

Practice Statement No. 2: Good practice in case transfer and closure

This Practice Statement describes good practice in case transfer and closure for clinicians working with clients with intellectual disability. It may also be useful to organisations that provide intellectual disability services.

It is normal for client-practitioner relationships to be interrupted for a number of reasons including new clinical needs and changes to staff and funding. Closure of a case is required in a variety of situations, including when the goals of the referral have been achieved.

Good practice in case transfer and closure is therefore an essential skill. Good practice also provides many benefits for clients and clinicians.

Benefits of good practice

A good transfer benefits the client

A good transfer supports continuity of care, positive clinical outcomes, safe practice, client satisfaction, and efficiency.

Continuity of care

The new clinician begins work at the point where treatment ended with the former clinician. Service is integrated, timely and consistent.

Positive clinical outcomes

After a good transfer, the client's quality of life continues to improve because new services build on existing clinical achievements. Past experiences are remembered, and knowledge about the client and treatment is retained.

Reduced level of risk

Safety is protected and quality of care is improved.

Increased satisfaction

When a client and their family are included in the handover process, the issues they see as important are addressed.

Greater efficiency

In a good clinical transfer, the new clinician receives all necessary information. The result is a more efficient future clinical partnership between client and new clinician.

When clients are repeatedly asked to provide their case history, time is wasted and clients can feel frustrated. In the disability sector this is particularly undesirable given the quantity of historical information on record, the intensity of some therapies and the sheer number of therapists and services needed to address each client's needs.

A good transfer benefits the clinician

For clinicians, the benefits of a good transfer include professional satisfaction and professional protection.

Professional satisfaction

A clinician who provides a good transfer can feel more confident in the quality of the client's ongoing care.

Professional protection

Clinicians improve their professional protection by using and documenting good practice in case transfer and closure.

A good closure benefits client and clinician

A good case closure provides many of the same benefits as a good transfer. The clinician identifies existing and emerging risks and manages them appropriately. The clinician also anticipates possible future clinical needs and assists the client and stakeholders to understand those needs.

Key considerations for clinicians

The key considerations in case transfer or closure are risk, communication, the client's and clinician's responses, feedback, knowledge retention, and ongoing privacy and confidentiality.

Understanding the level of risk

Clinicians should identify specific risks and understand the client's particular level of risk.

Communicating with the client and other stakeholders

Clients benefit and transfers are improved when clinicians give clients sufficient notice of case closure and provide a structure for the process.¹

For clients with intellectual disability, communication between clinician and client needs special attention.

This Practice Statement addresses notice periods and the importance of face-to-face communication.

Acknowledging the client's responses

Case transfer or closure can trigger feelings of anxiety, helplessness, abandonment and loss in clients.² This is particularly significant for people who already have experience of traumatic loss.

Acknowledging the clinician's responses

Clinicians can experience similar feelings to clients when closing cases or transferring services to a new clinician.³ How the clinician manages their own feelings can influence the effectiveness of the transfer or closure.⁴

Receiving feedback

As described above, case transfer or closure can trigger positive and negative feelings for all involved. The Practice Guidance includes complaint management principles.

Retaining knowledge for continuity of care

Accurate record-keeping and the transfer of current and complete information to the new clinician are essential for continuity of care.

Protecting ongoing privacy and confidentiality

Privacy and the confidentiality of the clinician–client relationship are key considerations in case transfer or closure. Law, professional obligations and organisational policy govern the storage, use and disclosure of client data before, during and after services are terminated.

About this Practice Statement

This Practice Statement sets out:

- a recommended procedure for case transfer
- a recommended procedure for case closure.

These procedures are designed to help clinicians achieve safe, professional case transfer or closure.

