

LAC+USC MEDICAL CENTER POLICY

Subject: “HAND OFF” COMMUNICATIONS		Original Issue Date: 1/1/06	Policy # 709
		Supersedes: 4/20/18	Effective Date: 10/29/21
Departments Consulted: Patient Safety Committee	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by:	
		(Signature on File) Chief Medical Officer	
		(Signature on File) Chief Executive Officer	

PURPOSE

To provide accurate information about patient’s care, treatment, services, current condition, and any recent or anticipated changes to providers accepting responsibility for the patient (even if temporary).

POLICY

LAC+USC Medical Center providers will communicate minimum patient care information (as described in the “Procedure” section) when performing patient care "hand offs". Clinical assignments are designed to minimize the number of transitions in patient care. Appropriate interactive communication during a patient care “hand off” includes the opportunity for questions to be asked and answered by the caregivers involved. This policy applies, but is not limited to, the following types of patient “hand offs”:

- Nursing shift changes
- Physicians transferring the care responsibility for a patient to another service
- Physicians transferring on-call responsibility
- Transfer of temporary responsibility for staff leaving the unit or work area
- Anesthesiologist report to post-anesthesia recovery nurse
- Nursing and physician hand off from the emergency department to inpatient units, different hospitals, nursing homes and home health care

PROCEDURE

Interruptions during patient care “hand offs” will be minimized and the receiver of the information will have an opportunity to query, ask questions and receive answers and repeat-back or read-back the received information, as appropriate.

“Hand off” communication will be of appropriate detail and include the following information:

- Two Patient Identifiers
- Patient’s physician or team
- Allergies
- Reason for hospitalization/visit
- Problem List
- Recent or anticipated plan of care changes or important events, if applicable
- Pending laboratory results, test/procedures or treatments, as indicated

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- An assessment of clinical condition, as appropriate

Specific documentation requirements identified in other policies will need to be completed per policy, e.g., Medication Reconciliation #721.

For residents in an ACGME approved training program, the program directors will be responsible for assessing the competency in communicating with team members in the hand off communication process; monitoring structured hand off communication processes that facilitate both continuity of care and patient safety.

Schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care will be available.

RESPONSIBILITIES

Healthcare Providers

REFERENCES

TJC National Patient Safety Goals
TJC Accreditation Standards
ACGME Common Program Requirements VI.B.1-.4

REVISION DATES

October 12, 2008, December 5, 2013; February 11, 2014; April 14, 2015; April 20, 2018; October 29, 2021