# Warm Clinical Handover Tip Sheet

Use of a warm clinical handover can optimize transitions to new care settings and supports best practice for persons with stroke and their families/caregivers. The warm clinical handover provides an opportunity for the care providers to connect with each other, ideally in front of the client (and family), and share details about the client's progress and other relevant information. It highlights the important role that communication plays in safe, improved outcomes and can enhance continuity of care. Coordination and communication of care promotes teamwork and supports implementation of Canadian Stroke Best Practice Recommendations during transitions of care.

Watch the video for a demonstration : https://youtu.be/ZTL5ltGMUlQ

## COMMUNICATION

Place a phone call or set up a Zoom or Teams meeting with the new care provider when you have the client with you to discuss the referral. Take the opportunity to provide an introduction and complete the handover virtually if unable to do so in-person.

Providing details about the persons journey before transfer to new setting engages the stroke-survivor in their care.

Having the client present allows for the opportunity for information to be validated and verified. Everyone is on the same page when the information is shared among the team, client and their family.

## SAFETY

Errors are reduced when the client is involved in the handover of information about the care plan and course of treatment to date. It makes safety a priority. Client needs do not 'slip through the cracks'.

The handover can decrease duplication of services / treatments / tests which can delay interventions being implemented.

Reduced readmission to hospital is linked to good transfer of information, an important positive client outcome.

## REMINDERS

1. It may take some time to get used to it.
2. This practice can reduce the burden on the client in having to retell their story to multiple providers. Improves community reintegration.
3. It can improve collaboration between healthcare system partners.
4. Be sure that there is adequate time built into the schedule to support the time needed to complete the handover.

## Create a Checklist to include the following information

- Purpose for the visit
- What are the goals for the client, any concerns?
- Ask the client questions to engage them.
- Updates on any outstanding tests, equipment needs, specialist appointments?

## What to consider as part of your warm clinical handover

- ☑ Introduce the new care provider to the client and family (if present).
- ☑ Stroke diagnosis and date of event. Other medical history and family/social history.
- ☑ Risk factors and suggested secondary prevention approaches.
- ☑ Review of hospital stay and follow up needed. Discuss any complications that may have occurred that may require further investigation or follow up. Details on treatments received and stroke impairments.
- ☑ Specific information on functional status, ADLs, mobility and iADLs. Include need for supervision or assistance.
- ☑ Community services that have been arranged, as well as equipment needs, and what is being used at time of transfer of care.
- ☑ Details on driving or return to work plans.
- ☑ Long-term and short-term goals.
- ☑ Upcoming follow up appointments.


Resources Used:
Alberta Health Services. (2020, June). Enhancing Concurrent Capability Toolkit: Transitions in Care. Concurrent Capable Practice Supports, Practice Supports & Provincial Partnerships, Provincial Addiction & Mental Health.

Australian Commission on Safety and Quality in Health Care. (2022). Communication with patients and colleagues. Communication for Safety resource portal. https://c4sportal.safetyandquality.gov.au/communicating-with-patients-and-colleagues

Canadian Stroke Best Practices. (2022). Transitions and Community Participation Following Stroke., 3.3 Health Professional Communication. https://www.strokebestpractices.ca/recommendations/managing-stroke-transitions-of-care/interprofessional-care-planning-and-communication

McKay, C. (2018, October 10). How to improve hand off communication in nursing for better patient handoffs. Tiger Connect. https://tigerconnect.com/blog/how-to-improve-hospital-communication-for-patient-handoffs/

O'Connor, W. (2019, November 4). 5 Benefits of Interprofessional Collaboration in Healthcare. Tiger Connect. https://tigerconnect.com/blog/5-benefits-of-interprofessional-collaboration-in-healthcare/

Smith, K. (2017). Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families. [Webinar] Agency for Healthcare Research and Quality. https://www.youtube.com/watch?v=xDnlqXBmCME

Tregunno, D. (2009). Transferring Clients Safely: Know Your Client and Know Your Team. College of Nurses of Ontario Transfer of Accountability Knowledge Translation Project Report in partnership with the Ontario College of Pharmacists and College of Physicians and Surgeons. School of Nursing, York University. https://kipdf.com/transferring-clients-safely-know-your-client-and-know-your-team-college-of-nurse_5aae810b1723ddc5a42652dd.html