# THE GEORGE WASHINGTON UNIVERSITY

# SCHOOL OF MEDICINE AND HEALTH SCIENCES

# Department of Critical Care Medicine

**Policy:** Hand-Off Policy

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**PURPOSE:**

To ensure that all residents in Critical Care Medicine are provided with a defined process to safely and accurately convey important information about a patient’s care when transferring care responsibilities from one physician to another.

**DEFINITION:**

A structured handoff is the process of transferring information, authority, and responsibility for patients during transitions of care. Transitions include changes in providers (shift-to-shift, service-to-service).

**POLICY:**

1. The primary objective of a “hand-off” is to provide succinct and accurate information about a patient’s current condition and treatment plan, such that there are no delays in treatment, progression to care goals, or adverse events to the patient.

Hand-offs will occur as follows: The fellows ‘hand off’ patient care twice daily - The fellows ‘hand off’ patient care twice daily - between day and evening shift fellows. The fellows go through the list of patients, their activities during the day, and any necessary follow-up tasks required. Charge nurses, resident, intern and night attending is present for evening signout. A formal script is provided. All *new* patients and consults are also presented. All *new* patients must be seen by the day or night fellow, and this must be communicated between fellows. The night attending will provide feedback about the appropriateness and completeness of sign-out and hand offs. Any breaks in communication leading to potential morbidities will be discussed in the monthly M and M conference.

ICU 2 sign-out will be conducted at the same time between advanced practioners and fellow coverage.

1. Supervision by the attending physician ensures patient safety, and provides opportunity for feedback to those performing the hand-off. These observations will be incorporated into the resident milestone evaluation.