Other

*** Advance care plan / End-of-life wishes enclosed >**

YES

NO

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Checklist for Transfer-to-Hospital Clinical Handover

Tick boxes to indicate

- Hospital notified by telephone

Information included in envelope >

- Advance care plan / End-of-life wishes
- Transfer Form (include as a minimum)
 - Resident details: Name, DOB, religion, language spoken & need for interpreter
 - Contact details of Aged Care Home including telephone number (in- & after-hours) & address
 - Pension number
 - Health insurance status: (i.e. Medicare only / DVA / privately insured) & include details
 - Name of usual GP & contact details
 - Name of usual Pharmacist & contact details
 - Name of next-of-kin &/or Medical Enduring Power of Attorney or equivalent & contact details
 - Next-of-kin notified of transfer
 - Reason for transfer including events leading up to transfer
 - Relevant medical history
 - Any known allergies
 - Pre-morbid / usual condition & functioning: cognition, mobility, continence, behaviours, diet
- Letter from GP, locum or Aged Care Home detailing reason for transfer
- Copy of most recent Comprehensive Medical Assessment (CMA)
- Copy of results of recent investigations (blood tests / x-ray / other pathology)
- Copy of current drug chart / list of current medications & time of last administration
- Copy of current observation, blood sugar level & bowel charts (if applicable)



Important Contacts List

Service Name	Operating Hours	Contact No.
NSW Ambulance	24 hours	000
Dubbo After Hours Medical Service - Dubbo Only	Weeknights 6pm until 8am Weekends and public holidays 24 hours - 8am until 8am	(02) 6884 2100
Bathurst After Hours Medical Service - Bathurst Only	Weeknights 6pm until 8am Weekends and public holidays 24 hours - 8am until 8am	(02) 6333 2888
Residential Aged Care Service - Bathurst Only	9am – 9pm weekdays and 12pm – 6pm weekends	0437 220 366
Healthdirect Australia	24 Hour Helpline	1800 022 222
Dementia Behaviour Management Advisory Service (DBMAS)	24 Hour Helpline	1800 699 799
Mental Health Line	24 Hour Helpline	1800 011 511
Poisons Information Centre	24 Hour Helpline	13 11 26
Medicines Information Line (Speak to a Registered Nurse)	9am - 5pm Monday - Friday	1300 633 424
Australian Government Translating and Interpreting Service (TIS)	24 Hour Helpline	13 14 50
After Hours Palliative Care Helpline	Weekdays: 5pm-9am (AEST) Weekends: 5pm Friday – 9am Monday Public holidays (National and NSW): from 5pm the day before to 9am the following business day.	1 800 548 225
Other Health Services (NHSD)	Please refer to the link	Please refer to the link

The **Emergency Trolley** is located at: _____

The **Oxygen Cylinder** is located at: _____

Symptom Reference Guide

Problem	Additional Information	Specific Observations Required
Abdominal Pain	<ul style="list-style-type: none"> • Where is the pain worst? • What is the pain like? (<i>Sharp / Dull / Burning / Constant / Comes and goes</i>) • Is there any associated features? (<i>Nausea / Vomiting / Diarrhoea</i>) • Is there any blood in the stools? (<i>Bright/ Dark Red /Black</i>) • When the bowels were last opened and what interventions? 	<ul style="list-style-type: none"> • Palpation for (Distention / Guarding / Tender) (If within scope of practice) • Could this be urinary retention or constipation?
Diarrhoea/ Nausea or Vomiting/Dizziness	<ul style="list-style-type: none"> • What symptoms are present? (<i>Nausea / Vomiting/ Diarrhoea</i>) • Frequency of episodes? • What colour is the bowel motion or vomitus? Is there any visible blood? • Does the resident have abdominal pain? • Is there a change in appetite or fluid intake? 	<ul style="list-style-type: none"> • Is the resident tolerating fluids? Last time bowels open? • Lying and Standing Blood Pressure
Urinary Problems	<ul style="list-style-type: none"> • Is there an increase in urinary frequency? Is there pain or burning onurination? 	<ul style="list-style-type: none"> • Skin? (<i>Sweating/Dry</i>) • Increased confusion?
Shortness of Breath	<ul style="list-style-type: none"> • How did it develop? (<i>Suddenly/ Gradually</i>) • Shortness of breath (At rest/ With exertion/ When Sitting Up/ Lying Down) • Does the resident have associated chest pain/discomfort? 	<ul style="list-style-type: none"> • Sputum (<i>Clear/ Coloured/ Blood</i>) • Audible sounds (<i>Wheeze/ Gurgling</i>) • Resident appearance (<i>Pale/ Blue/ Sweaty</i>) • Ankle or lower limb swelling
Chest Pain	<ul style="list-style-type: none"> • Location of pain • Does it radiate? (<i>Arm/ Neck/ Back</i>) • Nature of pain (<i>Sharp/ Dull/ Burning/ Heavy/ Tight</i>) • Does anything make it worse? (<i>Exertion/ Movement/</i> 	<ul style="list-style-type: none"> • Is the resident short of breath? • Resident appearance (<i>Pink/ Pale/ Sweaty/ Blue</i>)

