

VALLEYCARE
**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
POLICY & PROCEDURE**

**NUMBER: 244
VERSION: 1**

SUBJECT/TITLE: HAND OFF COMMUNICATION

POLICY: All caregivers who transfer/accept a patient's care will communicate accurately all pertinent information regarding the patient, and have an opportunity to ask and respond to questions.

PURPOSE: To ensure a standardized approach to hand off communication.

DEPARTMENTS: All

DEFINITIONS:

PROCEDURE:

- I. When a patient is transferred to another unit, service, or caregiver for continued care, the following information must be communicated to the next caregiver:
 - A. Patient's name, age, location, sex, and allergies
 - B. Patient's diagnosis
 - C. Physician, primary team, primary nurse
 - D. Pending labs, tests, or procedures
 - E. Treatment plan
 - F. Current condition, recent/anticipated changes or important event
- II. When a patient is transferred for a test, all pertinent information the test area will need to perform the test will be provided by the sending unit nurse.
- III. Hand off communication will take place:
 - A. Between physicians (sign-out or during transfer),
 - B. Between nurses (change of shift or during transfer), and
 - C. Between nurse/technician during a transfer to and from a test.

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- IV. This communication can be done via verbal and/or written means. If the hand off is done via written means only (e.g., a transfer for a test), the sending caregiver’s name and extension will be available in case questions arise.
- V. The “Admission/Transfer Hand Off” form will be used for admission, unit-unit transfer or facility-facility transfer; e.g., the Emergency Department to a Health Center (Attachment I).
- VI. For change of shift hand off, each unit will use a standardized form tailored for their specific unit.
- VII. The “Transfer to Test Hand Off” form (OV-2151) will be used whenever a patient is transferred to another unit for a test or procedure and will return to the sending unit (Attachment II).
- VIII. When the care provider needs additional historical data on the patient to supplement the hand-off information, he/she will retrieve this information via paper-based or electronic medical records.

References: The Joint Commission National Patient Safety Goals	
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