



## **19 – Patient Handoffs in the Emergency Department**

(Proposed, October 2014)

The transfer of information between providers, staff, and other healthcare workers is a critical activity for safe patient care in a complex and chaotic emergency department. This process should not be informal or ‘haphazard.’ Every emergency department must have written policy and standard procedure(s) to transfer information between providers, staff, and other healthcare workers at the following critical junctures:

- I. Change of Shift
  - A. Nursing
  - B. Physician /Advance practice provider
  
- II. Disposition of the patient
  - A. Admission
  - B. Observation unit
  - C. Discharge
  - D. Transfer
  - E. Surgery
  
- III. Taking a scheduled or unscheduled break
  
- IV. Relocation of Patient
  - A. New ‘pod’ or ‘team’ within the emergency department
  - B. Diagnostic imaging
  - C. Temporary holding or boarding area

Components of a patient handoff should include:

1. Face-to-face communication, when available.
2. Low interruption environment.
3. Review of patient identifiers.
4. Communication in a structured format, e.g., checklist, printed summary.
5. Patient should be included in the process (bedside), when available.
6. Nursing staff should be included in the process, when possible.

7. Review of current available patient data, e.g., lab, radiology.
8. Review of the most recent vital signs and important trends.
9. Communicate items left to be completed, e.g., laboratory tests, orders, therapies.
10. Ability to ask questions.
11. Ability to re-examine patient at the bedside, when possible.