University of Mississippi Medical Center
Graduate Medical Education
Hand-Off Policy

I. PURPOSE:

In the 24-hours-a-day, 7-days-a-week enterprise of the teaching hospital, which encompasses multiple specialties, clinical departments, and modalities of care, transitions of care between units and providers or provider teams (also called handoffs, handovers, or sign-outs) are a common and necessary occurrence. During these transitions, the physician or team handing over responsibility for care must accurately convey information about the patients under his or her care, and the physician accepting responsibility must receive, process, and interpret this information to make judgments about what actions must be taken in the immediate future. In addition to “task lists,” this process frequently includes decisions about the degree of monitoring necessary for the patients’ acuity of illness to allow for the appropriate allocation of time, attention, and other resources. 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. SCOPE:

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

III. POLICY:

- Hand-offs must follow a standardized approach and include the opportunity to ask and respond to questions.
- A hand-off is a 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 department 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
- Each of the situations above requires a structured hand-off with appropriate communication.
IV. CHARACTERISTICS OF A HIGH QUALITY HAND-OFF:

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

V. HAND-OFF PROCEDURES:

- 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

- Each service will develop and implement a hand-off process that is in keeping with the common clinical site-based processes for hand-offs.
- Each service hand-off process must use a direct verbal communication process which includes an opportunity for the on-coming physician to ask pertinent questions and request information from the reporting physician.
- Each hand-off process must be conducted discreetly and free of interruptions to ensure a proper transfer.
- A resident physician must not relinquish responsibility for the patients until the hand-off is complete.
- Program-based standardized processes and direct observation must be used to assess residents for their ability to move from direct to indirect supervision in the conduct of hand-offs.
- Hand-off procedures may be augmented by information transfer forms for physicians which are developed and implemented by each service according to the needs of that service. The hand-off forms 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.
VI. STRUCTURED HAND-OFF:

- Within each service, hand-offs will be conducted in a consistent manner, using a common clinical site-based process.

**Structured Verbal Handoff (required)**
- Begin with overview of entire service
- Need proper environment – limit interruptions
- Use IPASS mnemonic
- Employ closed loop communication

**Handoff Document (optional)**
- Supplements verbal handoff
- May import elements from EMR
- Keeps information current with updates

**High Level Skills**

**Patient Summary**
- Be concise and focused
- Establish working diagnosis
- Include semantic qualifiers
- Ensure check-back with receiver

**Contingency Plans – “If this happens, then…”**
- Problem solve before things go wrong
- Know potential therapies or interventions
- Identify most worrisome patients
- Articulate chain of command

- A receiving physician shall:
  
a) Receive a verbal hand-off and take notes and review any hand-off document used at that site.
b) Resolve any unclear issues with the transferring physician prior to acceptance of a patient

In addition, there will be times in which a change occurs in between signout and communication needs to occur between healthcare professionals, e.g. nurse to resident, resident to resident. In these situations, SBAR should be used to deliver or receive the information:

a) **Situation:** What is the problem?
b) **Background:** Pertinent information to problem at hand
c) **Assessment:** Clinical staff’s assessment
d) **Recommendation:** What do you want done and/or think needs to be done?
A SAMPLE FORMAT

I  Illness Severity  
   • Stable, “watcher,” unstable

P  Patient Summary  
   • Summary statement
   • Events leading up to admission
   • Hospital course
   • Ongoing assessment
   • Plan

A  Action List  
   • To do list
   • Timeline and ownership

S  Situation Awareness & Contingency Planning  
   • Know what’s going on
   • Plan for what might happen

S  Synthesis by Receiver  
   • Receiver summarizes what was heard
   • Asks questions
   • Restates key action/to do items

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