 UNIVERSITY of MARYLAND MEDICAL CENTER	POLICY AND PROCEDURE MANUAL	PAGE: 1 OF 2	POLICY NO: COP-044
		EFFECTIVE DATE: 04/15	LAST REVISION DATE: NEW
SUBJECT: HANDOFF COMMUNICATION		FUNCTION: PROVISION OF CARE	

KEY WORDS: handoff, report, patient transfer

I. POLICY

A. OBJECTIVE

To provide guidelines for minimal content required to be communicated between clinical care providers prior to transfer of care from one clinician to another.

B. INDICATION FOR USE

1. This policy will be used when transferring care of a patient from one clinician to another upon transfer from one unit or care area to another, post-procedure, or at other care transitions as deemed clinically appropriate.
2. The Handoff Communication Template tool will be used alone or in conjunction with the electronic medical record tool form all UMMS facilities.
3. This process and communication tool may be used for communication of patient report/summary of care in the absence of a facility specific document when transferring patients from or to another facility.

C. DEFINITIONS


Handoff Communication	The provision of verbal and/or written information from one clinical provider to another to ensure that pertinent needs for care and treatment can be provided safely and in a timely manner.
-----------------------	---

II. RESPONSIBILITY

Licensed Independent Practitioners (LIP)	Communicate pertinent clinical details to other clinicians taking responsibility for patient care using at least the minimal data elements of handoff communication as below. Enter transfer orders as appropriate including level of care required, diagnosis, medications, and supportive care required.
All other clinical care providers	Communicate pertinent clinical details to other clinicians taking responsibility for patient care during transitions in care including but not limited to: <ul style="list-style-type: none"> • Admission to unit • Transfer between units • Discharge to home or another facility • Transfer from another facility • Pre and post-procedural care - PACU, OR, or other procedure area

III. PATIENT CARE MANAGEMENT

- A. Verbal or written handoff communication is required between transitions of care between clinicians that is patient specific and contains the following minimal elements:
 1. Patient Name and DOB or medical record number
 2. Diagnosis
 - a) Reason for admission or transfer
 - b) Other pertinent clinical diagnoses or problems
 3. Allergies
 4. Pertinent clinical details of event or current situation as required.
 - a) **SBAR** format is encouraged – **S**ituation, **B**ackground, **A**ssessment, **R**ecommendations
 - (1) Includes review of clinically relevant systems assessment
 5. Code Status
 6. Isolation (as applicable)
 7. Pertinent medications- including last dose and effect, if appropriate.
- B. Receiving clinician will have an opportunity to ask questions or seek additional detail as desired.
- C. A handoff communication will be documented including the date and time of communication and both the sender's name and receiver's name.
 1. Prior to termination of communication, both parties must agree that an appropriate handoff has occurred.
 2. Both parties will document that the handoff has occurred.
- D. If written communication is utilized, the above items will be addressed.
 1. Handoff Communication form (**See Attachment A**) may be utilized by providers of care in any discipline.
 - a) Handoff Communication Template will be available in Formfast as Form # PG74
 - (1) A specialized Handoff Communication (**See Attachment B**) is available for Post-procedural areas when the patient has had a procedure that requires communication back to the unit (ie: xray,

 UNIVERSITY of MARYLAND MEDICAL CENTER	POLICY AND PROCEDURE MANUAL	PAGE: 2 OF 2	POLICY NO: COP-044
		EFFECTIVE DATE: 04/15	LAST REVISION DATE: NEW
SUBJECT: HANDOFF COMMUNICATION		FUNCTION: PROVISION OF CARE	

CT, IR) and the patient had no significant clinical changes.

- b) Electronic Handoff Communication is acceptable (when available) provided the minimal elements are present.

E. Transfers To And From Another Facility

1. Handoff communication must occur using the minimum requirements listed in Section III A.
2. Telephone or written handoff is required prior to patient arrival at accepting facility
 - a) Maryland Express Care will facilitate transportation from outside facility.
 - b) All patients transferring from another facility must have an accepting UMMC provider.
 - (1) The accepting provider will communicate to the sending provider and will assign a level of care (ie: acute care, IMC/Tele or ICU)
 - c) Patient Placement Center/ Nursing Coordinator will facilitate communication between Maryland Express Care and sending facility regarding bed availability and timing of transfer (**See Attachment C**)
 - (1) Patients will be entered into electronic bed management system by Express Care
 - (2) Patient Placement Center will assign unit and notify charge RN
 - (3) Receiving RN or charge RN may contact the sending facility (at the phone number provided in electronic bed management system under comments) for report if sending facility has not already made contact.
 - (a) If report suggests that patient is not appropriate for the assigned level of care, notify Maryland Express Care to request a reassessment and possible reassignment.

