

## ISBAR Handover/Communication Policy

### Contents

Policy .....	1
Purpose .....	1
Scope/Audience.....	1
Associated documents .....	2
Definition.....	2
Early Warning Score abbreviations .....	2
ISBAR Method Requirements .....	2
Other key requirements from staff communication .....	3
Staff Education on ISBAR .....	3
Measurement/Evaluation .....	4
References .....	4

### Policy

The ISBAR communication tool will be used for patient information exchanges, transfers and requests for assistance between clinical staff, in all settings

This policy will be used in conjunction with second line policies and clinical handover standards.

### Purpose

To facilitate effective and efficient verbal patient communication exchange between clinical staff with requests for assistance, patient transfers, staff shift handovers and in deteriorating patient situations

### Scope/Audience

All Clinical Staff as below:

Medical, Nursing/Midwifery, Allied Health

## Associated documents

- ISBAR CDROM and Power points
- [Cooperative Communication \(ISBAR\) guidelines](#)
- ISBAR written or electronic handover forms (see local policy)

## Definition

ISBAR: Acronym that stands for:

- I = Identity,
- S = Situation,
- B = Background,
- A = Assessment,
- R = Request/Recommendation,

## Early Warning Score abbreviations

EWS – Early Warning Score

MEOWS – Maternity Early Observation Warning Score

PEWS – Paediatric Early Warning Score

## ISBAR Method Requirements

1. Prior to the communication/handover all relevant patient information must be gathered and collated to provide effective and timely communication. (In some clinical settings ISBAR handover forms are used to facilitate this). This will include the:
  - The patient's current clinical observations, an early warning score and relevant risk assessments.
  - The patient's current health status/ history
2. Clinical staff must identify themselves with their name and designation when communicating with each other
3. With phone conversations the staff members must also identify the area they are calling from.
4. Clinical staff must explain the situation by:
  - Relaying the patients full name and NHI or DOB, age and the Consultant/Team/GP
  - Providing a succinct explanation of the nature of the communication (e.g. transfer of patient, deterioration of patient etc.)
  - Identifying the urgency of the communication (e.g. urgent, routine)

5. Clinical staff must succinctly relay the patient's relevant background to the situation and any special needs/risks. This may include:
  - Admission, discharge, treatment date/s
  - Psychiatric, Medical, Nursing, Surgical, Social/Cultural history
  - Previous relevant treatment history
  - Legal status
  - Advance directives
  - Any disability, communication issues, infectious status, adverse reactions, falls and pressure injury risk factors.
6. Clinical staff must relay the patient's current assessment information as gathered prior to the communication
7. To ensure effective planned responses to the communication especially where patient deterioration is evident, both staff members must verbalise and agree on their
  - Responsibilities decided from the communication
  - Action plan decided from the communication
  - Time frame for action plan

**Please note:** Although ISBAR is a verbal communication tool, staff must document the action plan from the communication exchange within the patient's records in patient deterioration, emergency or patient transfer situations.

## Other key requirements from staff communication

1. The conveyor will consider the receiver's requirements for patient information content to ensure the patient's needs will be met effectively, efficiently and in a timely manner, by taking into consideration:
  - The receiver's profession e.g. A doctor will need different information than a social worker
  - The receiver's environment e.g. in-patient /community area
2. The receiver will listen to all of the communication relayed before identifying any points that may have been missed or details that require clarification

## Staff Education on ISBAR

All staff within the scope of this policy must have training on ISBAR on orientation and/or within in their service areas

The ISBAR training course is available on healthLearn.

## Measurement/Evaluation

Regular evaluation will occur to identify the above requirements are being met. These will be in the form of:

- Incident reviews
- Staff education databases
- Serious Event Reviews
- Patient/consumer feedback
- Audits performed by staff members
  - During handovers/communication
  - Reviewing handover documentation
- Reporting of the same will be collated CDHB wide and communicated via internal communication channels

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