The differences between the two procedures are summarised in this diagram:

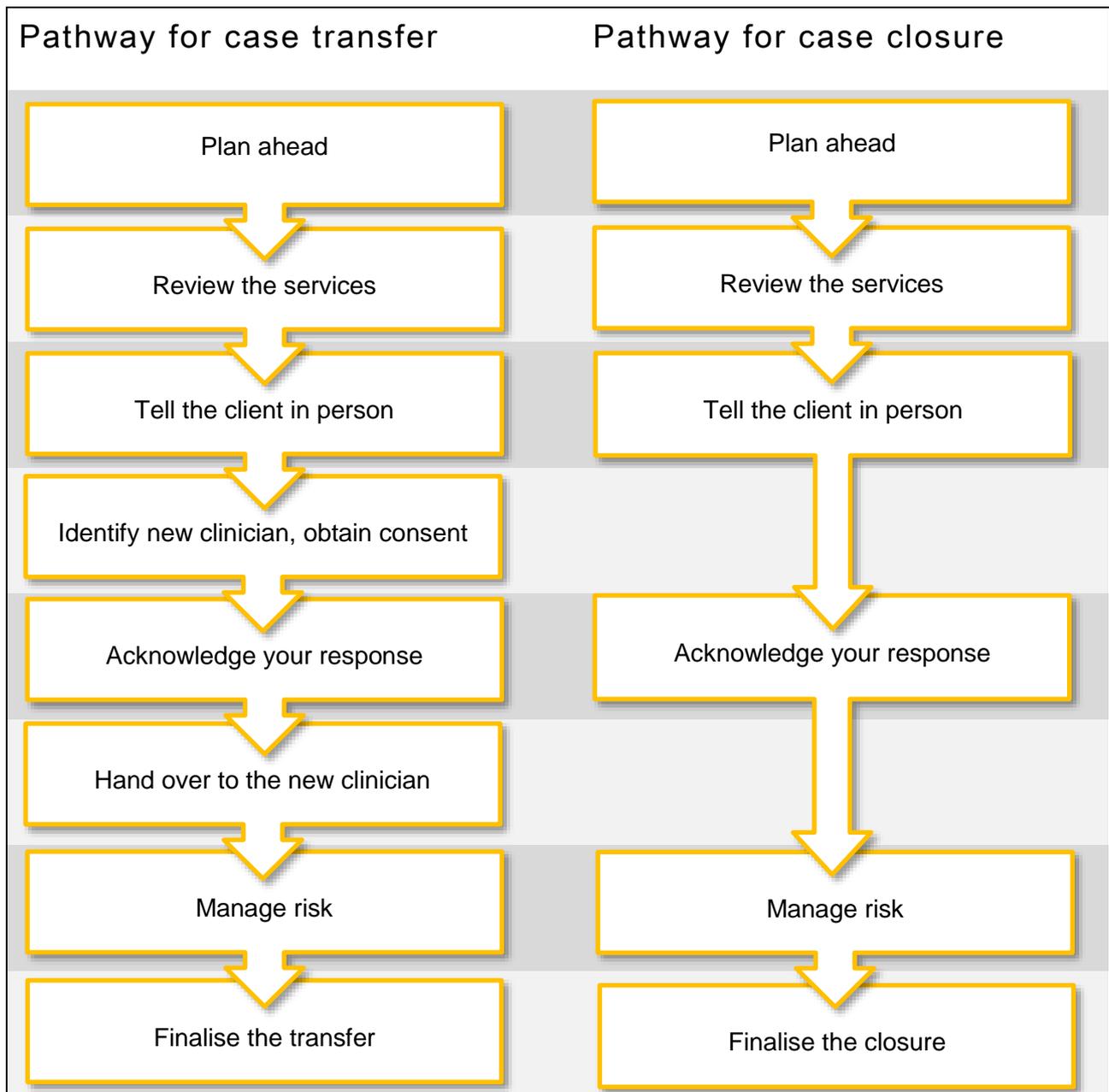


Figure 1: Comparison of case transfer and case closure pathways

Where the pathways differ, this Practice Statement shows a clear path to the appropriate next step.

The recommended procedures include Practice Guidance and commentary. Commentary is presented in ordinary text. Practice Guidance is identified by boxed text, as in this example:

Practice Guidance (Example)

Aim to inform the client and guardian of case transfer four to six weeks before the transfer.

You may find it helpful to use the boxed text as checklist for working through your procedure.

Procedures for case transfer and case closure



Pathway

For a case transfer or closure, start at Step 1.

