

AMRH/NSG/P&P/002/Vers.02 Effective Date: May 2022 Review Date: May 2025

Institution Name: Al M	Sarra Hospital
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Document Title: Policy and Procedure of Nursing Handover

# **Approval Process**

	Name	Title / Designation	Institution	Date	Signature
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### Acronyms

AMRH	Al Masarra Hospital
МОН	Ministry of Health
PRO	Public Relations Officer
P&P	Policy and Procedure
SBAR	Situation, Background, Assessment and Recommendation
Vers.	Version Number



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#### Policy and Procedure of Nursing Handover

#### 1. Introduction

Nursing handover is essential to ensure that critical information is effectively communicated as continuity of information is vital to the safety and comprehensive care of the patients.

#### 2. Scope

This document is applicable to all healthcare team of Al Masarra Hospital (AMRH) but will particularly apply to all Nursing personnel who has a direct role in patient care.

#### 3. Purpose

- 3.1 To provide a standard on how to perform the Nursing handover in order to achieve the efficient transfer of high quality clinical information during the transition of responsibility for patients.
- 3.2 To provide a framework for Nursing handover based on best evidence.

#### 4. Definitions

- 4.1 **Handover:** the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another staff or member of the healthcare team on a temporary or permanent basis.
- 4.2 **SBAR Communication:** SBAR stands for situation, background, assessment, and recommendation. It is a communication tool that adapted for use in different situations in order to frame a conversation in useful and concise way among caregivers.

#### 5. Policy

- 5.1 Handover is considered essential for the continuity of patient care.
- 5.2 Patient confidentiality must be a priority in patient handover.
- 5.3 Handover must be taken place in cases such as the following:
  - 5.3.1 Nurses' end of rotation



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- 5.3.2 Relieving assigned nurse to patient
- 5.4 Handover must be read in conjunction with the time of transfer of patient policy where patient is moved from one area or ward to another.
- 5.5 Handover is a formal process that must cover the following criteria:
  - 5.5.1 Name of the patient.
  - 5.5.2 Duration of contact with the service.
  - 5.5.3 Diagnosis.
  - 5.5.4 Treatment plan.
  - 5.5.5 Prognosis.
- 5.6 The handover must be done on a daily basis or accordingly.

#### 6. Procedure

- 6.1 The assigned staff should bring a list of his patients and discuss them in a sequence.
- 6.2 The acute cases should be prioritized and discussed during the handover.
- 6.3 Continuity of information should be considered vital to the safety of the patients.
- 6.4 All nursing personnel should be involved and should participate in performing handover.
- 6.5 Sufficient and relevant information should be exchanged to ensure patient safety.
- 6.6 <u>SBAR communication technique</u> must be used between all doctors, nursing staff and allied health professionals to protect and ensure patient's safety at all time.
- 6.7 SBAR Steps:
  - 6.7.1 **Situation:** a concise description of the patients' current situation; what is happening at present time.
  - 6.7.2 **Background:** current patient data that is relevant to patient's current problem:
    - 6.7.2.1 Provide the patient's name, location, admission date, and diagnosis.
    - 6.7.2.2 Give the patients' medical history, allergies and current medications and treatment.
    - 6.7.2.3 Provide patient's subjective data, vital signs, related laboratory test results and the assessment finding.



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6.7.3 **Assessment:** a summary of nurses' views of the current situation after considering of the data gathered in the background step. In addition, explain the seriousness of the situation and the time frame within the action should be carried out.

6.7.4 **Recommendation:** evaluation of what the nurse believes will resolve the situation: interact with the receiver.

### 7. Responsibility

#### 7.1 **Nurse In-charge Shall:**

7.1.1 Ensure the competency of the staff in giving the proper handover of patients' condition.

#### 7.2 Staff Nurse Shall:

- 7.2.1 Provide proper, sufficient and updated information of patients' condition.
- 7.2.2 Identify the critical result, initiate the communication, and document the outcome in a timely fashion.