IV. REPORTABLE CONDITIONS

- A. Lack of opportunity to ask questions/ seek clarification.
- B. Absence of handoff communication.

V. DOCUMENTATION

- A. Documentation that a handoff has occurred will be documented in the medical record.
 1. Both parties involved in patient handoff will document that the handoff has occurred.
- B. If written handoff tool is used, the document will be filed in the patient’s medical record.

VI. SUPPORTIVE INFORMATION

A. SEE ALSO

1. **Attachment A: Handoff Communication Template (FormFast # PG74)**
2. **Attachment B: Post-Procedural Handoff Communication (FormFast # PG26A)**
3. **Attachment C: Maryland Express Care Workflow**

B. REFERENCES


1. The Joint Commission. (2013). Standard PC.02.02.01. *Comprehensive accreditation manual for hospitals: The official handbook*. Oakbrook Terrace, IL: The Joint Commission.

C. COMMUNICATION AND EDUCATION

1. This policy will be communicated to the appropriate UMMC personnel via the following channels:
 - a) The policy will be distributed to the Directors of Diagnostic Services, Chairmen of Medical Staff and Department of Nursing Committees for dissemination to their specific department staff.
 - b) Updates and revisions will be communicated via Medical Staff and Nursing publications.
 - c) This policy will be placed in the Policy and Procedure Manual on the UMMC Intranet site.

DEVELOPER(S) Provision of Care Committee, Clinical Practice and Professional Development

REVIEWED/REVISED: NEW 04/15

 UNIVERSITY of MARYLAND MEDICAL CENTER	POLICY AND PROCEDURE MANUAL	POLICY NO: COP-044A	PAGE: 1 OF 1
		EFFECTIVE DATE: 04/15	LAST REVISION DATE: NEW
POLICY HANDOFF COMMUNICATION		ATTACHMENT A: HANDOFF COMMUNICATION TEMPLATE	

**University of Maryland Medical System
Handoff Communication Template**

Date: ___/___/___ **Time:** _____ **Transferred to:** _____ **From** _____

Handoff/Report given to: _____ @ _____ **by:** _____ @ _____
(Please print) (Phone #/extension) (Please print) (Phone #/extension)

Code status: Attempt CPR No CPR, intubate NO CPR, DNI NO CPR, Palliative and Supportive Care

Does patient have an **Advance Directive?** Y/N **MOLST?** Y/N If yes, do we have a copy? Y/N **Comments:** _____

Allergies: _____ **Isolation:** None / Contact / Airborne / Droplet MRSA / VRE / Gram Negative / C-Diff

Recent VS: Time: _____ Temp _____ HR _____ RR _____ BP _____ / _____ SpO₂ _____ Pain Score _____ Wt _____

Major Diagnosis/Reason for Admission: _____

The remainder of Patient Handoff may occur verbally or by written or electronic summary.

History of Present Illness Past Medical/Surgical History:	History of OSA Y/N STOP/BANG Assessment + / - _____
Safety Precautions	Fall Risk: _____ Restraints: Yes / No Type: _____ Sitter Y/N
Pertinent Medications Drips/IVF/Abx/STAT (see EMAR for complete list):	Medication Reconciliation Completed: Y/N _____ (Include most recent doses/admin time of high priority meds such as drips, anticonvulsants, narcotics, insulin, antibiotics. Include recent use of reversal agents including narcan, flumazenil, protamine or Vit K, D25% or D50%)
Significant Diagnostic Results (see Chart for details)	Labs: Imaging:
Neurological	Alert & Oriented x _____ Moves all extremities? Y/N Is patient verbally responsive? Y/N Last sedation/analgesia: _____ Resp Rate _____ Sedation Score prior to medication _____ Abnormalities/comments:
Respiratory	Airway: _____ Breath Sounds: _____ ABG? _____ History of Obstructive Sleep Apnea? Y/N Oxygen delivery/settings: Abnormalities/comments:
Cardiovascular	ECG rhythm: _____ Pulses: _____ Last glucose: _____ Last insulin: _____ IV access/lines Abnormalities/comments:
Gastrointestinal	NPO / PO / TF / TPN Diet: _____ Can patient swallow safely? Y/N unknown GI access: _____ LBM: _____ Comments:
Genitourinary	Urinary / Incontinent / Foley Comment:
Skin/Ortho	Intact: ___ Wound/breakdown: _____ Dressing changes: _____ Drains: _____ Comments:
Psychosocial	Significant patient/family info:
Transfer Tasks	Belongings: None / With Patient / With Family / Security / Other Family notified: Yes No N/A Next of Kin: _____ phone # _____
Other Comments:	

