Hand-off Communication
Objectives

- Define hand-off communication
- Explain the hand-off communication tools
- Demonstrate use of the hand-off communication tools
Our Patient & Family Promise

We will...

Keep you safe.
Care for you.
Involve you and your family.
Respect you and your time.
“An estimated 80% of serious medical errors involve miscommunication between caregivers when patients are transferred or handed-off.”

~Joint Commission Center for Transforming Healthcare
October 2013
What is Hand-off Communication?

- A transfer and acceptance of responsibility achieved through effective communication.
- A real time process of passing information for the purpose of ensuring the continuity and safety of the transfer of responsibility.
- Example:
  - Someone enters a movie that has already started; you summarize the story to get them caught up, then they can watch the rest of the movie with clear understanding.
When Does Hand-off Communication Occur?

- During any transfer of responsibility
- Continuation or completion of a project
- Delivery of a product
- During any transfer of patient care
  - Shift change
  - Meal breaks
  - Procedures
  - Transport
  - Change in patient location
Click on Practice Setting:

- **Clinical (SHARED)**
- **Non-Clinical (PACE)**
Hand-off Communication Tool

Non-clinical departments chose the acronym PACE to guide all hand-off communication.

The PACE tool provides a consistent, standardized process for hand-off communication in all non-clinical areas and allows the receiving person to ask questions before assuming responsibility.
PACE Tool

- **Patient/Project/Problem**
- **Action**
- **Continuing or Change in status/Challenges**
- **Evaluation**

**PACE** is a standardized outline that can be filled in based on the needs of the receiving person.
PACE

Patient/Project/Problem:
- Location (building, floor, department name), Contact Person, Call back number, Patient/Situation info, What do you need help with?

Assessment/Action:
- What are we going to do now? Is this an isolated problem? Is there an immediate safety issue? Can you tell where the leak is coming from? Mode of transportation, IV/O2, do you have a back up (equipment)? Is there a green CO# on equipment? Diet?

Continuing or Change in status/Challenges:
- Desired destination, outcome, precautions (isolation, fall, safety), what time would you like your tray delivered?

Evaluate:
- Do you have any questions? Did it work?
PACE

View examples of the PACE model:

- Equipment Distribution
- Gift Shop
- Housekeeping
- Engineering
Summary

- **Hand-off Communication** is a transfer and acceptance of responsibility achieved through effective communication.

- **PACE** provides a consistent, standardized process for hand-off communication in all non-clinical areas and allows the receiving person to ask questions before assuming responsibility of the situation or task.

- The goal is to ensure the person receiving the hand-off has all the information needed to practice safely.

  Click [HERE](#) to complete

  Or

  Click [HERE](#) to view SHARED education
Hand-off Communication Tool

Clinical departments chose the acronym SHARED to guide all hand-offs.

The SHARED tool provides a consistent, standardized process for hand-off communication in all clinical areas and allows the receiving person to ask questions.
**SHARED**

**Situation**
- May include: diagnosis; reason for hospitalization; current problems; code status; pt class (inpatient, observation, HIP, etc.); pertinent social issues

**History**
- May include: allergies; brief history of current event or review of hospital course (transfers); pertinent PMH
**Assessment**

- May include: VS/PEWS or EWS; I/O’s, systems review (outside defined limits); pertinent labs/results; lines/drains; weight/weight change; pain assessment

**Requirements**

- May include: isolation; $O_2$; telemetry; restraints; safety precautions (abuse protocol/Pt Safety Assistant); interpreter; meds; specialty bed; diet; dressing changes; pending labs/procedures; communication barriers
Evaluation

- May include: plan of care/next steps; response to treatments/therapy; trends; anticipated discharge and estimated LOS

Documentation

- May include: use transfer and admission navigator; I/Os; care board; plan of care & patient education; event notes; provider notification; restraints; “Do you have any questions?”
View examples of the SHARED model:

- Nurse to Nurse
- Physical Therapy to Nurse
- Respiratory Therapist to Respiratory Therapist
Improving Communication

We will continue to use SBAR (Situation, Background, Assessment, Recommendation) as our vertical communication tool for acute events where assistance is needed but responsibility is not handed over.

**Communicate Clearly**

**SBAR** is a vertical communication tool used for a specific, short-term situation or event.

- **Situation**: What is the situation, patient or project?
- **Background**: What is the important information, problems and precautions?
- **Assessment**: What is your read of the situation, problems, and precautions?
- **Recommendation**: What is your recommendation, request or plan?

**SBAR** is a helpful tool for anyone when a decision is needed.

**Hand-Off Effectively**

**SHARED** is a hand-off communication tool used when transferring the responsibility of a patient to someone else.

- **Situation**: Identify yourself, where you’re from and the patient you are sharing information about.
- **History**: Provide information specific to the hand-off that might include: diagnosis, allergies, relevant history, recent activity.
- **Assessment**: Include vitals, height/weight, fluids.
- **Requirements**: Any special treatment for wounds, labs, tests, ongoing orders.
- **Evaluate**: Do you have any questions?
- **Document**

**SHARED** is an interactive, direct communication tool used between care providers.
Summary

- **SHARED** is a standardized process ensuring the intentional, safe, responsible hand-off of care from one healthcare professional to another.

- The general outline will be the same for everyone, however the information included in each section will depend on the patient and needs of the receiving person.

- The goal is to ensure the person receiving the patient has all the information needed to practice safe care.

We will continue to use SBAR (Situation, Background, Assessment, Recommendation) as our *vertical* communication tool for acute events where assistance is needed but responsibility is not handed over.
Contact

If you have questions or concerns, please email safetystartshere@wakehealth.edu
Thank You!

- **Pilot Units:**
  - Pediatrics, Peds ED, Day Hospital, Clinics, and Adult Inpatient Units
- **Actors and Technical Support:**
  - **PACE:** Alex Dingle, Trip Evans, Nancy Doe, Kathy Monaghan, Jackie Payton, Pecola Blackburn, Suheedy Wiley, Donnica Skipwith, Joe Monford, Zane Shore, Alan Parker, Rick Colvard, Jay Culler, Danny Crouse
  - **SHARED:** Terri Gordon, Quintina Smallwood, Karen Taylor, Donna Gough, Cherrá Timberlake-Blount, Kal Makhlouf, Stephen Melaga, Crystal Wood, Steve Davis, and Lauren Leppert
- **Handoff Communication Team**
Course Code

Your completion code is: **090507**

- Write down this code number
- Click the “Take Course Test” button in PeopleSoft
- Type the code number, then press your Enter key
- You will be asked to enter your completion statement