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### 8. Document History and Version Control Table

	Document History and Version Control								
Version	Description	n of Amendment Author		Review Date					
1	Initial Release Tahra Al Balush			February 2021					
2	Revie	w & Update	Tahra Al Balushi	May 2025					
W	itten by Reviewed by		Approved by						
Tahra Ah	med Al Balushi	Dr. Said Al Kaabi	Dr. Bader Al Habsi						

### 9. Related Documents

9.1 Appendix 1. Audit Tool



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# Appendices

# **Appendix 1. Audit Tool**

<b>Department:</b>	Date:
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	Audit						
S.N.	Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
	Observation	Is the handover taken place in the following cases?					
1.	Interview	<ul> <li>Nurses' end of rotation</li> <li>Relieving assigned nurse to patient</li> </ul>					
	Observation	Is the handover read in conjunction with the time of transfer					
2.	Interview  Document Review	of patient policy where patient is moved from one area or ward to another?					
	Observation	Is the staff following a formal process of handover covering					
3.	Interview	<ul> <li>the following criteria?</li> <li>Name of the patient.</li> <li>Duration of contact with the service.</li> </ul>					
	Document	<ul> <li>Diagnosis.</li> </ul>					



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	Review	• Treatment plan.			
		<ul> <li>Prognosis.</li> </ul>			
	Observation	Is the handover done on a daily basis or accordingly?			
4.	Interview				
	Observation	Is the assigned staff bringing a list of his patients and			
	Interview	discusses them in a sequence?			
5.	Document				
	review				
	Observation	Are the acute cases prioritized and discussed during the			
6.	Document	handover?			
	review				
7	Observation	Is the continuity of information considered vital to the safety			
7.	Interview	of the patients?			
	Observation	Are all nursing personnel involved and participated in			
8.	Interview	performing handover?			
	Observation	Are sufficient and relevant information exchanged to ensure			
9.	Document	patient safety?			
	review				



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	Observation	Is the SBAR communication technique used between all			
	Interview	doctors, nursing staff and allied health professionals to			
10.	Document	protect and ensure patients' safety at all times?			
	review				
	Observation	Is the SBAR Steps followed?			
	Interview				
	Document	• Situation			
11.	review	Background			
		• Assessment			
		Recommendation			

### **Audit Process:**

- 1. Observation
- 2. Interview
- 3. Document Review



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# **Appendix 2. Document Request Form**

		Document Req	uest Form		8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Section A: Comp	leted by Do	ocument Reque	ster		
1. Requester De	tails				
Name	Tahra Ahm	ned Al Balushi	Date of Requ	est	May 2022
Institute	Al Masarra	1 Hospital	Mobile		24873016
Department	Nursing A	ffairs Department	Email		ummahmmod@gmail.com
The Purpose of Requ	est				5
□ Develop New	Document	Modification	of Document		Cancelling of Document
1. Document In	formation				
Document Title	Policy and	Procedure of Nursi	ing Handover		9
Document Code	AMRH/NS	GG/P&P/002/Vers.0	)2		
Section B: Complete	ed by Docum	nent Controller	10		
Approved		□ Cancelled	□ Fo	orwar	rd To:
Comment and Recon	nmendation:	8	•		
Name	Ruvilee Ra	mel-Bueno	Date		May 2022
Signature	RBue	ro	Stamp		

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# Appendix 3. Document Validation Checklist

Docu	ment Title: Policy and Procedure of Nursing Handing Over	Docum AMRH			/Vers.02	
No	Criteria	Meets the Criteria				
		Yes	No	N/A		
1.	Approved format used				Se=10	
1.1	Clear title - Clear Applicability	1				
1.2	Index number stated					
1.3	Header/ Footer complete	1./				
1.4	Accurate page numbering	1./				
1.5	Involved departments contributed	1./				
1.6	Involved personnel signature /approval					
1.7	Clear Stamp					
2.	Document Content					
2.1	Clear purpose and scope					
2.2	Clear definitions	1./				
2.3	Clear policy statements (if any)					
3.	Well defined procedures and steps	-				
3.1	Procedures in orderly manner		- 5			
3.2	Procedure define personnel to carry out step	1				
3.3	Procedures define the use of relevant forms			./		
3.4	Procedures to define flowchart		-	1/		
3.5	Responsibilities are clearly defined	1./				
3.6	Necessary forms and equipment are listed	1./	-			
3.7	Forms are numbered					
3.8	References are clearly stated					
4.	General Criteria				<u> </u>	
4.1	Policy is adherent to MOH rules and regulations	./				
4.2	Policy within hospital/department scope	-				
4.3	Relevant policies are reviewed	1				
4.4	Items numbering is well outlined					
4.5	Used of approved font type and size					
4.6	Language is clear, understood and well structured					
Recor	mmendations For implementation Mor	a raviais:		T 1	<u> </u>	
Revie	wed by: Kunooz Al Balushi Reviewed	CIEVISION	• • • • • • • • • • • • • • • • • • • •	Ramel-I	ancelled	