Problem	Additional Information	Specific Observations Required
	Cough/ Inspiration) <ul style="list-style-type: none"> Does anything make it better? (Rest/ Antacid/ GTN-(Anginine)/O2 	
Seizures	<ul style="list-style-type: none"> How long did the episode last? Details of any injuries Is the resident in pain? Is there any new weakness? (Arm/ Leg/ Face) What was the resident doing at the time? Did the resident report any: (Light Headedness/ Dizziness/ Loss of Consciousness)? Is there any: (Change to Vision / Loss of Speech / Hallucinations/ Incontinence) 	<ul style="list-style-type: none"> Resident appearance (Normal/ Pale/ Sweaty/ Anxious) Limb movement (Normal/ Decreased)
Lacerations & Falls	<ul style="list-style-type: none"> Location of injury(s)? Is the bleeding controlled? Is the resident on anti-coagulants? 	<ul style="list-style-type: none"> Depth and length of wounds? Equipment on-hand? (Steri-strips / Glue / Suture Kit)
Confusion & Decreased Level of Consciousness	<ul style="list-style-type: none"> How did it develop? (Suddenly / Gradually) Is the resident on anti-coagulants? Have there been any recent falls? Are there any other symptoms? (Chest Pain / Headache / Diarrhoea / Vomiting / Breathing difficulties) Is there any new arm or leg weakness? 	<ul style="list-style-type: none"> Last bowel motion? Last urine passed? Conscious state: Normal / Hyper-Alert / Drowsy/ Easily roused / Difficult to rouse/ Unroutable)
Fever	<ul style="list-style-type: none"> How long has the fever lasted? Is there any (Cough / Abdominal pain / Rash / Skin infection) Is resident more confused than usual? Is there any (Urinary frequency / Discomfort on urination / Smelly urine) Does the resident have a urinary catheter? 	<ul style="list-style-type: none"> Resident appearance? (Shivering/ Sweating/ Both) Skin? (Pale / Pink / Cold / Hot / Dry / Moist)



*Aged care facility nurse
triage information*

Patient information

Patient name Surname Age
 Usual treating doctor Allergies
 Duration of presenting problem? Presenting problem
 Medications Yes No (please have list available) Medical diagnosis Yes No (please have chart available)
 Have there been any medication changes within the last week? If yes, please list Temperature
 Blood pressure Pulse Respiratory rate Advance Care Directive: Yes No (if yes, please have directive available)

Clinical information (Please complete relevant sections below. Tick descriptions as appropriate.)

