Mental Health Clinical Handover Procedure

1. Purpose

Structured clinical handover has been shown to reduce communication errors within and between health service organisations and to improve patient safety and care.

This procedure outlines how WA Country Health Service (WACHS) mental health services ensure structured, effective and safe clinical handover at all transitions of care. Transitions of care occur when all or part of a consumer's care is transferred between healthcare locations, clinicians, or different levels of care within the same location.

WACHS mental health staff engaging in clinical handover must utilise iSoBAR principles, as endorsed by the WA Department of Health. These principles are outlined in the Clinical Handover Policy and supported by the WA Health Clinical Handover Matrix which are to be read in conjunction with this procedure.

For additional information regarding the application of the iSoBAR framework in mental health clinical handover, refer to Appendix 1.

This procedure does not address interhospital clinical handover; for these refer to the:

- Assessment and Management of Interhospital Patient Transfer Policy
- Interhospital Clinical Handover Form Procedure
- Interhospital Patient Transfer of Mental Health Patients Guideline.

2. Procedure

2.1 Clinical Handover

The NSQHS Standard 6: Communicating for Safety requires that "Processes to support effective clinical communication are in place for key high-risk situations, where effective communication with patients, carers and families, and between clinicians and multidisciplinary teams is critical to ensure safe patient care".

Clinical handover occurs using a structured process by which information is exchanged and which identifies the consumer's specific holistic needs, confirms and clarifies risks, promotes safety and confirms the plan of care. Wherever possible, clinical handover will include the consumer.

Clinical handover is to occur when all or part of the consumer's care is transferred between clinicians (including medical, nursing and allied health staff). It is the responsibility of clinicians to ensure handover is completed prior to transitioning clinical care.

Clinical handover must define the accountability and responsibility for care of the consumer's needs.

Identification of patients of concern, information regarding signs of physiological or mental state deterioration and presenting clinical risks are to be prioritised.

Clinical handover information is to be managed in accordance with the Health Record Management Policy.

2.2 Mental Health Inpatient Unit Shift Handover

The Mental Health Inpatient Unit (MHIU) shift handover process ensures that:

- Prior to handover, the consumer and carer should be approached to advise of the pending handover and be invited to participate or provide information they would like handed over.
- Clinical handover is to occur at the commencement of each nursing shift.
- The shift coordinator or delegate is responsible for leading handover to incoming nursing staff and all incoming staff are required to attend.
- Sufficient staffing levels must be maintained on the unit to ensure consumer safety for the duration of handover.
- Clinical handover is to occur in an appropriate meeting room or space that ensures confidentiality and effective communication. The environment should limit non-critical interruptions where possible.
- Clinical handover reports are to be compiled using an appropriate electronic or paper-based document (e.g. iClinical Manager) and updated each shift under the supervision of the shift coordinator. These documents are to follow the iSoBAR structure.
- All staff participating in clinical handover should ensure that a verbal exchange of information accompanies the written handover document and that there is scope for incoming staff to clarify the information communicated.
- Clinical handover must define the accountability and responsibility for care of the consumer's needs.
- Identification of patients of concern, information regarding signs of physiological or mental state deterioration and presenting clinical risks are to be prioritised.
- Clinical handover may include operational information and other duties not related to specific consumers.
- The Shift Coordinator or delegate must complete an environmental safety check following completion of handover (refer to Appendix 2: Environmental Safety Checklist).

2.3 Multidisciplinary Team Handover

- Prior to handover, the consumer and carer should be approached to advise of the pending handover and be invited to participate or provide information they would like handed over.
- Multidisciplinary clinical handover is to occur on a regular basis according to site processes.
- The shift coordinator/team leader (or delegate) is to lead the multidisciplinary clinical handover.
- Identification of patients of concern, information regarding signs of physiological or mental state deterioration and presenting clinical risks are to be prioritised.
- Issues requiring action by the multidisciplinary team must be clearly communicated and then verbally accepted by the responsible staff member or their delegate.
- Handover will include discussion and documentation of the clinical management plan and discharge planning.

2.4 Intra-facility Clinical Handover

Where a consumer is transferred to an alternative ward/area for care (e.g. medical ward), mental health staff must comply with the handover processes of the receiving location.

Face to face and written clinical handover is recommended when escalating care of a deteriorating consumer. Where this is not practicable, the use of phone or telehealth, together with clinical documentation are accepted.