Step 1: Plan ahead

Practice Guidance

Allow enough time for a safe and professional transfer or closure.

Step 2: Review the services

Practice Guidance

Before meeting with the client and guardian, review the services that were provided.

As part of the review:

- review the client's progress against their goals, paying attention to the strategies that work for this client
- include the client's and other stakeholders' perspectives about goal achievement
- make recommendations about further clinical services or support required, and about existing or emerging risks the new clinician will need to manage.

Record your review in writing.

For convenience, you might begin your case transfer report at the same time you review the case. An example template for a case transfer or closure report is provided in the Appendix.

Step 3: Tell the client in person

Clinicians should inform the client four to six weeks before the transfer or closure.⁵

Practice Guidance

Where possible, give the client advance notice of the transfer or closure. Aim to inform the client and guardian four to six weeks before the transfer or closure.

A face-to-face meeting gives the client and other stakeholders an opportunity to:

- clarify information
- discuss the client's achievement of clinical goals
- raise concerns
- understand and anticipate the client's possible needs in future.

Practice Guidance

Where possible, use face-to-face communication to inform the client and guardian of case transfer or closure. As appropriate, include other stakeholders such as family members, carers and advocates.

Tailor the communication to the needs of the individual client and stakeholders.

Practice Guidance

When discussing transfer or closure with a client with intellectual disability:

- consider the client's history of loss and bereavement
- help the client recognise the loss of the relationship
- assist the client to process their negative and positive feelings
- acknowledge that this journey will be different for everyone and should be tailored to meet the needs of the client and stakeholders
- share information about services that can quickly provide more support
- encourage the client to use natural supports such as family and friends to give the client a sense of continued support and belonging
- acknowledge what has been achieved and the client's ongoing clinical goals
- explain the transfer or closure process.

Confirming that the other person understands is particularly important in the disability sector, given the prevalence of communication challenges.

Practice Guidance

Use check-back to confirm the client and guardian understand the relationship will conclude.

Keep a written record of the discussion.

Where appropriate, update your written review to reflect the face-to-face discussion.

This discussion creates opportunities for the client and stakeholders to give their feedback about the services.

Practice Guidance

Listen to any grievances expressed by the client.

Attempt to resolve any complaints informally, constructively, openly and promptly.

If a client's concerns cannot be resolved informally, use formal methods. Follow organisational policy.



Pathway

For a case transfer pathway, proceed to the next section.

For a case closure pathway, skip Step 4 and move to Step 5.

Step 4: Identify a new clinician and obtain consent

Practice Guidance

Take reasonable steps to help the client identify a new clinician with the qualifications, experience, knowledge or skills to provide the care the client needs.

Consult with the client, guardian and stakeholders to understand their preferences.

Good practice involves shared decision-making and encouraging clients, their families and carers to actively participate in managing their health.⁶

Important considerations in identifying a new clinician include the clinician's:

- expertise in the client's specific needs, for example, positioning, mealtime support, positive behaviour support
- experience in providing clinical supports to people with disability, especially where the client has complex communication needs
- relevant qualifications, professional memberships and registration for providing the services the client needs.

Practice Guidance

Obtain informed consent from the client or guardian, in writing, to the disclosure of confidential information to the new clinician (and service provider, if relevant).

Make sure the client, guardian and relevant stakeholders understand exactly when the handover of responsibility will occur.

Make a written record of the case transfer discussion between you, the client and guardian.

Step 5: Acknowledge your response

Clinicians can, like clients, experience emotions including anxiety, helplessness and loss when a clinician–client relationship comes to a close.

Practice Guidance

Be aware of your feelings and handle them appropriately, to support a safe and successful transfer or closure.

Draw on supervisory relationships to support you. On occasion, it may be appropriate to obtain further counselling.



Pathway

For a case transfer pathway, proceed to the next section.

For a case closure pathway, skip Step 6 and move to Step 7.

