

Handoffs When You Leave the Unit

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You may question the wisdom of leaving patients in the care of another staff member or members when you leave the unit for lunch, when you accompany a patient for a diagnostic test, or when you simply take a scheduled break. As you know all too well, the need for some “R & R”, food, or the necessity to be with your patient when procedures or tests need to be done is a normal occurrence.

It is important to get that needed time “away”, as is the need to be with a particular patient who is frightened about a long and involved test and asks if you would accompany him during the procedure. What is also important are your other patients you leave behind.

When you do leave a unit and your patients for any reason, the focus before you leave should be on what information you share with your fellow staff nurses about the patients who will be cared for by those nurses. Back in the day, we used to call such information sharing a “report” or a “sign off/out”. In today’s world, the information exchange is called a “handoff”. 1

The Joint Commission defines (standardized) handoff communication as “a process in which information about patient/client/resident care is communicated in a consistent manner” from one health care provider to another. 2 Nurse authors have defined it as “the transfer of information (along with authority and responsibility) during transitions in care across the continuum; to include an opportunity to ask questions, clarify and confirm”. 3

Information that is to be included in a handoff is essential to the safety and well-being of the patient. Therefore, it must be complete, efficient, accurate and up-to-date. The information must also be communicated in a manner that those who will be caring for the patients left behind can understand and carry out. Interpersonal communication skills between the nurse doing the handoff and the nurse hearing the information are essential. 4

Handoffs can take many forms. The most traditional handoff is verbal. But other nurses use a combination of written and verbal checklists. Computer handoffs have also been instituted, albeit in limited instances. 5

If your facility does not have a handoff policy, get involved in developing a workable policy. There is a wealth of information and research on handoffs, including suggestions for implementing effective and workable handoffs.

So, when you are faced with initiating a handoff to a fellow nurse colleague for whatever reason, what should you be mindful of? Some considerations include:

- Think through and organize what you are going to share with your fellow staff nurse;

- Speak clearly;
- Be certain the information you share with your colleague is accurate, up-to-date and specific (e.g., “Last B.P. at 2:00 pm was 140/82”);
- Select as quiet a place as possible to give the handoff (e.g., free from distractions, interruptions);
- Validate your colleague’s understanding of what you shared and provide an opportunity for any questions or comments;
- In addition to clinical information about the patients you are leaving behind, share any emotional or interpersonal information as well (e.g., “Mr. S is depressed. He is not eating, is tearful, and doesn’t want visitors.”);
- Document the handoff pursuant to your policy (e.g., check list, narrative, computer); and
- Remember that you have a duty to provide necessary information in a handoff so that the patient is not exposed to an unreasonable and foreseeable risk of harm that may result in liability for you due to a breach of your duty that results in injury or death to a patient.

REFERENCES

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5. Friesen *et al*, supra note 3.

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