



HAND-OFF POLICY

What is Hand-off?

Hand-off refers to the orderly transmittal of information, face to face, that occurs when transitions in the care of the patient are occurring, such as at 5 PM weekdays, and 8 AM on Saturday and Sunday, when the on-call physician is taking charge of the patient from the current physician. 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.

Why is face to face hand-off so important?

Previous studies from a variety of industries (airline, NASA, etc.) have shown that errors can occur when transitions of care occur only through telephonic communication. Face to face interaction allows each party to ask questions, and clarify information about the status of pending test results, acute problems with the patient, or other matters.

The day team is responsible for face to face hand-off of patients to the night time or weekend physician on call. Each person involved in the hand off should sign the Hand – Off form included for that purpose. [See attachments] Additionally, the day team is responsible for sending via electronic mail a spread sheet to the attending physician on call for that night or weekend. The appropriate spread sheet template will be provided to you at the beginning of the year by the chief resident. These lists should be updated every week day to reflect any new admissions or discharges from the rehabilitation inpatient unit.

What can happen due to inadequate hand-off?

Serious errors in patient care that affect patient safety can occur due to inadequate hand-off. For this reason, the hospital administration, as well as the department chair, residency director and supervising faculty all place great importance on these issues of transition of care from one house staff physician to the other. Failures in this hand-off which result in lapses of patient care will be investigated and disciplinary procedures can be invoked. These would be considered lapses in professionalism and lapses in patient care responsibility, which could have serious adverse consequences for the physicians involved.

What is S-B-A-R?

The nursing staff at the hospitals where you are working will utilize a methodology for physician contact based on the concept of S-B-A-R: Situation, Background, Assessment, Recommendations. An example of the Parkland template for S-B-A-R is included in this manual.

The nurse who contacts you does not have the training and experience of a physician. You as the physician on call are expected to examine the patient whenever necessary to determine the correct treatment or need for diagnostic studies, or medications, etc. Do not ask the nurse to make an assessment that is beyond her competency. The physician who is on call for that unit will be held responsible for performing the appropriate evaluation, and the physician cannot delegate his responsibility to others with less training.

Nurses will also report important changes in patient status to the attending physician of record during the day shift. The attending physician will expect to see a physician progress entry for the evaluation of any important changes in the patient condition that occur during the previous shift. The attending physician will report to the PD any failures of house staff physician documentation in the medical record.

- The resident must not leave the hospital until face to face handoff has occurred with the physician coming onto the service at the time of shift transition. Telephonic hand off is not acceptable.
- Electronic transmission of patient lists (spreadsheet format previously distributed) should occur prior to the shift change Friday, so that the attending physician on call has complete and up to date list of patients.
- If the resident does not report for duty, please contact the attending physician for further instructions. Contact the residency program director if you are unable to reach the attending physician.

Samuel Bierner, MD

2-4-09



Patient Hand-Off Acknowledgement Form

Date: _____ Shift Time: _____

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

- Interactive communications allowing for the opportunity for questioning between the giver and receiver of patient information
- Up-to-date information regarding the patient's care, treatment and services, condition and any recent or anticipated changes
- A process for verification of the received information, including repeat-back or read-back, as appropriate
- An opportunity for the receiver of the hand off information to review relevant patient historical data, which may include previous care, treatment and services
- Interruptions during hand offs are limited to minimize the possibility that information would fail to be conveyed or would be forgotten.

Resident In-house Call Signature

ID Number

Date/Time

PHHS Resident Signature

ID Number

Date/Time



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Resident In-house Call Signature

ID Number

Date/Time

ZLUH Resident Signature

ID Number

Date/Time