Step 6: Hand over to the new clinician

Handover is the process of transferring all responsibility to another clinician.⁷

Two important evidence-based principles for best practice in handover are that the clinicians meet face to face and the new clinician accurately understands the client's needs.⁸

The clinicians meet face to face

Face-to-face handover encourages a deeper understanding of the client's needs and provides a practical opportunity to check the new clinician's understanding.

Practice Guidance

If possible, hand over face to face to the new clinician. The face-to-face handover discussion should include:

- relevant background information
- results and findings of any assessments
- the client's progress toward achieving their goals, the clinician's methods and strategies, the treatment plan that was followed, and recommendations for future clinical services
- verbal discussion of every data point required for the handover (see below)
- real or potential risks the new clinicians will need to manage
- appropriate risk management strategies.

Good relationships between clinicians strengthen the practitioner–client relationship and enhance care; key elements are mutual respect, clear communication and clear division of responsibilities.⁹

It is beneficial to the client if the two clinicians meet *twice* in person: once, before the new clinician starts to see the patient, then once more, after the new clinician has met with the client.

The new clinician accurately understands the client's needs

Loss of information is one of the most important contributing factors to serious adverse events associated with clinical handover.¹⁰ Conserving client data during handover is vital for continuity of care and safety.¹¹

The *method* of data handover has an important effect on data accuracy.¹² In the study by Pothier et al,¹³ the most accurate data transfer was achieved using the following method:

1. The clinician prepares a formal, typed record of all data points needed for handover.
2. The clinician provides all data points to the new clinician before the handover discussion begins.
3. During the handover discussion, the clinician and new clinician discuss every data point in the written record.

In this method, all data is transferred in writing before the clinicians discuss the case. The purpose of the discussion is then to confirm the new clinician's understanding, and not to transfer information.

Practice Guidance

Finalise the case transfer report to the new clinician. This written report should include:

- a summary of the reason for referral
- a review of the client's goals and history
- findings of assessments
- summaries of services provided and the results, implementation issues, and risk management
- recommendations for future services.

Provide a copy to the client or guardian.

After obtaining the client's informed consent in writing, disclose to the new clinician (and service provider, if relevant):

- the case transfer report
- current, comprehensive client records.

Provide all reports and assessments that are necessary for the new clinician to understand the client's needs and provide clinical services that meet those needs.

An example template for a case transfer or closure report is provided in the Appendix.

Step 7: Manage risk

Practice Guidance

Clinicians should manage risk, which includes:

- taking reasonable steps to address any risks to the client's ongoing welfare
- protecting the client with good record-keeping that will help future clinicians to understand the client's needs and history
- meeting the standards of your professional organisation.

For as long as the client is in your care, take action where action is required to manage risks.

Step 8: Finalise the transfer or closure

Practice Guidance

Follow all legal, professional, ethical and organisational requirements regarding privacy and confidentiality. If you are aware of information not provided to the new clinician in a case transfer, you may need to recognise and disclose a conflict of interest.

Ensure you provide the client and stakeholder with written confirmation of the case transfer or closure.

You may need to inform other stakeholders of the transfer or closure, for example, clinicians providing other services to the client. Further consents from the client may be required.

In a case closure, it is now appropriate to finalise the case closure report. Keep the transfer or closure report on file.

Use a checklist to ensure nothing is missed.

Record the date of the formal transfer or closure of the case. Follow professional standards and organisational policy for record-keeping.

As noted above, you could use this Practice Guidance as a checklist. Organisations and private practitioners may find it helpful to develop their own checklist.

Policy and compliance

Institutions and providers should ensure a good, current handover policy is in place and all clinicians follow it.¹⁴ Good leadership and clear processes support staff clinicians to transfer and close cases in manner that is successful and safe.

