Hand-Off from ED- transition of care in the acute care setting creates opportunities for error. Standardization is needed and should optimize patient outcomes

Goal

The goal of hand-off is to transition care from one clinician to the next, provide specific information, transfer responsibility, and continue with treatment or procedures.

Recommendations

Include electronic report, so all clinicians can review information as needed.
When possible, allow time for receiving clinicians to review the electronic health record.

- Provides an opportunity to review recent laboratory results

Communication

During hand-off allow two-way communication (receiving clinician repeats back to confirm understanding) and the opportunity to ask

Barriers

Recommendations suggest providing a separate area for hand-ff report to avoid distractions and interruptions.

Communication barriers between nurses and physicians can be addressed with interdisciplinary hand-off

Pediatric patients have the added barrier of the inability to communicate complaints.

Family should be included in hand-off when possible to maintain patient-centered care.

Impact

Communication issues are the root-cause of more than 60% of all sentinel events reported to The Joint Commission.

Essential Hand-Off Communication

Standardized format-written for oral report and electronic for later review

Create standardized critical information templates

- Identifying information including caregivers with patient
- Sender contact information
- Injury assessment, including severity
- Patient summary, including events leading up to admission, mechanism of injury, treatments, diagnostics, ongoing assessment, and plan of care
- To-do action list
- Contingency plans
- Allergy list
- Medication list history and current visit
- Timed laboratory tests
- Timed vital signs
- Hand-off should be supported with education and

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