

Methodist Health Services Corporation & UnityPoint Health MethodistProctor Laboratory 7000 ADMINISTRATION	Page # 1 of 4	Section: UPPIA LA: Regulatory & Administration	Policy #: 02.010 Formerly: B-10	
	Approved by: see signature block at end of document		Date: 1/20/16	
	Revised: 1/20/16, 9/15/14, 5/29/12, 4/15/11, 2/24/10, 07/09/08, 04/19/06			
	Reviewed: oldest last			
	Policy/Revision Submitted by:		Rich Borge	
	CAP Standard: RNPSH 61750			
POLICY GUIDELINE ON: Hand-off communication				

I. POLICY:

The UnityPoint Health Laboratories has established a system to communicate accurate information about patient care, treatment and services, current condition and any recent or anticipated changes, including an opportunity to ask and respond to questions when care responsibility is transferred from one caregiver to another.

II. PURPOSE:

Ensuring the continuity and safety of the patient’s care by effectively communicating accurate patient information.

III. POLICY SCOPE:

The scope of this policy applies to all laboratory staff located at both UnityPoint Health Peoria locations.

IV. GENERAL INFORMATION:

- A. Types of patient hand-offs include, but are not limited to:
 - 1. Provider transferring call responsibility
 - 2. Provider transferring complete responsibility of patient’s testing to another provider
 - 3. Laboratory results being sent to offices
 - 4. Departmental shift- shift
- B. Hand-off communications are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information and include up-to-date information regarding the patient’s care, treatment and services, condition and any recent or anticipated changes.
- C. Interruptions during hand-off communications are limited to minimize the possibility that information would fail to be conveyed or would be forgotten. All staff reporting critical test results will contact the person responsible for providing direct care to the patient for whom the test has been ordered and report the result. There will be no hand-off of critical results.
- D. The receiver of the hand-off information should have an opportunity to review relevant patient data.

V. PROCEDURE:

- A. In the event an employee cannot finish patient lab testing that has been started, that employee must verbally communicate (hand-off) all information necessary to complete the patient testing without delay of services. Depending on the needs of the testing area, a

checklist or communication log may assist in the effectiveness of transmission of hand-off information.

- B. Interruptions during the hand-off should be limited to minimize the possibility the information would fail to be conveyed or forgotten.
- C. After the hand-off has taken place, the recipient of the patient-specific information must repeat-back or read-back the information in order to verify that the information has been received correctly.
- D. The giver and receiver of the patient information must ask or respond to any questions relevant to the patient testing at the time of the hand-off.

V. MAINTENANCE AND STORAGE

- A. All policies and procedures are reviewed every two years, (except for Safety procedures which are yearly) by Laboratory Administration and or the Medical Director of the Laboratory or designee. There are changes in practice standards, or requirements.
- B. All policies and procedures are reviewed every two years (except for Safety procedures which are yearly) by staff or at the time new or revised ones are put in effect.
- C. All policies are retained 8 years after being discontinued or revised.
- D. All procedures are retained 2 years after being discontinued or revised

REVISION HISTORY			
Rev	Description of Change	Author	Effective Date
1	Added policy scope	R. Borge	1/20/16

Reviewed by:

Designee	Date	Laboratory Director	Date
		<i>Richard J. Borge</i>	10/5/15
		<i>Richard J. Borge</i>	1/20/16