

<p align="center">Saint Agnes HealthCare System Policy and Procedure Manual</p>	<p>Page: <u> 1 </u> of <u> 3 </u></p>	<p align="center">SYS HOS 68</p>
<p>Subject: Hand-off Communication</p>	<p>Effective Date: 10/8/2012</p>	
	<p>Reviewed: Revised:</p>	
<p>Approvals: Final - President/CEO: _____ Date: _____ Concurrence: _____ Date _____ <i>(Policies become operational 30 days after CEO signs.)</i></p>		

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 consistency 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 another or from one department to another. Hand-off also includes transferring the responsibility of care from one caregiver to another.

SBAR: 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):

REFERENCE(S):

CROSS REFERENCE(S):

Appendix A
Example of SBAR Communication

Situation	<ul style="list-style-type: none"> ● Patient’s name, age and room number ● Pertinent physicians involved related to current condition ● Diagnosis and admit date ● Describe what is going on with the patient-current situation
Background	<ul style="list-style-type: none"> ● Any current/pertinent medical history related to the condition, which may include, but is not limited to: <ul style="list-style-type: none"> ○ 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 applicable</i> ○ Diet status/restrictions- background ○ Family/significant other(s) present
Assessment	<ul style="list-style-type: none"> ● Pertinent assessment changes/exceptions to Plan of 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	<ul style="list-style-type: none"> ● What is the plan of care of what does the patient need and when? For example: <ul style="list-style-type: none"> ○ Pertinent procedures/tests to be performed ○ Assessment by LIP or allied practitioner

Error Prevention Technique: SBAR - Non-Clinical

SBAR is a communication tool for planning and structuring information about a problem in both clinical and non-clinical situations. Each letter represents information that is important to communicate.

Definition	Expectation	Error Prevention Focus
<ul style="list-style-type: none"> • Situation • Background • Assessment • Recommendation 	<p>Clear and Complete Communications:</p> <p>"I am personally responsible for professional, accurate, clear, and timely verbal and written communication."</p>	<ul style="list-style-type: none"> • Critical thinking • Communication

S	Situation: Who you are and who, what, and where is the immediate problem.
B	Background: A brief description of relevant history related to the current situation or condition.
A	Assessment: Your view of the situation (i.e. "I think the problem is..." or "I am not sure what the problem is.") and your perception of the urgency of action ("The patient is deteriorating rapidly." or "We will not be able to continue service without more supplies.").
R	Recommendation or Request: Your suggestion about the action that should be taken to solve the problem or your Request for guidance on what action to take.

Have *all* information *available* when reporting: Chart, allergies, medication list, pharmacy number, and pertinent lab results.

Scenario:

Situation: George Smithton is a trauma patient in the critical care unit. He has fourteen family members waiting to visit.

Background: Only two visitors are allowed in the room at one time, which the family does not understand. It is already 7:30 p.m.

Assessment: George is in critical condition and is not expected to live. In the lobby area, George's family members are loudly expressing their grief and are very anxious. This is upsetting some of the other people waiting to see patients. George's family continues to ask Terry, the volunteer at the reception desk, about George's status. Terry uses SBAR when calling Logan, the nursing supervisor in George's unit.

Recommendation: Terry recommends that Logan come down to speak with the family.

Result: Logan comes down, moves George's family members to a Quiet Room near the chapel, and allows three people to visit George at a time.

S	<p>Situation</p> <p>My name is _____.</p> <p>I work in _____.</p> <p>The situation I am calling about is: _____.</p> <p>(state the problem, when it started, and how severe it is)</p> <p>I am calling about: _____.</p> <p>(name of the person whom you are calling about, if applicable)</p>
B	<p>Background</p> <p>The background of the situation is:</p> <p>Relay pertinent details: _____.</p> <p>State the location of the situation: _____.</p>
A	<p>Assessment</p> <p>My assessment of the situation is: _____.</p> <p>Explain your impression of what is happening: _____.</p> <p>State any danger that may be associated with the situation: _____.</p>
R	<p>Recommend</p> <p>I recommend:</p> <p>Provide your suggestion to remedy the issue: _____.</p>