

Johns Hopkins University School of Medicine  
Internal Medicine-Pediatrics Combined Residency  
Policy on Patient Handoffs

I. Background:

This policy aims to ensure that patients receive continuous, coordinated delivery of care in settings that are appropriate to patients' needs, including arrangements that extend beyond the inpatient setting into the community and the home.

A handoff is the process of transferring information and authority and responsibility for a patient during transitions of care. Transitions include changes in providers, whether from shift to shift, service to service, or hospital or clinic to home. Transitions also occur when a patient is moved from one location or level of service to another.

Both written and verbal handoffs are important, and each has a different purpose. Written handoffs provide detailed information that serves as a reference for the receiving provider. Verbal handoffs provide "big picture" communication about the patient and should include discussion and cross-checking with the receiving provider to be certain that he/she has understood the information being provided.

II. Expectations

1. **All interns are expected to attend the "handoff" training session held during orientation**
2. **All house staff will have access to an e-learning module on Handoffs which will soon be available at JHMInteractive**
3. **Handoff Mechanics**

Handoffs should almost always take place in a location that minimizes distractions and interruptions and where all needed resources are available (eg, appropriate information systems). Face-to face verbal handoffs are required for PGY1 residents and preferred for all residents and fellows. The handoff process **MUST** allow the receiving physician to ask questions, so written handoff alone is not acceptable. The time chosen should be as convenient as possible for all participants.

4. **The structure for handoffs.**

**Verbal handoffs** should follow a predictable structure. We have provided the residents with a Mnemonic found in **Appendix A**.

- Time for questions must be a part of all verbal handoffs.
- The "sick" patients should be noted.
- The "To Do" list should be explicitly discussed as should the rationale behind the tasks.
- The "receiving" resident must have the opportunity to summarize and prioritize received information.
- Handoff length will vary based on the complexity and severity of illness for each patient as well as the extent of the resident's prior knowledge of the patient.

**Written handoffs** must be structured and organized so that information is provided in a predictable format for each patient. The information must be updated daily. Written information should include the following:

- Identifying information --Name, location, history number

- Diagnosis and condition (particularly for patients with a poor or rapidly declining condition)
- Recent important events
- Problem list
- Medications and other pertinent treatments
- Pertinent laboratory results
- Pending laboratory and other studies that the “receiving” resident will need to review
- Important contact information (e.g., patient’s attending of record, family, referring physician) if this cannot be found in a timely manner on the Allscripts POE or clinical documentation system
- To do tasks
- Anticipated problems/guidance

While on internal medicine rotations, interns are expected to use the Allscripts handoff document. PGY2-4 may use alternative documents so long as the resident has easy access to Allscripts and the document is HIPPA compliant. For patients transferred from another service or from a critical care unit, a note in EPR will suffice.

While on pediatrics, the residents are expected to use the current Microsoft Word program.

- 5. A formal handoff must take place for all patients for which the resident is assuming responsibility.**
- 6. A formal handoff must take place whenever a new resident assumes responsibility for a patient.**

III. Senior residents are expected to give feedback to interns on their handoff skills at least monthly.

IV. Transitions of service

1. Except for transfers in emergency situations, a transfer note must be provided by the “sending” resident when a patient is transferred to a different level of care or to a different service. No transfer note is required if a patient is being relocated but will be cared for by the same service. A “transfer acceptance note” must be documented by the receiving service.
2. An “off-service” note must be written by the responsible resident when the entire resident care team rotates off service on the same day and the team has cared for the patient for more than 48 hours (24 hours for ICU care). This note should provide a sufficient summary of the patient’s hospitalization and proposed plans so that the next resident(s) can assume knowledgeable care of the patient in an efficient manner.
3. When the responsible prescriber (resident) changes, nursing staff and all others who may need to contact the provider promptly must be notified of the change before noon of the day of service change.

V. Discharges

1. The discharging resident must ensure that prescriptions for discharge medications are written and available at the time of discharge.

2. The discharging resident must ensure that the discharge worksheet is completed and is accurate. The discharge worksheet must not be changed after the patient has been discharged.
3. The discharging resident is responsible for ensuring that information about clinically important laboratory, radiologic, or other results that come to a prescriber after a patient is discharged are conveyed either to the patient, his/her primary care provider, or any appropriate provider. This contact should be documented in the medical record.

## Appendix A:

### Handoff structures

#### – SIGNOUT

- Sick or DNR? (highlight sick or unstable patients, identify DNR/DNI patients)
- Identifying data (name, age, gender, diagnosis)
- General hospital course
- New events of the day
- Overall health status/clinical condition
- Upcoming possibilities with plan, rationale
- Tasks to complete overnight with plan, rationale