

PATIENT HAND-OFF (TRANSITION OF CARE) POLICY

December 17, 2018

A. Purpose

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

B. Background

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 communication of essential information when transitions in the care of the patient are occurring. The information communicated during a hand-off must be accurate and sufficiently complete in order to ensure the continuation of safe and effective patient care.

C. Application

This policy applies to all residents in the University of North Dakota internal medicine and transitional year residency programs. Residents who do not comply with the policy are subject to the disciplinary policies of the residency program.

D. Policy

1. Hand-offs must follow a standardized approach and include the opportunity to ask and respond to questions.
2. A hand-off communicates essential information to facilitate continuity of care. A hand-off must occur when any patient will experience a transition of care. Examples of transitions of care include:
 - a. The patient is assigned to a different physician within the facility, either temporarily (i.e. the physician will be off-duty overnight) or permanently (i.e. the physician is rotating to a new clinical assignment); or
 - b. The patient is discharged or transferred to another facility.

E. Procedures

1. Internal Medicine Teaching Service
 - a. End-of-shift Hand-offs
 - 1) Hand-offs will occur at the end of each shift. Residents on the day shift will hand-off to the on-call team not earlier than 4:00 pm (Monday through Friday) or at noon (weekends). Residents on-call will hand-off to the night float team at 8:30 PM (Monday through Friday) or 7:30 PM (weekends and holidays) prior to going off duty. Residents on night float will hand-off to the day shift residents at 7:30 AM.
 - 2) Hand-offs must include a written component (hand-off forms printed from Siemens NetAccess are recommended) and a verbal component. The verbal hand-off will follow the SIGNOUT? format.
 - b. Off-Service Hand-offs
 - 1) Hand-offs will occur at the end of each resident's rotation. Each resident leaving the service will hand-off to the resident replacing them at a mutually agreed time and place.

- 2) Hand-offs must include a written component and a verbal component. The written component will include an off-service note documented in the electronic medical record of each patient being handed-off and a printed patient list from Siemens NetAccess. The verbal hand-off will follow the SIGNOUT? format for each patient.
- c. Discharge Hand-offs
- 1) The discharge process for any patient being dismissed from the hospital will include a hand-off to the physician who will be responsible for the patient's continuing care. It is the responsibility of the discharging physician to determine the identity of the physician who will be responsible for the patient's continuing care.
 - 2) Hand-offs must include a written component (the discharge summary) and a verbal component. The discharging physician will arrange for a copy of the discharge summary to be sent to the physician who will be responsible for the patient's continuing care. The verbal component should occur on the day of discharge (or as soon as the physician who will be providing the patient's continuing care is available) and may be completed via a face-to-face conversation, or via a telephone call. When the physician who will be responsible for the patient's continuing care is practicing within the Sanford Health System, a note (flag) sent through the electronic medical record system may be used instead of the verbal component of the hand-off.