The shift coordinator, senior nurse or allocated nurse is responsible for completing the required documentation and initiating the verbal handover of nursing care.

The consultant psychiatrist or delegate is responsible for providing handover of medical care to the receiving medical officer.

2.5 Non-Clinical Staff Involvement

Non-clinical staff are important members of the multidisciplinary treatment team. Non-clinical staff include:

- Aboriginal Mental Health Workers
- Security Officers
- Patient Care Assistants
- Assistants in Nursing
- Allied Health Assistants
- Peer Workers.

Handover of information relevant to the role and scope of the non-clinical staff member is to follow the iSoBAR structure and comply with the principles of this procedure.

2.6 Consumer and Carer Involvement

Effective partnerships in care are linked to a positive experience for consumers as well as high quality health care and improved safety. Where appropriate and practicable, mental health consumers, and their nominated support person (carer, family member or other support person) are to be active participants in clinical handover.

Prior to transitions of care, the consumer and nominated support person should be approached to advise of the pending handover and be invited to participate. This may include a physical presence during handover or the opportunity to provide information to be included.

If the consumer has declined to be involved in the handover process, the responsible clinician is to ensure relevant information is discussed with the consumer as soon as is practicable after handover.

Where the consumer has declined participation in clinical handover, the clinician should engage the consumer at the earliest opportunity to enable introductions, confirmation of information and establish the immediate needs of the consumer.

2.7 Use of Information Communication Technology

In accordance with the MP0095/18 WA Health Clinical Handover Policy, voice recorded handovers, SMS, and other social media platforms are not permissible. Handover modalities must conform to the recommended or adequate options detailed in the Clinical Handover Matrix.

Where it is not practicable for clinicians to be in one another's presence, communication via phone or telehealth may be used, however written documentation must support this method.

2.8 Documentation

Clinical handover records are to be managed in accordance with the Health Record Management Policy.

Clinical handover of patients of concern must be documented in the consumer's healthcare record.

Statewide Standardised Clinical Documentation will be completed utilising PSOLIS at transitions of care as indicated by the State-wide Standardised Clinical Documentation for Mental Health Services Policy.

Discharge summaries are to be forwarded to the receiving clinician, with a copy sent with the consumer or carer within 24 hours following discharge. Ideally a discharge summary should be provided at the time of discharge.

2.9 Mandatory Training Requirements

All WACHS mental health clinical staff are required to complete the eLearning module, Clinical Handover Using iSoBAR (CHUI EL2), available through the Learning Management System - MyLearning.

3. Roles and Responsibilities

The **Clinical Director** has overall responsibility for ensuring that services are delivered in accordance with this procedure.

The **Consultant Psychiatrist** is responsible for the medical management of consumers in accordance with this procedure.

The **Clinical Nurse Manager / Community Team Lead i**s responsible for the implementation of this procedure.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies, procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

4.1 Monitoring

Mental Health Inpatient Unit Clinical Nurse Managers/Community Mental Health Clinic Coordinators in collaboration with Regional Mental Health Safety and Quality Officers are to undertake the day-to-day monitoring of this procedure.

Clinical incidents relating to failure to clinically handover a consumer is monitored via the Datix Clinical Incident Management reporting processes. SAC 1 events are reviewed by the WACHS Safety and Quality Steering Committee.

Any incident that meets the criteria for a notifiable incident as defined by the *Mental Health Act 2014* (WA), must be reported to the Chief Psychiatrist in accordance with the Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist.

Regional Safety and Quality Officers are to undertake WACHS Mental Health Clinical Documentation Audits and in accordance with the WACHS Clinical Audit Policy and WACHS Clinical Audit and Reporting Schedule.

4.2 Evaluation

Evaluation of this procedure is to be carried out by the WACHS Mental Health Directorate in consultation regional WACHS mental health services. Evaluation methods and tools may include:

- staff feedback / consultation
- carer and consumer feedback / consultation
- survey
- compliance monitoring
- benchmarking
- reporting against organisational targets.