Notes

- ¹ Clark, P, Cole, C & Robertson, J 2014, 'Creating a safety net: transferring to a new therapist in a training setting', *Contemporary Family Therapy* vol. 36(1) pp. 172–89.
- ² Williams, L & Winter, H 2009, 'Guidelines for an effective transfer of cases: The needs of the transfer triad', *American Journal of Family Therapy*, 37(2), pp. 146–58.
- ³ Williams & Winter, see above n. 2.
- ⁴ Clark, Cole, & Robertson, see above n. 1.
- ⁵ Clark, Cole, & Robertson, see above n. 1.
- ⁶ Occupational Therapy Board of Australia 2014, *Code of Conduct for registered health practitioners*; Physiotherapy Board of Australia 2014, *Code of Conduct for registered health practitioners*.
- ⁷ Occupational Therapy Board of Australia, see above n. 6; Physiotherapy Board of Australia, see above n. 6.
- ⁸ Australian Commission on Safety and Quality in Health Care 2010, *The OSSIE Guide to Clinical Handover Improvement*. Sydney, ACSQHC.
- ⁹ Occupational Therapy Board of Australia, , see above n. 6; Physiotherapy Board of Australia, see above n. 6; Psychology Board of Australia 2010, *APS Code of Ethics for the profession*; Speech Pathology Australia 2016, *Code of Ethics*.
- ¹⁰ Australian Commission on Safety and Quality in Health Care, see above n. 8.
- ¹¹ Pothier, D, Monteiro, P, Mooktiar, M & Shaw, A 2005, 'Pilot study to show the loss of important data in nursing handover', *British Journal of Nursing*, 14(20), pp. 1090–93.
- ¹² Pothier, Monteiro, Mooktiar & Shaw, see above n. 11.
- ¹³ Pothier, Monteiro, Mooktiar & Shaw, see above n. 11.
- ¹⁴ Australian Commission on Safety and Quality in Health Care, see above n. 8.

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Develop your career with [essential skills in intellectual disability services](https://www.communities.qld.gov.au/disability/service-providers/centre-excellence). Visit our website ([communities.qld.gov.au/disability/service-providers/centre-excellence](https://www.communities.qld.gov.au/disability/service-providers/centre-excellence)).

About the Centre

At the Centre of Excellence for Clinical Innovation and Behaviour Support, our vision is for positive behaviour support to be embedded throughout the person's whole support system. Family and supporters are central, guided by a collaborative multidisciplinary team.

The Centre researches innovative approaches to training for supporters of people with intellectual disability.

[The Centre's training caters to learning needs in all areas of disability services](https://www.communities.qld.gov.au/disability/service-providers/centre-excellence/practice-leadership-learning-resources/training), including frontline workers, executives and clinicians (<https://www.communities.qld.gov.au/disability/service-providers/centre-excellence/practice-leadership-learning-resources/training>).

Please [contact us](#) for more information about upcoming events, our news, the Centre's research projects and learning and development opportunities at the Centre (centreofexcellencetraining@communities.qld.gov.au).

Appendix

Example case transfer or closure report

Report data	
Client name	
Client date of birth	
Client address	
Duration of services	
Report compiled by	
Date of report	

Reason for initial referral
Describe the presenting issues or reason for referral, and summarise the relevant history.
Assessment methods
For example, full Functional Behavioural Assessment (<i>Adaptive Behaviours Assessment System (ABAS-II)</i>); <i>Sensory Integration Inventory – Revised</i>), formal observations, speech and language assessment
Assessment findings
Include risk assessment, e.g. Function of behaviour, including operational definitions

<p>The goals of the services</p> <p>The goals as identified by the client and stakeholders</p>
<p>Services provided</p> <p>Description of services provided to date</p>
<p>Results of services</p> <p>The client's outcomes, as compared to the defined goals and reason for referral Include the client's and other stakeholders' perspectives.</p>
<p>Implementation issues</p> <p>Any issues or challenges in implementing the services</p>
<p>Reason for transfer or closure</p>

Risk management

What are the continuing clinical needs and action items for follow-up? (For example: draft a current Positive Behaviour Support Plan; finalise equipment, prescriptions or trials)
Are there any specific, outstanding or emerging risks that should be addressed before transfer? If yes, refer to Step 7 of this Practice Statement.

Recommendations and comments

Your recommendations for future services may include direct recommendations to the new provider, e.g., recommendations for effective engagement.

Clinician sign-off

Clinician's signature

Date

Clinician's name

Clinician's title

Team leader or manager sign-offTeam leader or
manager's signature

Date

Team leader or
manager's nameTeam leader or
manager's title