Patient Safety – Handoff Communication

According to the Agency for Healthcare Research and Quality (AHRQ), communication handoffs and signouts have been linked to adverse clinical events in settings ranging from the emergency department to the ICU. The care of hospitalized patients is marked by numerous transitions in care, including handoffs in responsibility at change of shift. A large body of research documents that handoffs often lack important elements and that poor quality handoffs can cause adverse consequences.

AHRQ, 2015, Reisenberger, et .al. 2009



Agreement on Handoff Communication:

Required Elements For Handoff Communication:

1. Patient Identifiers – Name and DOB or Name and Medical Record Number.
2. Date & Time of Handoff with Sender and Receiver Names
3. Code status/ Advance Directive/MOLST – include documents if available.
4. Isolation status
5. Recent Vital Signs, pertinent assessment
6. Major Diagnoses/Reason for Admission/ Transfer

University of Maryland Medical System
Handoff Communication Template

Date: _____ Time: _____ Transferred to: _____ from _____

Handoff Report given to: _____

Code status: Asymptomatic DNR DNR-Do Not Resuscitate DNR-Do Not Resuscitate and Do Not Intubate DNR-Do Not Resuscitate and Do Not Intubate and Do Not Circulate Do Not Resuscitate Do Not Intubate Do Not Circulate

Advance Directive/MOLST: Yes No

Isolation: None Contact Droplet Airborne Other _____

Recent Vital Signs: T: _____ HR: _____ BP: _____ SpO₂: _____ Pain Score: _____

Major Diagnosis/Reason for Admission: _____

The remainder of Patient Handoff may occur verbally or by written or electronic summary.

History of Present Illness	History of CVA: Y/N	STOPPERS Assessment: Y/N
Physical Exam	Respiratory: Y/N	Other: Y/N
Immunizations	MMR: Y/N	MMR2: Y/N
Significant Psychiatric History	Alcohol: Y/N	Drugs: Y/N
Significant Social History	Smoking: Y/N	Sexual: Y/N
Significant Allergies	Food: _____	Medication: _____
Significant Lab/Imaging	Lab: _____	Imaging: _____
Significant Medications	Current: _____	Discontinued: _____
Significant Family History	Cardiovascular: _____	Diabetes: _____
Significant Social History	Alcohol: _____	Drugs: _____
Significant Psychiatric History	Depression: _____	Anxiety: _____
Significant Social History	Substance Use: _____	Other: _____
Significant Allergies	Food: _____	Medication: _____
Significant Lab/Imaging	Lab: _____	Imaging: _____
Significant Medications	Current: _____	Discontinued: _____
Significant Family History	Cardiovascular: _____	Diabetes: _____
Significant Social History	Alcohol: _____	Drugs: _____
Significant Psychiatric History	Depression: _____	Anxiety: _____
Significant Social History	Substance Use: _____	Other: _____

PG74 New (03/15)

1. The items at the top of the form (above the grey line) are the required elements.

2. The form itself is optional provided that the mandatory elements are included in documentation

3. Nursing at the system hospitals has agreed to use the form for all patient transfers among system hospitals

1. The area below the grey line is to be used as a template for a systems-based report that may be used for a verbal report (on either side) to highlight common assessment data that may be needed by the next team.

2. Staff can choose whether to:

- Print this form from **FormFast (# PG74)** to use as a written document,
- Use template to guide the verbal communication, or
- Use template to identify the electronic data that should be printed and sent with the patient

Consolidation of Forms-

As a result of the Agreement to standardize this process at a system level, multiple other documents will be retired and will be removed from FormFast. These include:

- PG24 - Intrafacility Transfer Summary Note
- PG30 - Unit to Unit Transfer Summary Note
- PG30C - CCRU Unit to Unit Transfer Summary Note
- PG26 - Temporary Hand-off Communication Note
- PG26A - Post Procedure Hand-Off Note

How Will The Communication Process Work In EPIC?

A brief Handoff Report is being created in EPIC to include the same mandatory elements for transfer in a brief (2-3 page) report to be printed and sent with patients when moving to and from system hospitals.

- This document will be viewable by EPIC users, and would be printed for non-EPIC users.