

Resident Quick Guide to the New UNMH ED Handoff

July 1, 2011

Preparation for Handoff

1. “Run the List” (go over next steps for all patients so that a clear plan is presented at handoff) within the hour leading up to the shift change with the attending.
2. Reevaluate high-risk patients (patients who have already been handed off once and/or who do not have a clear diagnosis or disposition plan) within the hour leading up to handoff
3. Write down key lab values for acutely ill and complicated patients within thirty minutes of handoff. Time permitting, radiology findings and current vital signs should also be included.

Handoff

1. PLAN ED

Patient (age, sex, name, room number and chief complaint)

Label with working diagnosis or differential diagnosis

Assessment (key elements of history, physical exam, labs, diagnostic imaging)

Next steps and nursing assessment (pending labs, diagnostic imaging, consultants)

Everything else (social issues, handed off before, systems issues)

Disposition

2. Handoff communication guidelines (based on Grice’s Maxims)
 1. Include only relevant information.
 2. Be brief.
 3. Be orderly by using the PLAN ED framework.
 4. Be honest. If someone asks a question that you are not 100% sure about (i.e. lab value or result of a scan), find out the answer after the handoff and follow up with the most accurate answer.
3. Be on time and prepare for handoff early so that handoffs can start when scheduled
4. Officially admitted patients (have bed request and orders) should have a very brief handoff by the outgoing resident to the accepting attending; if the patient had admitting orders at the time of the previous handoff the outgoing attending provides the handoff to the accepting attending.

Post-Handoff

1. Within 15 minutes of the end of handoff, the accepting resident should assign himself or herself as the resident provider in the FirstNet tracking system.
2. Within the first 2 hours of the shift, patients that were handed off should have had their chart, laboratory and other findings reviewed and the resident should have physically introduced himself or herself.