

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-04
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	04
	<b><u>SUBJECT</u></b> PATIENT HAND-OFF POLICY	SUPERSEDES	N/A

**I. PURPOSE:**

The purpose of this policy is to define a safe process to convey important information about a patient's care when transferring care responsibility from one physician to another.

**II. BACKGROUND:**

- 2.1. In the course of patient care, it is often necessary to transfer responsibility for a patient's care from one physician to another. Hand-off refers to the orderly transmittal of information, face to face, that occurs when transitions in the care of the patient are occurring.
- 2.2. Proper hand-off should prevent the occurrence of errors due to failure to communicate changes in the status of a patient that have occurred during that shift. In summary, the primary objective of a "hand-off" is to provide complete and accurate information about a patient's clinical status, including current condition and recent and anticipated treatment. The information communicated during a hand-off must be complete and accurate to ensure safe and effective continuity of care.

**III. SCOPE:**

These procedures apply to all MSM physicians who are teachers or learners in a clinical environment and have responsibility for patient care in that environment.

**IV. POLICY:**

- 4.1. Hand-offs must follow a standardized approach and include the opportunity to ask and respond to questions.
- 4.2. A hand-off is a verbal and/or written communication which provides information to facilitate continuity of care. A "hand-off" or "report" occurs each time any of the following situations exists for an inpatient, emergency room patient, clinic patient, observation patient, or any other patient:
  - a) Move to a new unit
  - b) Transport to or from a different area of the hospital for care (e.g. diagnostic/treatment area)
  - c) Assignment to a different physician temporarily (e.g. overnight/weekend coverage) or longer (e.g. rotation change)
  - d) Discharge to another institution or facility
- 4.3. Each of the situations above requires a structured hand-off with appropriate communication.

**V. CHARACTERISTICS OF A HIGH QUALITY HAND-OFF:**

- 5.1. Hand-offs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information.
- 5.2. Hand-offs include up-to-date information regarding the patient's care, treatment and services, condition, and any recent or anticipated changes.
- 5.3. Interruptions during hand-offs should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.
- 5.4. Hand-offs require a process for verification of the received information, including repeat-back or read-back, as appropriate.

**VI. HAND-OFF PROCEDURES:**

- 6.1. Hand-off procedures will be conducted in conjunction with (not be limited to) the following physician events:
  - a) Shift changes
  - b) Meal breaks
  - c) Rest breaks
  - d) Changes in on-call status
  - e) When contacting another physician when there is a change in the patient's condition
  - f) Transfer of patient from one care setting to another
- 6.2. Hand-off procedures and information transfer forms and guidelines for physicians are developed and implemented by each service according to the needs of that service. The hand-off forms or guidelines may be in either paper or electronic format, and must include clinical information agreed upon by physicians on that service, as being integral to the provision of safe and effective patient care for that patient population.
- 6.3. Each service will develop and implement a hand-off process that is in keeping with the shift or rotation change practices of its physicians and that facilitates the smooth transfer of information from physician to physician.
- 6.4. Each service hand-off process must include an opportunity for the on-coming physician to ask pertinent questions and request information from the reporting physician.
- 6.5. Each hand-off process must be conducted discreetly and free of interruptions to ensure a proper transfer.
- 6.6. Each hand-off process must include at minimum a senior Resident or Attending physician.
- 6.7. A Resident physician must not leave the hospital until a face-to-face hand-off has occurred with the Attending physician or senior Resident that is coming onto the service. Telephonic hand-off is not acceptable.

**VII. STRUCTURED HAND-OFF:**

- 7.1. Within each service, hand-offs will be conducted in a consistent manner, using a standardized hand-off form or structured guideline.
- 7.2. Hand-offs, whether verbal or written, should include, at minimum, specific information listed below (as applicable):
  - a) Patient name, location, age/date of birth
  - b) Patient diagnosis/problems, impression
  - c) Important prior medical history
  - d) DNR status and advance directives
  - e) Identified allergies
  - f) Medications, fluids, diet
  - g) Important current labs, vitals, cultures
  - h) Past and planned significant procedures
  - i) Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
  - j) Plan for the next 24+ hours
  - k) Pending tests and studies which require follow up
  - l) Important items planned between now and discharge

**VIII. FORMATTED PROCEDURE:**

- 8.1. A receiving physician shall:
  - a) Thoroughly review a written hand-off form or receive a verbal hand-off and take notes
  - b) Resolve any unclear issues with the transferring physician prior to acceptance of a patient
- 8.2. In addition, the SBAR can be used to deliver or receive the information:
  - a) **S**ituation: What is the problem?
  - b) **B**ackground: Pertinent information to problem at hand
  - c) **A**ssessment: Clinical staff's assessment
  - d) **R**ecommendation: What do you want done and/or think needs to be done?
- 8.3. The following document is a suggested format for programs to document information with a sign-out process.

**A SAMPLE FORMAT**

**Shift Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Shift Time (24 hour):** \_\_\_\_\_

By my signature below, I acknowledge that the following events have occurred:

- 1. Interactive communications allowed for the opportunity for questioning between the giver and receiver about patient information.
- 2. Up-to-date information regarding the patient’s care, treatment and services, condition, and any recent or anticipated changes was communicated.
- 3. A process for verification of the received information, including repeat-back or read-back as appropriate, was used.
- 4. An opportunity was given for the receiver of the hand-off information to review relevant patient historical information, which may include previous care, and/or treatment and services.
- 5. Interruptions during hand-offs were limited in order to minimize the possibility that information would fail to be conveyed, not be heard, or forgotten.

\_\_\_\_\_  
Receiving Resident’s Name and Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Departing Resident’s Name and Signature

\_\_\_\_\_  
Date/Time