



College of Emergency  
Nurses New Zealand  
Ngā Ringa Ringa Aroha NZNO



## College of Emergency Nursing New Zealand (CENNZ<sup>NZNO</sup>) Position Statement for Patient Handovers in the Emergency Department

### Purpose

This position statement identifies recommended best practice in regard to clinical patient handovers or transfer of patient care in a safe manner for nurses working in Emergency Departments (ED).

### Background

Clinical handover of a patient can be defined as the “transfer of professional responsibility and the accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis” (ACEM, 2020, para 1; Desmedt et al., 2020, page 2).

The transfer of care occurs when the patient's primary nurse changes, at the change of shift, transfer between diagnostic areas, or transfer to inpatient units or wards, or to other healthcare facilities.

The handover of patient care is a high-risk activity, therefore, CENNZ believe that all emergency nurses within Aotearoa New Zealand should utilise a standardised approach for the handover or transfer of patients care between health professionals. Patients should be included in the handover process where possible to ensure the patient remains at the centre of their health journey. A standardised approach for handover ensures safe and effective communication to minimise risk (ACEM, 2020).

E-handovers have been widely adopted both internationally and nationally as a safe process for a handover of a patient. CENNZ supports the use of e-handovers whereby a standardised process has been adopted within the template and the hospital has a set of guidelines for when an e-handover is not appropriate i.e. the transfer/handover of a HDU or ICU level patient or a paediatric patient.

CENNZ encourages and supports patient and whānau involvement in the handover process when possible. Emergency nurses should adopt a bedside handover as a methodology to ensure the patient and whānau can participate within their health care journey and to work in partnership with the healthcare team. Bedside handover gives the opportunity for patient education, to feel empowered, it supports patient safety and reduces errors in documentation (Lu et al., 2014).

While CENNZ recognises each hospital will have local policy and systems in regard to transferring and the handover of patients, CENNZ supports patient safety and comfort on transfer.

### Key Recommendations

It is of the position of the College of Emergency Nurses New Zealand that:

- A standardised approach to handover should be utilised for emergency nurses.
- Emergency nurses require orientation and ongoing education to support best practice in handover.
- Each shift has dedicated and protected handover time at the start of every shift.

- Bedside handover should be utilised where possible to maximise patient and whānau involvement.
- Organisations implement a standardised approach to handover communication between staff, taking into account patient confidentiality.
- Consistent use of a structured template for the handover process i.e. ISBAR is necessary.
- A structured template is required for e-handovers.
- When verbal handovers do occur, the information of the handover to be clearly documented.
- The points in the patient journey at which handover of responsibility and accountability occur are clearly identified.
- Opportunities for the healthcare member receiving the handover to ask questions and get clarification are provided.
- Systems are provided to enable easy access to additional information if needed i.e. E-handover and electronic medical notes or the use of electronic whiteboards.
- Additional checklists to assist in managing complex handovers are encouraged i.e HDU/ICU level patients.
- Handovers should reflect the multidisciplinary needs of ED patients.

## References

- ACEM (2020). Australasian College for Emergency Medicine (ACEM) clinical handover in the emergency department. Retrieved from [https://acem.org.au/getmedia/39955ff5-c492-448c-a740-ea8c94ab4772/Guideline\\_on\\_Clinical\\_Handover\\_in\\_the\\_Emergency\\_Department](https://acem.org.au/getmedia/39955ff5-c492-448c-a740-ea8c94ab4772/Guideline_on_Clinical_Handover_in_the_Emergency_Department)
- Desmedt, M., Ulenaers, D., Grosemans, J., Hellings, J., and Bergs, J. (2020). Clinical handover and handoff in healthcare: a systematic review of systematic reviews. *International Journal for Quality in Healthcare*, 00 (00), 1-24. doi: 10.1093/intqhc/mzaa170
- Lu, S, Kerr, D and McKinley, L. (2014). Bedside nursing handover: Patients' opinions: Patients' views on bedside handover. *International Journal of Nursing Practice*, 20, (5), 451-459. DOI: 10.1111/ijn.12158
- <http://www.health.govt.nz/our-work/regulation-health-and-disability-system/health-practitioners-competence-assurance-act>

Position statement next due for review	Nov 2027
Position statement last reviewed	Nov 2024