UCMC CEC Handoff Policy

It is the goal of the Emergency Department to optimize patient safety during handoffs between providers. Towards this goal, we have developed a recommended "best practices" approach for communication between providers as well as a written tool* and pocket card**.

Included below are details of each provider's responsibilities during sign-out as well as an explanation of how this process varies between pods in the emergency department.

Provider Responsibilities:

- Off-going provider
    - Pre sign-out (30-60 minutes prior to shift change)
        - Review plans with attending
        - Prioritize completion of notes on active turnover patients
    - Sign-out content, with examples
        - Status & Acuity: *"Active/Admitted/Discharged", "Sick or not sick"*
        - Brief HPI: *"42 yo male, prior PE, on warfarin, has pleuritic CP with nl EKG"*
        - Pending: *"BNP, troponin, INR and a CTPA are pending"*
        - If/Then: *"**If** INR therapeutic and CTPA negative, **then** likely d/c home"*
        - Concerns: *"Unsure if he has anticoagulation followup and meds"*
        - Questions:
    - Post sign-out
        - Wrap up last minute tasks
        - Touch base with on-coming provider prior to leaving ED to allow for questions and clarification of plans

- On-coming provider
    - Pre sign-out
        - Be prepared and ready to take sign-out on time
    - Sign-out
        - Recap entire board after hearing about all patients
        - A written tool (**link) is available to help organize patient information for those who wish to take notes
    - Post sign-out
        - Check labs/vitals on each patient
        - See new patients, including patients seen by the off-going provider at the end of shift that would benefit from a fresh look
        - See turnover patients that are still active
        - Quick re-cap with off-going provider as he or she leaves

When and where does sign-out occur in the UCMC CEC?

The desired location is at a computer workstation or patient bedside with EMR augmentation. Best practice suggests that bedside rounds are superior to computer rounds; however, patient privacy issues may prevent bedside rounds (i.e. C pod).

When feasible, nursing participation in sign-out is recommended.

*Worksheet
http://emergencykt.com/extern/TOC_Worksheet.pdf

**Pocket Card
http://emergencykt.com/extern/TOC_Pocket_Signout_Card.pdf

A POD	B POD	C POD
07:00 & 19:00	*07:00*	*07:00 & 19:00*
Attending/R3/MLP	Attending/R4/R1	Attending/R2
Leader: R3/MLP	Leader: R4	Leader: R2
	R1-R1 sign-out to follow	
15:00 & 23:00	*19:00*	*15:00 & 22:00*
Attending/R3s	Attending/R4/R1	Attending/R2
Leader: R3	Leader: R4	Leader: R2
	No R1 turnover occurs	
20:00		
Attending/MLP/F Doc		
Leader: MLP		