

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 2:	Provision of Care, Treatment and Services
PROCEDURE 2.22:	Hand-off Communication Among Caregivers
REVISED:	09/19/06; 04/29/09; 09/12/11
Governing Body Approval:	09/22/11

PURPOSE: To standardize an approach to communication that occurs when there is a transfer of patient care, such that safety of patients is optimized. In addition to providing current accurate information, an opportunity to ask and respond to questions is a critical feature of these communication “hand-offs.”

PROCEDURE:

Effective communication among Connecticut Valley Hospital (CVH) staff and between outside providers helps to ensure the safety of patients and the continuity of care. Communication is an ongoing process, but the following junctures have been standardized: morning report, nursing and medical staff change of shift, and other providers.

In general, communications should occur in a quiet area with a minimum of interruptions. Communication may be in person or over the telephone. Enough time should be allowed for the asking, answering, and repeating of any information needing clarification.

I. Unit-based Interdisciplinary Morning Report

The morning report occurs each business day on each patient unit and involves all available direct care staff. The Unit Director is responsible for coordination of the report which reviews all patient-related business transpiring in the period since the last morning report. Additionally, relevant staffing and compliance issues are part of the agenda (*see Page 4*). Information from the Nursing Change of Shift report is brought forward to the morning report as is any critical information passed along to the Attending Psychiatrist and Ambulatory Care Services (ACS) Clinician by the departing On-Call Physician.

II. Nursing Change of Shift Report

The Nursing report is provided by each departing shift to each arriving shift. Additionally, it is expected that the Nursing Supervisors, at the time a situation emerges or at least during the course of their unit rounds, are apprised of critical information. For a detailed description of the process and content, refer to [NP&P 7.6 Nursing Report and Change of Shift Procedures](#).

III. Medical Staff Change of Shift Report

The departing physician provides relevant patient information to the physician assuming clinical responsibility. (*See guidelines on Page 5*)

IV. Unit-to-Unit Transfer

Communication between a representative of the sending unit and the receiving unit occurs in person or by telephone prior to the patient's transfer.

Documentation required for transfer includes:

A progress note from the following Disciplines of the transferring and receiving treatment teams (Psychiatry, Ambulatory Care Services Clinician, Nurse, and Social Worker). (Refer to HIM Procedure 2.16 Internal Patient Transfers, for specific documentation requirements)

V. On-grounds and Off-grounds Consultations

The Clinician or his/her designee completes a Consultation Request form ([CVH-351](#)) and clarifies the reason for consultation. Any information necessary to answer the referral question should be attached to the Consultation Request form. If the consultations fail to answer the referral question(s) or provide a complete report, the requesting Clinician will contact the consultant for further clarification.

This does not replace the necessity of a Progress Note in the clinical chart.

VI. Discharges and Leaves

1. Medical Discharge to an Acute Care Hospital (MD/AC) ~~and Extended Visit Hospital (EVH)~~

When a patient is sent to an Acute Care Hospital, a [W-10](#) and a [CVH-344](#), Patient Data for Evaluation/Admission to Another Hospital are sent along with him/her. The Ambulatory Care Services physician contacts his/her medical counterpart at the general hospital to ensure two-way communication regarding the patient.

2. Temporary Visit (TV)

A patient sent on a TV is sent with a W-10 and additional documentation as appropriate. If the patient is being referred to a community placement, the social worker/designee from the referring CVH team contacts a representative from the receiving team at the intended placement to discuss the case and establish communication. If the plan is to send the patient to his/her family, then the social worker/designee contacts the family to discuss the visit. Frequency of the communication is based on the individual needs of the patient.

3. Leave of Absence (LOA)

A patient sent on a LOA is sent with a W-10. The LOA functions as an extended TV and the same communication mechanisms are utilized.

4. Temporary Leave (TL)

Patients under the jurisdiction of the Psychiatric Security Review Board (PSRB):

A TL application is formulated in collaboration with community providers and submitted to the PSRB. A hearing occurs, and if approved, the TL is granted to CVH on behalf of the acquittee. The Memorandum of Decision issued to CVH by the PSRB is reviewed by all parties prior to the first TL. Each time the patient goes to the community, a W-10 is provided. Communication between CVH staff and community providers occurs monthly

and during treatment planning meetings, monthly meetings and as part of the transportation and hand-off process.

5. Discharge

Staff completes the Discharge and Aftercare Form ([CVH-2](#) for GPD/~~WFD~~ or [CVH-2a](#) for ASD/BH) and/or the [W-10](#) for each patient being discharged. The forms are distributed in accordance with the instructions printed on them. For a patient who has signed a release(s) to allow contact with community and residential providers, CVH staff coordinates the patient's discharge and aftercare arrangements with representatives from the outside. Additionally, within the limits of the release, CVH staff would continue to be available post-discharge to answer questions of the patient's other treaters.

~~Patients under Competency Restoration:~~

~~CVH Whiting Forensic Division staff contact the LMHA to inform them that their patient has been admitted. LMHA representatives meet with the patient and/or CVH social worker routinely. WFD staff may request that a representative from the community to attend the competency hearing so that if the court releases the patient to the community, continuum of care is maintained. For patients found competent who are released to the community, the patient and community providers are given a ([CVH-2](#) for GPD/~~WFD~~ or [CVH-2a](#) for ASD/BH) and [W-10](#) which confirm the plan. For patients found competent who are remanded to the DOC, a [W-10](#) is faxed to the DOC. For patients who choose not to sign releases, the court is informed that the patient has not entered discharge planning. Such patients will, at the very least, receive an appointment with the LMHA and the LMHA is informed of the patient's court dates.~~

UNIT-BASED MORNING REPORT

- Review of any incident reports generated within the previous 24-hours.
- Patients on special precautions.
- Patients in restraint/seclusion.
- Patients on special observation (1:1; continuous observation; 15-minute checks).
- Patients on whom there are new risk issues (identify issue).
- Patients evaluated by on-call physician (identify issues and interventions).
- Patients sent to the Emergency Department and awaiting return or information on clinical status.
- Patients on whom there are new medical issues requiring attention of ACS Clinician (identify concern).
 - *Questions regarding new or changed medication orders?*
- Patients on whom there are new psychiatric concerns requiring attention of the Attending Psychiatrist (identify concern).
 - *Questions regarding new or changed medication orders?*
- Patients with scheduled on-grounds appointments.
- Patients with scheduled off-grounds appointments or planned trips.
 - *Transportation arrangements confirmed.*
- Patients with MTPs or TPRs or F-TPRs due today.
- Patients with positive behavioral support plans or guidelines.
- Patients with new or changed “Personal Safety Preferences”.
- Compliance issues (completion of BHIS Reports; training & education requirements; performance appraisals; etc.)
- Staffing issues.
- Other

MEDICAL STAFF CHANGE OF SHIFT GUIDELINES

- Patients on special precautions.
- Patient in restraint/seclusion.
- Patients on special observation (1:1, Continuous Observation, 15-minute checks)
- Patients on whom there are new risk issues (identify issue).
- Patients sent to the Emergency Department and awaiting return or information on clinical status.
- Patients on whom there are new medical issues requiring attention (identify concern, including new and changed medication orders).
- Patients on whom there are new psychiatric concerns requiring attention (identify concern, including new and changed medication orders).