TITLE: PATIENT HANDOFF COMMUNICATION PROCESS

PURPOSE: To establish the guidelines to be used in communicating pertinent patient information from one healthcare worker or setting to another to ensure patient safety and continuity of patient care.

GUIDELINE/PROCEDURE STATEMENT:

It is the goal of the Harris Health System (Harris Health) Department of Nursing Services, when transferring patient care responsibilities from one nurse to another that all clinical information will be shared among the nursing staff to allow a transition enhancing patient safety and care. Each hand off situation will include an opportunity to address questions or gather additional information.

ELABORATIONS:

I. DEFINITIONS:

A. Handoff Communication: A contemporaneous (real-time), interactive process of passing patient-specific information from one caregiver or setting to another; or from one team of caregivers to another for patient care. The primary objective of a “handoff” is to provide nurses appropriate and accurate information about a patient’s clinical status, including current condition and recent and anticipated treatment.

B. Introduction, Patient, Assessment, Situation and Safety (IPASS): A recognized model used to improve efficiency and clarity when communicating patient information among all nurses.

II. GUIDELINES:

A. The IPASS format and technique is the recommended standardized process for handoff communication when transferring patient care or information.

B. This IPASS Handoff Report is the tool used for patient handoff to ensure consistency and compliance with this guideline. (See Policy Harris Health 227...
Chain-of-Command when reporting/escalating clinical/administrative/safety issues that affect patient care, patient safety or delays in treatment).

C. Person-to-person contact is preferred when transferring patient care. When this not possible, it is acceptable to provide patient transfer information via telephone, electronic messaging, hardcopy form, or fax.

D. The name, title, and contact number of the sending nurse must be communicated to the receiving nurse so that he or she may call to address any questions or clarifications that may arise.

E. The patient and patient’s family should be included (if they are involved in the patient's medical decisions) in the dialogue at the time of transfer. The transferring nurse should notify the patient and the patient's family of the handoff and provide the name and title of the nurse assuming responsibility for continued care of the patient. The transferring nurse should document the transfer information provided to the patient and/or patient's family.

F. When a critically ill/unstable patient is transferred, the transferring nurse must remain physically present with the patient until the receiving nurse is present, not only to provide the face-to-face handoff information, but also to provide the necessary monitoring and to assure patient safety.

G. Interruptions during handoffs will be limited to minimize the possibility that information fails to be conveyed or is forgotten.

III. PROCESS:

A. IPASS communication is initiated:

1. I – Introduction:

   Introduce yourself and your job/role and then the nurse who is taking over care next.
2. **P – Patient:**

State patient identifiers of name, age, sex, location, code status, admit date, team/provider, diet, and allergies.

3. **A – Assessment:**

Review present chief complaint, diagnosis, past medical /surgical history, vital signs, neuro, cardiac, respiratory, Gastrointestinal (GI), Genitourinary (GU), Skin, lines, drains, and airways (LDAs), infusion, pain and mobility issues.

4. **S – Situation:**

Describe current status/circumstances, updated care plan, pending procedures, labs, imaging, Physical Therapy (PT)/Occupational Therapy (OT)/Speech, Social Work (SW), Clinical Case Management (CCM), and discharge plan.

5. **S – Safety:**

Review critical lab values, reports, special precautions, such as isolations, restraints, and falls.

B. End the handoff report with an opportunity for questions or gathering additional information, including repeat-back or read-back, as appropriate; and document hand-off of both the sending and receiving nurse in the electronic medical record (EMR).

**IV. AUTHORITY AND RESPONSIBILITIES:**

All nurses shall use a standardized format for handoff communication in providing patient information from one nurse to another.
REFERENCES/BIBLIOGRAPHY:


DNV NIAHO Version 11. QM.7 Measurement, Monitoring, Analysis. SR.1 Threats to patient safety. SR.16 Critical and/or pertinent processes, both clinical and supportive.

ISO 2008. 6.3 Infrastructure. Supporting services (such as transport, communication or information systems).

Harris Health System Policy and Procedures 227 Chain-of-Command

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Department of Nursing Services.
## REVIEW/REVISION HISTORY:
(This document replaces and rescinds Harris Health System policy 4601 Handoff Communication rescinded 7/21/2015).

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