

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
HAND OFF COMMUNICATION**

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Effective Date: January 2008
Cross Referenced:
Reviewed Date: 10/13
Revised Date: 7/14

Policy No: PC18
Origin: Nursing
Authority: Chief Nursing Officer
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SCOPE

This policy applies to all inpatient and outpatient services of Hackettstown Regional Medical Center.

PURPOSE

Describes the standardized approach to hand-off communications between care givers to ensure complete information is conveyed to provide continuity of care, treatment, or services and to promote optimum patient safety.

DEFINITIONS

- I. **Hand Off Communication:** A concurrent, interactive process of passing patient-specific information from one caregiver to another for the purpose of ensuring continuity and safety of the patient's care.
- II. **Day-to-Day Service Providers:** Providers that perform a specific service, such as physical therapy, on a day by day basis.

POLICY

- I. A standardized approach to hand-off communication will be used by those departments, services, or persons who pass patient specific information from one caregiver to another or from one team of caregivers to another. Staff will use communication techniques that support the effective exchange of information for change of shift reports, transfer reporting, and communication of patient change of status to other health care providers. The data conveyed in the report will reflect an organized, systematic overview of the current situation and progress during the previous shift or their status upon transfer of care from one healthcare provider to another. .
- II. Direct person to person contact (verbal exchange) is the preferred method of hand-off when transferring care. When this is not possible, it is acceptable to provide this information via phone, hardcopy, form or fax. The hand-off of information via hardcopy, form or fax will be followed up with person-to-person contact or a telephone call, when indicated, allowing an opportunity for questioning between the provider and receiver of information. Every effort should be made to minimize interruptions to verbal reports.

ROLES AND RESPONSIBILITIES

Person receiving the transfer of care during a hand-off is responsible to initiate questions or other follow-up as needed until the care needs of the patient have been clarified.

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PROCEDURE

I. Change of Shift Report

1. Off-going staff report is given verbally to oncoming staff assuming care – **report includes going to the patient bedside and engaging the patient in hand off process**
2. Minimum Patient information to be included:
 - a. Patient Identifiers (name, date of birth or other department specific ID)
 - b. Diagnosis and current condition
 - c. Surgical or other invasive procedures
 - d. Code status
 - e. Abnormal findings, or pertinent clinical information
 - f. Planned treatments
 - g. Pending care needs (medications, labs, etc.)
 - h. Special Precautions (if any)
3. Oncoming staff reviews above and any other information provided in writing and is given opportunity for questions or clarifications prior to the off-going staff leaving unit.
4. Department specific report template may be used to facilitate report.

II. ED to Nursing Department

1. ED staff will call verbal report to receiving nurse or charge nurse prior to patient transfer.
2. Minimum Patient information to be included:
 - a. Patient Identifiers (name, date of birth or other department specific ID)
 - b. Diagnosis and current condition
 - c. Surgical or other invasive procedures
 - d. Code status
 - e. Abnormal findings, or pertinent clinical information
 - f. Planned treatments
 - g. Pending care needs (medications, labs, etc.)
 - h. Special Precautions (if any)
3. Receiving nurse will document name of nurse giving report in case additional information is needed.

III. Day-to-Day Service Providers (PT, RT, OT, etc.)

1. Chart notes are used as the medium for communicating patient-specific information
2. Questions regarding care can be addressed by calling previous staff person or supervisor for service.

IV. Intra-Hospital Transport of Patients for Diagnostic Studies

1. Pertinent information is conveyed on the requisition (patient name, age, sex, diagnosis, reason for study)

Approved at July 2014 President's Council Meeting
month / year Committee Name

Format approved at President's Council 7/22/13

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2. Sending nurse completes the "Ticket to Ride" form and attaches to patient medical record
3. Special precautions (isolation, etc) are reviewed with transporter
4. Patient medical record will accompany patient
5. Technologist or nurse performing the study will call the sending department if there are questions and if there are post-study observations or needs that require follow up
6. Upon return to unit, transporter will confirm patient arrival with sending unit

V. Interdepartmental Transfers

1. Transfer to another unit for same or other level of care – as per shift report, but include status of valuables and review of transfer orders
2. Transfer to different level of care – Interdepartmental Transfer Summary Form

VI. Patients Undergoing Tests or Procedures in Other Departments

1. Sending department completes pre-procedure or pre-operative checklist
2. Special precautions / patient needs are reviewed with receiving department at time of pickup

VII. For Patient Discharge/Transfer

1. Discharge/transfer summary is used to convey information to the next provider of care.
2. Transfers to other care facilities, home care services, etc will also included:
 - a. Verbal report (either in person, or over telephone)
 - b. Provision of specific chart documents as required by receiving facility/service

SPECIAL CONSIDERATIONS

1. Interruptions during handoffs are limited to minimize the possibility that information would fail to be conveyed.
2. Information conveyed during hand-off includes a process for verification, including repeat-back or read-back as appropriate.
3. For interim coverage such as for breaks or other brief absences, staff will verbally convey information sufficient to satisfy expected needs during that timeframe.
4. See Discharge/Transfer policies for other specific requirements for discharge and inter-facility transfers.

REFERENCES

Joint Commission National Patient Safety Goal 2E