Abdominal pain

Where is it? Description of pain: Sharp Dull Burning Constant Coming-and-going
 Other Are there any associated features? Nausea Vomiting Diarrhoea
 When was the last bowel motion?
 Observations required: Is abdomen distended? Yes No Pain assessment – how bad is the pain? (10 is extreme pain)
 Urinalysis

Breathing difficulty

How did it develop? Suddenly Gradually Other When is it present? At rest With exertion
 Is there a cough? Yes No (if yes, please select) Dry Moist Other
 Does the patient have chest pain? Yes No
 Observations required: Is there sputum? Yes No (if yes, please select) Clear Coloured Blood
 Other Is there a wheeze? Yes No Is there any ankle swelling? Yes No
 Is the patient: Pale Sweaty Blue in colour Other

Chest pain

Where is it? Does it radiate anywhere? Yes No (if yes, please select) Arm Neck Back
 Description of pain: Sharp Dull Squeezing Pressing Burning Other
 Does anything make it worse? Yes No (if yes, please select) Exertion Moving Breathing Other
 Does anything make it better? Yes No (if yes, please select) Rest Antacids Angline Other
 Observations required: Is the patient short of breath? Yes No
 Is the patient: Pale Sweaty Blue in colour Other

Confusion loss of consciousness

How did it develop? Suddenly Slowly Other Is the patient unusually agitated or violent? Yes No
 Is there any: Chest pain Headache Diarrhoea Vomiting Breathing difficulty Other
 Is there any new arm or leg weakness? Yes No
 Observations required: Conscious state: Normal Hyper alert Drowsy but easily aroused
 Drowsy and difficult to arouse Unrrousable Last bowel motion Last passed urine

Urinalysis Blood sugar level (if diabetic)

Cough and cold symptoms

Is the cough: Dry Moist Does the patient have any headache or facial pain? Yes No

Observations required: Is there sputum? Yes No (if yes, please select) Clear Coloured Blood

Is there a wheeze? Yes No Is there nasal discharge? Yes No

Diarrhoea or changed stool / nausea and vomiting

Is there any: Nausea Vomiting Diarrhoea Yes No How often?

What colour is the bowel motion / vomit? Is there any visible blood? Yes No

Does the patient have any abdominal pain? Yes No

Observations required: Is the patient tolerating fluids? Yes No Last bowel motion Blood sugar level (if diabetic)

Falls, faints, fits and funny turns

How long did the episode last? What is the injury, if any? Is the patient in pain? Yes No

Is there any new weakness? Yes No (if yes, please select) Face Arm Leg Other

Is there any: Loss of vision Speech Hallucinations Incontinence Yes No Other

What was the patient doing at the time? Was there any associated: Light headedness Dizziness

Loss of consciousness Yes No Other

Observations required: Does the patient appear: Pale Sweaty Anxious Other Pain assessment – how

bad is the pain? (10 is extreme pain) Blood sugar level (if diabetic) Can the patient move all limbs as normal? Yes No

Fever

How long has the fever lasted? Is there any: Cough Abdominal pain Rash Skin infection Yes

No Other Is the patient more confused than normal? Yes No Is there any: Urinary frequency

Discomfort Offensive smelling urine Yes No Other Does the patient have a catheter? Yes No

Observations required: Is the patient: Shivering Sweating Yes No Other

Is the patient pale? Yes No Urinalysis

Urinary disorders

Is there an increase in urinary frequency? Yes No Is there a recent onset of urinary incontinence? Yes No

Is there pain on passing urine? Yes No Does the patient have a catheter? Yes No

Observations required: Is the patient sweating? Yes No Is there an increase in confusion? Yes No Urinalysis

Lacerations

Where is the laceration? Has the bleeding stopped? Yes No

Observations required: How big is the laceration?

What equipment is available? Butterfly stitches Glue Suture kit Other

Additional notes:

Doctor contacted:

Doctor's orders:

The RACGP would like to acknowledge the work of the Hunter Urban Division of General Practitioners (now the Hunter Medicare Local) in developing the content of this resource



An Australian Government Initiative



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Bathurst

Bourke

Broken Hill

Orange

We acknowledge that we work on the traditional lands of many Aboriginal clans, tribes and nations. We commit to working in collaboration with our region's Aboriginal communities and peoples to improve their health, emotional and social wellbeing in the spirit of partnership.