5. References

Australian Commission on Safety and Quality in Health Care [Internet]. Communication at Clinical Handover [accessed: 2 December 2025]

Australian Commission on Safety and Quality in Health Care [Internet] 2016. Patient-Clinician Communication in Hospitals: Communicating for safety at transitions of care [accessed: 2 December 2025]

Australian Commission on Safety and Quality in Health Care [Internet] 2020. Australian Charter of Healthcare Rights (second edition) [accessed 2 December 2025]

6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Clinician	A person, registered under the *Health Practitioner Regulation National Law (Western Australia) 2010*, mainly involved in clinical practice; that is the diagnosis, care and treatment, including recommended preventative action, to patients. Clinicians include allied health professionals, medical officers, midwives, and nurses.
Handover report	The master document, electronic or paper-based, that records the required information necessary for the nursing or multidisciplinary handover of a patient. This report is subject to the MP 0144/20 Information Retention and Disposal Policy.
Intra-facility clinical handover	The transfer of professional responsibility and accountability for some or all aspects of care of a patient within one health entity (under the same management), e.g. to/from operating theatre, departments or wards; inpatient to community mental health service; referral to a specialist; and escalation of a deteriorating patient.
iSoBAR	Step by step process that provides a sequential approach to giving and receiving handover.
MHIU shift handover	The transfer of professional responsibility and accountability for some or all aspects of care for a mental health inpatient, or group of patients, to another person or professional group on a temporary or permanent basis. The clinical handover process does not negate the requirement of comprehensive documentation and review of the patient's healthcare record.
Multidisciplinary handover	The transfer of professional responsibility and accountability for some or all aspects of care of a patient, or group of patients, to another person in the multidisciplinary team. The handover process does not negate the requirement of comprehensive documentation and review of the patient's healthcare record.
Patient of concern	A patient that a clinician is particularly concerned about, as defined by the treating clinician; this includes patients transferred from higher levels of care in the previous 24 hours, any patient who has had a Medical Emergency Team or Code Black Response Team call in last 24 hours and any other patients of clinical concern.

7. Document Summary

Coverage	WACHS Mental Health
Audience	WACHS Mental Health Clinical Staff
Records Management	Clinical: Health Record Management Policy
Related Legislation	• *Mental Health Act 2014 (WA)* • *Mental Health Regulations 2015 (WA)*
Related Mandatory Policies / Frameworks	• Clinical Governance, Safety and Quality Policy Framework • MP 0095/18 Clinical Handover Policy • MP 0144/20 Information Retention and Disposal Policy • MP 0122/19 Clinical Incident Management Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • MP 0181/24 Safety Planning for Mental Health Consumers Policy • MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services Policy
Related WACHS Policy Documents	• Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard • Allied Health Clinical Handover Policy • Assessment and Management of Interhospital Patient Transfer Policy • Interhospital Patient Transfer of Mental Health Patients Guideline • Mental Health Inpatient Admission Procedure (in development) • Mental Health Inpatient Discharge Procedure (in development) • Patient Identification Policy • Recognising and Responding to Acute Deterioration (RRAD) Policy • Recognising and Responding to Acute Deterioration Procedure
Other Related Documents	• Clinical Handover Matrix (Supporting Information)
Related Forms	MR184 WACHS Inter-hospital Clinical Handover Form MR23 WACHS Cultural Information Gathering Tool
Related Training Packages	LMS - Clinical Handover Using iSoBAR (CHUI EL2)
Aboriginal Health Impact Statement Declaration (ISD)	Record ID: 3129
National Safety and Quality Health Service (NSQHS) Standards	6.03, 6.04, 6.05
Chief Psychiatrist's Standards for Clinical Care	• Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist • Consumer and Carer Involvement in Individual Care

	• Risk Assessment and Management • Physical Health Care of Mental Health Consumers • Transfer of Care

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	25 May 2018	25 May 2018	Original document. Title: Acute Psychiatric Unit Clinical Handover Procedure.
2.0	29 January 2026	29 January 2026	• Title change • Broadened scope to include community mental health • Inclusion of requirement to complete environmental safety checks • Inclusion of non-clinical staff involvement • Inclusion of identification of patients of concern • Amendments to content related to carer /consumer participation • Updated links and language

9. Approval

Policy Owner	EDMH
Contact	Senior Project Officer - Policy
Business Unit	Mental Health Directorate
EDRMS #	ED-CO-18-15957

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Appendix 1: Application of iSoBAR Framework for Mental Health

