

FACILITY: Reading Hospital	
MANUAL: Radiology Policies and Procedures	FOLDER: General
TITLE: "Hand Off" Communication	DOCUMENT OWNER: Senior Operations Manager
DOCUMENT ADMINISTRATOR: Administrative Director and Department Chair	KEYWORDS: Hall Pass, Hand off
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SCOPE:

Department of Radiology

PURPOSE:

To provide accurate information about a patient’s care, treatment, or service when responsibilities are “handed off” from one care provider to another. For the purpose of this procedure, a “hand off” communication is a timely, interactive process of passing patient-specific information from one caregiver to another or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient’s care.

POLICY:

DEFINITIONS:

PROCEDURE:

A) A consistent approach to hand-off communication occurs under the following circumstances:

1. Assuming temporary responsibility for care when staff leaves a unit for a short period of time (e.g. lunch breaks).
2. Transferring a patient from one internal level of care to another, including patients from the Emergency Department, and from Long Term Care facilities.
3. Physicians and other healthcare provider transferring complete responsibility for a patient’s care to another physician.
4. Physicians transferring on-call patient responsibilities to another physician.

B) Guidelines for appropriate hand-off communication:

1. The patient’s medical record is a primary source of care communication and shall be present or accessible wherever the patient is located.
2. Interactive communication is expected between the care providers involved. An opportunity to ask and respond to questions should be allotted. Whenever possible, this opportunity occurs in

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real-time. When not possible, a mechanism is provided for questions to be answered at the earliest available opportunity.

3. The communication addresses pertinent, up-to-date information regarding the patient's treatment, care, services, current condition, as well as, any recent or anticipated changes.
4. Interruptions during the hand-off are to be minimized.
5. The receiver of the information should be given the opportunity to review relevant historical data on the patient, which may include previous care, treatment, or services.
6. When a technologist is providing relief during a procedure and assuming the role of caregiver to a patient, specific items should be verbally addressed during handoff. This includes but is not limited to:
 1. DNR status during a procedure, if applicable
 2. Language barriers/hearing impairment
 3. Patient's mobility
 4. Isolation status
 5. Any patient concerns that have been addressed prior to beginning/during the procedure
7. If direct communication has not taken place, or if the patient is not accompanied by a nurse to any section of the Radiology Department, the Technologist, Nurse or PCTE reviews the HallPass documentation attached to the chart or documentation (information packet) received from a Long-Term Care Facility.
 - A. Hallpass (house and ED patients leaving the ED) includes but is not limited to:
 - i. Situation
 1. Destination of the patient
 - ii. Background
 1. Patient's history including impairments, barriers, mobility, monitoring, restraints and any other safety issues.
 2. Isolation information
 3. Allergy information
 - iii. Assessment/Observation
 - iv. Recommendation
8. Any changes to the patient's condition, while in the Radiology Department, should be relayed via verbal and written communication. Verbal communication consists of a phone call to the patient's nurse or physician.
 - A. Written communication for all patient classes is to be documented via the patient's chart in the electronic health record located in the Progress Notes. In addition to the documentation in the patient's EHR, documentation may occur:
 - i. In the Recommendation section of the HallPass.
 - ii. Long Term Care paperwork, other than Reading Health Rehabilitation Hospital.

Written entries are signed with a date, time, name, credentials and phone number, as well as the name of the receiving nurse or physician.

9. Contrast or radiopharmaceuticals administered to the patient, while in Radiology, are communicated via the following:
 - A. Contrast: Available on the MAR (medication administration record)
 - B. Radiopharmaceuticals: Radiant procedure documentation
10. Critical and Significant values are reported as addressed in the Radiology Critical Results Reporting Policy
11. Incident reports continue to be completed in appropriate cases with verbal notification given to the department/nursing unit, or physician's office for outpatients.

All written entries are signed with a date, time, name, credentials and phone number, as well as the name of the receiving nurse or physician.

GUIDELINE:

PROVIDER PROTOCOL:

EDUCATION AND TRAINING:

REFERENCES:

Administrative Policy- Incident Reporting and Incident Management
Radiology Policy- Critical Result Reporting
Nursing Policy – Patient Hand-off

COMMITTEE/COUNCIL APPROVALS:

CANCELLATION:

The content of this document supersedes all previous policies/procedures/protocols/guidelines, memoranda, and/or other communications pertaining to this document.