

# JMO Clinical Handover Implementation checklist

This template will assist you to audit current handover practices and track implementation of the essential elements for JMO clinical handover at shift changes, during the day evening and night.

Use the manual keys to mark which of the essential elements for JMO clinical handover have been implemented locally at each of the 3 standard shift changes in the 24 hour period.

**Tick** = Implemented  
**Cross** = not implemented / not commenced  
**IP** = In progress  
**D** = Delay / Issue with implementation (you can manage this in a risks and issues log)

CATEGORY	PRINCIPLE HEADING	DESCRIPTION OF THE HANDOVER PRINCIPLE	ESSENTIAL ELEMENTS FOR IMPLEMENTATION	NIGHT – DAY	DAY – EVENING	EVENING – NIGHT
<b>HANDOVER HAPPENS</b>	Clinical handover occurs at all JMO shift changes	Clinical handover is expected and occurs at every Junior Medical Officer shift change, regardless of specialty, in all facilities participating in CETI prevocational training networks	Shift rostering to facilitate handover			
			Participating in shift handover written into position descriptions for JMOs and Registrars			
			Appropriate supervision of JMOs is provided at shift handover			
<b>HANDOVER LEADERSHIP</b>	Senior medical leadership in JMO shift handover	Effective JMO handover at shift changes requires leadership from executive and clinical leaders to: <ul style="list-style-type: none"> <li>be responsible for implementation of handover processes, and</li> <li>ensure Registrar attendance and leadership of handover at JMO shift changes</li> </ul>	Local executive sponsorship is essential to direct the implementation of clinical handover at all JMO shift changes			
			Consultants/Staff Specialists / Visiting Medical Officers need to be responsible for clinical handover implementation across all shifts			
			Registrars should attend and lead all JMO shift handover			
	Valuing JMO shift handover	Set the expectation that JMO shift handover is a valuable and essential part of every shift. Executive and clinical leaders sponsor JMO clinical handover through: <ul style="list-style-type: none"> <li>policy</li> <li>monitoring and evaluation of processes and outcomes</li> <li>training programs</li> </ul>	Shift rostering to facilitate handover			
			Participating in shift handover written into position descriptions for JMOs and Registrars			
			Appropriate supervision of JMOs is provided at shift handover			
		All staff attending must be made aware of the local process for and importance of handover				

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CATEGORY	PRINCIPLE HEADING	DESCRIPTION OF THE HANDOVER PRINCIPLE	ESSENTIAL ELEMENTS FOR IMPLEMENTATION	NIGHT – DAY	DAY – EVENING	EVENING – NIGHT
<b>HANDOVER SET-UP</b>	Prepare for handover by prioritising patient lists	Junior and senior clinicians work collaboratively (seeking and providing leadership) to prioritise patient lists for clinical handover	Registrars should be present and lead clinical handover prioritisation at all JMO shift changes			
			Involve JMOs in clear prioritisation of patients and allocation of tasks			
			When Registrars are unable to attend JMO shift handover, processes should be implemented, to facilitate JMO prioritisation of patient lists, including:			
			- face to face consultation between the JMO and Registrar before shift change, and			
			- telephone ward rounds between the JMO and Registrar			
	Key participant attendance at JMO shift handover	Identify the key participants for handover at each JMO shift change: <ul style="list-style-type: none"> <li>• night to day</li> <li>• day to evening</li> <li>• evening to night</li> <li>• weekdays and weekends</li> </ul>	Wherever possible, a Consultant / Staff Specialist or Visiting Medical Officer should be included as a key participant at JMO shift handover			
			Registrars should be present at every JMO shift handover			
			Facilities should consider local requirements when implementing JMO handover at all shift changes, with regard to specialty team handover, or whole of hospital handover			
			Where appropriate, the inclusion of a senior nursing staff member should be considered			
	Time allocation for JMO shift handover	Agreed times and durations are set for each shift handover across 24 hours / 7 days per week  It is highly recommended, that where possible, strategies are in place to reinforce punctuality	Shift handover must start on time and finish on time			
			All key participants must be informed of the time for all relevant shift handovers			
			Shift handover should be considered “pager-free” – except for emergency calls			
			Shift rostering to facilitate handover			
	A designated JMO shift handover place	Set a specific location for each shift handover across 24 hour /7 days  Wherever possible, the handover location should facilitate face to face interaction	Shift handover must occur in a consistent location			
			The location should: - be easy for all participants to attend			
			- be quiet and free from distraction			
			- promote face to face interaction			
			- promote active and engaged interaction			
- have locally necessary IT or telecommunications facilities to allow engagement of all key participants						

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CATEGORY	PRINCIPLE HEADING	DESCRIPTION OF THE HANDOVER PRINCIPLE	ESSENTIAL ELEMENTS FOR IMPLEMENTATION	NIGHT – DAY	DAY – EVENING	EVENING – NIGHT
<b>HANDOVER PROCESS</b>	The transfer of information that is vital to continuity of patient care	Implement a locally appropriate clinical handover process that guarantees effective transfer of the most important clinical information and responsibility and accountability for patient care: <ul style="list-style-type: none"> <li>• night to day</li> <li>• day to evening</li> <li>• evening to night.</li> <li>• weekdays and weekends</li> </ul> For educational purposes: <ul style="list-style-type: none"> <li>• Educational handover engages junior doctors, improves patient care and builds a strong handover culture</li> <li>• Patients being handed over often provide excellent teaching opportunities</li> <li>• Teach five-minute clinical pearls when possible</li> <li>• Review emergency team calls (CERT/MET/PACE)</li> <li>• Provide non-judgemental feedback on management of unwell patients</li> </ul>	A process for JMO shift handover should be devised for each shift change across 24 hours			
			The process utilises the ISBAR communication framework			
			Handover should be guided by the prioritisation of patients under the direction of Registrars			
			The information detail for each patient should be relevant to their current clinical situation			
			Handover processes should be designed to integrate documentation of clinically important information with the permanent record			
			Handover should include other important environmental factors that may impact those working on the subsequent shift, for example:			
			- critical care bed availability			
			- ward patient flow			
			- staff levels/availability			
			- relevant contact persons			
	- any patient or equipment risks					
	Two-way communication	Design local handover processes to promote two-way communication, so that the receiver can ask questions and clarify any relevant information  Accessibility and approachability of senior clinicians at handover promotes learning	Two-way communication should allow for real-time clarification of relevant information			
			A variety of methods are recommended for consideration, including:			
			- face to face interaction			
			- telephone conversation			
Tools to facilitate JMO shift handover	Review existing models and adapt standard templates, tools and memory devices to facilitate JMO clinical handover at shift change	Tools utilise the standard ISBAR communication framework				
		Tools are as generic as possible and resist overly specific adaptations				
		Tools aid the documentation of clinical information, responsibility and accountability in the permanent record				