I	**Identification**	• Identify and introduce yourself • Identify consumer name, preferred name, date of birth • If Aboriginal or from remote community, identify region, family group and cultural nuances/protocols • Identify if the consumer requires an interpreter or is from a CaLD background • Identify/clarify if the consumer has a carer/personal support person/nominated person or cultural representative/preference • Identify if the consumer has a guardian or financial administrator
S	**Situation and Status**	• Diagnosis and admission date • Reason for admission/transfer/phone call • Principle presenting problem • Mental Health Act status and any changes • Leave status • Current clinical status (stable, deteriorating, improving) • Frequency of Therapeutic Observations required • Estimated date of discharge • Allergies/infection control concerns
O	**Observation**	• Mental State Examination • Risk assessment • Physiological observations, screening and test results • Medications
B	**Background and History**	• PSOLIS alerts • Relevant psychiatric and medical history • Relevant psychosocial and drug and alcohol history • History of significant life events, e.g., trauma/stolen generation • Summary of care provided • Consumer / carer preferences • NOCC data
A	**Agreed Plan**	• Assessment of the situation • Plan – goals of care, collaboration with consumers and carers • Cultural considerations relevant to the provision of care • Level of Urgency • Outstanding issues that require addressing throughout shift • Clear accountability for actions • Mental health tribunal review and requests for further opinion • Outstanding MHA notifiable events • Medication changes and PRN usage • Pending results
R	**Readback**	• Clarify and check for shared understanding • Who is responsible for what and when • Repeat of critical information • Follow iSoBAR in readback

Appendix 2: Environmental Safety Checklist

Shift 1	Name/Signature:		Date/Time:	
Shift 2	Name/Signature:		Date/Time:	
Shift 3	Name/Signature:		Date/Time:	

* Note: Regions operating with 12hr nursing shifts are to mark Shift 3 as N/A

Area Checked	Check	Item or Risk Identified	Action Taken
All patients sighted or accounted for	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Reception/Entry/Exits	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Treatment Room/s	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Stores/Utility Room & Laundry	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Activity/Quiet Room/s	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Interview and Family Room/s	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Kitchen/Dining/Lounge	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Bedrooms & Bathrooms	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Corridors & Airlocks	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Seclusion Room/s	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Courtyard/s	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Other:	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		
Other:	Shift 1 ☐ Shift 2 ☐ Shift 3 ☐		

Environmental Safety Checklist - Potentially harmful or prohibited items
Environmental safety checks for potentially harmful and prohibited items are to be completed by delegated nursing staff following completion of each clinical handover. This document is managed in accordance with the WACHS Records Management Policy as a corporate record.

The following information is intended to be used as a guide for staff. It is expected that staff work within legal parameters and apply clinical judgement in determining whether an item has potential to cause harm given the presenting risks and contributing circumstances.

An exhaustive list of potentially harmful items would not be practicable to produce, as some items that are not deemed dangerous may have been modified or held with intent to cause harm.

Potentially Harmful Items
Potentially harmful items requiring restricted access from consumers at risk of harm to self or others in the inpatient environment may include:

- Highly flammable materials
- Hazardous chemicals, poisons, and solvents
- Patient own medications
- Articles with the potential to be used as weapons, including sharp or blunt objects
- Ignition sources, e.g. cigarette lighters and matches
- Potential ligatures - scarves, belts, shoelaces, phone charger, cords, etc.
- Mirrors
- Spiral notebooks
- CDs, DVDs and covers
- Keys
- Plastic bags
- Sharps – razors, scissors, pencil sharpeners
- Metal cutlery, crockery or glassware
- Ring-pull cans
- Aerosol cans
- Glass photo frames

Prohibited Items
Prohibited items include:

- Alcoholic beverages
- Firearms as defined by the *Firearms Act 1973* (WA) Section 4
- Controlled weapons as defined in the *Weapons Act 1999* (WA) Section 3
- Prohibited weapons as defined in the *Weapons Act 1999* (WA) Section 3
- Prohibited drugs as defined in the *Misuse of Drugs Act 1981* (WA) Section 3.

Knives with a blade longer than 75mm are considered illegal unless there is reasonable cause (i.e. it is used for work/sport). Items seized must be stored security until they can be collected by Police or returned to the owner if appropriate.

All firearms and incendiary devices are to be considered as loaded or live and are to be managed in accordance with Emergency Procedures, Code Purple or Code Black as appropriate.