



Hand-Offs

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Q. What is the purpose of this Joint Commission standard on hand-offs?

A. The primary objective of a “hand-off” is to accurately communicate information about a patient’s care, treatment and services, current condition and any recent or anticipated changes. The patient safety goal states that we should implement a standard approach to “handoff” communications including an opportunity to ask and respond to questions.

Q. What are the MGH Policies & Procedures on hand-offs?

A. Both the Policy for Transferring Responsibility of Care between Providers within the Hospital and the Safe Patient Transport Policy are located in the clinical policy and procedure manual. In simple language the policies are specific to requiring a standardized approach for all clinicians to follow in the safe transfer of care between one provider to another. The policies are intended to make hand-off communication between all caregivers a shared responsibility for any component of care with a shared format and a standardized approach.

Q. How does the MGH demonstrate its compliance with Joint Commission requirements on hand-offs?

A. We have interdisciplinary groups that have been working on compliance with hand-offs. Andrew Karson, MD, and Kathleen Myers, RN, have represented the medical and nursing communities. The policy that has been rolled out across the hospital recommends the use of the acronym SEAM (Summary and Status; every active issue, and management) approach. A script has been developed to help clinicians be inclusive of what information they need to forward. This has helped to put in perspective the requirement and how best to implement the process.

Q. Who is responsible for ensuring that the MGH is compliant with Joint Commission requirements?

A. All administration leadership members are responsible, including leadership of all clinical departments.

Q. How will the Joint Commission review the MGH’s compliance on hand-offs?

A. The Joint Commission will use tracer methodology to review compliance as they follow a patient’s entry through the hospital. There are numerous types of patient hand-offs, including but not limited to nursing shift changes, physicians transferring complete responsibility for a patient, physicians transferring on-call responsibility, temporary responsibility for staff leaving the unit for a short time, anesthesiologist report to post anesthesia recovery room nurse, nursing and physician hand-off from the emergency department to inpatient units, different hospitals, nursing homes and home health care, critical laboratory and radiology results sent to physician offices.

Q. How will the Joint Commission’s review of the MGH’s compliance on hand-offs effect the typical MGH employee?

A. All employees who deal with patient care and are involved in caring for patients may be asked how they “hand off” care from one clinician to another

Q. Where can an employee find more information on hand-offs?

A. Policies are in the clinical policy and procedure manual. Clinical resources are Andrew Karson, MD; Kathleen M. Myers, RN; and Joanne Empoliti, RN.