

Graduate Medical Education

SIGN-OUTS/HAND-OFF

Sign out/Hand-off round consists of transmitting information about patients to the residents on call. They are to be conducted:

- At the time of transferring a patient from one ward/department/service to another.
- At the end of a regular working day.

Effective communication is central to patient safety. There is abundant evidence of negative consequences of poor communication and inadequate hand-offs.

Five attributes of certain sign-outs contributed to problems, and present opportunities for practical interventions to improve teaching and practice:

1. Sign-outs truncated or omitted due to work demands or time constraints resulting from duty hour limits, with documentation, replacing all or some of the interactive exchange.
2. Diagnostic and care activities unfinished at the end of the outgoing's shift and carried through a shift-change, which put them at a higher risk of being "dropped."
3. Sign-outs participants perceived as challenging because residents may not know or trust each other, with lack of confidence in the outgoing physician's judgment a critical factor.
4. Sign-outs under cross-coverage, due to larger patient loads, lower familiarity with patients and an expectation of less information needing to be shared.
5. Coordination problems and lack of a sense of who was responsible for patients, both among the residents and on the part of other professionals.

Structure of sign-outs

Sign-outs/hands-off should be structured as follow:

Sick or DNR

Identifying data

General hospital course

New events (of the day/12-24 hours) update the clinical data

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Overall health status/clinical conditions/co-morbidities

Upcoming possibilities/possible problems/contingency plans/rationale

Tasks – pending tests, anticipate results, plan/rationale

Elements of an effective face-to-face sign-out/Hand-off

Checklist for elements of a safe and effective written sign-out—anticipate

Administrative data

Patient name, age, sex

Medical record number

Room number

Admission date

Primary inpatient medical team, primary care physician

Family contact information

New Information (clinical update)

Chief complaint, brief HPI, and diagnosis (or differential diagnosis)

Updated list of medications with doses, updated allergies

Updated brief assessment by system/problem, with dates

Current “baseline” status (e.g., mental status, cardiopulmonary, vital signs, especially if abnormal but stable)

Recent procedures and significant events

Tasks (what needs to be done)

Specific, using if-then statements

Prepare cross-coverage (e.g., patient consent for blood transfusion)

Alert to incoming information (e.g., study results, consultant recommendations), and what action, if any, needs to be taken during the cross-coverage

Illness

Is the patient sick?

Contingency planning/Code status

What may go wrong and what to do about it.

What has or has not worked before (e.g., responds to 40 mg IV furosemide)

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Difficult family or psychosocial situations

Code status, especially recent changes or family discussions

Web-based handoff:

LAU is currently implementing a new web-based handoff system that generates a clearer and Targeted sign-out and which helps ensure a systematic sign-out of patients. This is a HIPPA-compliant system and it is a free application: listrunnerapp.com. The system is accessible through an app on iPhone and iPad and is user friendly. Residents should use this application for patient handoff.