Saint Agnes HealthCare System Policy and Procedure Manual	Page: of	SYS HOS 68
Subject: Hand-off Communication	Effective Date: 10/8/2012	
	Reviewed: Revised:	
Approvals: Final - President/CEO:	Date:	
Concurrence:(Policies become operational		

POLICY STATEMENT:

Hand-off communication is important in maintaining continuity of care for our patients. It provides accurate information about a patient's care treatment or service and their current condition with any recent or anticipated changes when responsibilities are handed off from one caregiver to another.

At Saint Agnes SBAR communication will be the technique used for effective communication among members of the healthcare team in order to ensure consistently of communication and continuity of treatment through a standardized approach of giving and receiving information across the care continuum.

SCOPE:

This policy applies to all entities of Saint Agnes Healthcare System.

DEFINITIONS:

Hand-off: The patient hand-off is a process when the passing of patient specific information occurs from one caregiver to anther or from one department to another. Hand-off also includes transferring the responsibility of care from one caregiver to another.

<u>SBAR</u>: SBAR is an acronym that stands for Situation, Background, Assessment, and Recommendation. It is an evidence based communication designed to convey a great deal of information in a precise and brief manner. (See appendix A for example of SBAR communication).

PROCEDURE/RESPONSIBILITIES:

SBAR communication will be used, but not limited to, the following circumstances:

- 1. Change of shift report from care provider to care provider including change of provider at end of shift, for intra procedural change or change of assignment within a shift
- 2. Transferring of patient from one internal level of care (or unit) to another including to/from procedural areas and admissions from the Emergency Department

- 3. Transporting patient off the unit
- 4. Notification to providers for critical laboratory and other diagnostic test results or change in patient status as appropriate
- 5. Assuming temporary transfer of care
- 6. SBAR communication also allows for the opportunity to ask and answer questions as well as verification of the information received

CONCURRENCE(S):

<u>REFERENCE(S):</u>

CROSS REFERENCE(S):

Situation	Patient's name, age and room number		
Situation .	 Patient's name, age and room number Pertinent physicians involved related to current 		
	condition		
	 Diagnosis and admit date 		
	 Diagnosis and admit date Describe what is going on with the patient-current 		
	situation		
Background	Any current/pertinent medical history related to the		
2 uongi ounu	condition, which may include, but is not limited		
	• Allergies		
	 Current medications/relationship to condition 		
	• Code Status		
	• Co-morbidities affecting patient status		
	• Cardiac stats (as applicable), with telemetry		
	monitoring information		
	 Pertinent procedures/tests completed 		
	 Most recent vital signs, blood glucose, 		
	pertinent labs		
	• Vascular access device (VA) information		
	(access sites, fluids, drips, etc.)		
	• Oxygen liter flow – <i>if applicable</i>		
	• Hearing/visual/cognitive/language		
	barriers/mentation		
	• Patient mobility/risk for fall		
	• Isolation/infection control precautions - <i>if</i>		
	applicable		
	 Diet status/restrictions- background Family/significant other(s) present 		
Assessment	 Family/significant other(s) present Pertinent assessment changes/exceptions to Plan of 		
Assessment	Care for example: Change in respiratory status,		
	diaphoretic, change in level and/or location of pain,		
	anticoagulation therapy with elevated INR		
	 This is what I think is happening 		
Recommendation	 What is the plan of care of what does the patient 		
	need and when? For example:		
	 Pertinent procedures/tests to be performed 		
	 Assessment by LIP or allied practitioner 		

Appendix A Example of SBAR Communication