Handover

Sign-out

Snap-Shot

Cross-Cover

Check-out
Methods

- Face-to-face (In-person)
- Phone-call
- Handover (Snapshot) Tab in SCM
- Combination of email and phone
- Email only
  - Less preferred but unavoidable in certain scenarios
  - Closed-loop communication is essential with it
  - Please confirm via a reply email or a text message that you have received the email
UK-Snapshot Tab

• The SCM UK-Snapshot tab is an ideal e-location to mention patient specific management, for example:
  – “Do not give opiates due to mental status or in-patient substance abuse”
  – “No benzodiazepine as patient had a fall or gets delirious”
  – Comments regarding Capacity, or risk-management related issues
  – Pertinent physical exam findings like baseline mental status, a chest tube leak or pupil asymmetry at baseline
# UK-Snapshot Tab

<table>
<thead>
<tr>
<th>Brief Patient Summary</th>
<th>1st Rounding Comments</th>
<th>Hospital Course</th>
<th>Code Status</th>
<th>Isolation Status</th>
</tr>
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<tbody>
<tr>
<td>Admit DX</td>
<td></td>
<td></td>
<td>Full Code</td>
<td>No specific isolation required</td>
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<tr>
<td>Asthenia</td>
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</tr>
</tbody>
</table>

**Active Issues** Updated: R.Smith MD 8 days ago

- Admit DX
- Weakness

**Primary To-Do List**

- Utilize this space for back and forth communication

**Procedures / Operations**

- Hypertension
- Diabetes
- Arthritis
- Neuropathy
- S/p breast lumpectomy
- History of back surgery

**Coverage To-Do List**

- Discharge Planning

**Daily Notes / Plan**

**Consult Notes**

**Contact Info**
UK-Snapshot Tab

- The SCM Snapshot tab is never a good place to mention:
  - Acute decompensation
  - Airway compromise
  - “Please follow up ...” (like hemoglobin, sodium or imaging)
  - Hemodynamic instability
  - These issues must be communicated directly to the Swing and Night Attendings (either face-to-face, via HIPAA compliant text, a phone call or email)
Who Maintains the Snapshot Tab?

The Primary Provider has ownership of the tab to help with their documentation + discharge planning

- The Attending on Attending-only patients
- The APP on the patients they take care in an APP-Attending service
- The Resident’s/Interns on Teaching team patients
- Consultants can use consult tab

Cross-cover Providers should restrict their documentation to the “Coverage-To-Do List” box.

- Swing and Nights providers can document non-emergent and non-urgent issues here; major issues must be directly communicated to the relevant team attending at shift-change via phone or email.
# Admitting, Triage & Cross Cover Pager of Chandler Hospital

<table>
<thead>
<tr>
<th>Attending</th>
<th>7am</th>
<th>1pm</th>
<th>3pm</th>
<th>7pm</th>
<th>10pm</th>
<th>12 am</th>
<th>1am</th>
<th>5am</th>
<th>7am</th>
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<th>10pm</th>
<th>12 am</th>
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Handover Types

• Handover can be broadly grouped into three types:
  – Cross Cover
    • Dayshift to Swing : In-person or phone
    • Dayshift to Night : Email or via Swing 1 attending
    • Swing 1 to Night 1 : In-person as they exchange pager
    • Swing 1 to Dayshift : Email or via Night 1 attending
    • Night 1 to Dayshift : In-person or phone or e-mail
  – Admitted patients
    • ATP to Dayshift : In-person or phone or e-mail
    • Swing 1/2 to Dayshift : In-person or phone or e-mail
    • Night 2 to Dayshift : In-person or phone or e-mail
  – End of Week / rotating off service
    • APP to APP : Phone or email
    • Attending to attending : Phone or email
Cross Cover - Dayshift to Swing

• The Dayshift Attending should contact the Swing Attending around 6 pm to begin sign-out any tasks to follow or sick patients to keep a close eye on

• The preferred approach is via a phone-call or face-to-face communication for communication of any follow up tasks, and sick patients
Cross Cover - Dayshift to Night 1

• The Dayshift Attendings are not expected to communicate in-person or by phone call with Night 1 Attending (because the night shift begins at 10pm).

• To cover this, the preferred approach is to update the SCM Snapshot tab, and for sick patients / follow-up tasks, sign these out to the Swing 1 Attending in-person or by phone when the Day-shift ends.

• The Swing 1 Attending then has the responsibility to sign-out the same to the Night 1 Attending when they come in later that night.
Cross Cover – Swing to Night

• The Swing Attending meets the Night Attending to review earlier admissions, follow-up tasks to do, and to handover the pager

• The Swing 1 and 2 attendings signs-out any sick patients (using information they were given from Dayshift attendings) as well as any cross-cover issues on newly admitted patients to the Night 1 Attending
Cross Cover – Swing to Dayshift

• Swing attendings do not get a chance to communicate in-person or by phone call with Dayshift Attending (because their Swing shift ends at midnight)

• To cover this, the preferred approach is for the Swing Attending to
  – Update the SCM Handover tab regarding non urgent cross-cover events
  – Email the relevant day attending regarding important issues
  – Sign-out any sick patients to Night 1 Attending
Cross Cover – Night to Dayshift

• Night 1 and 2 attendings should contact the day attending around 7 am to handover any pertinent overnight events, and any results to follow up on, if work up was initiated at night.

• Preferred approach is checkout in-person as the day attendings arrive, or via a brief phone call

• For non-urgent issues, email or the Snapshot tab can be used
Admitted Patient Handover

ATP (7am-5:00pm)
- Admit, Assign, Checkout by Email/call

Swings (12pm-11pm/1pm to 12am)
- Swing usually tells Night attending about patient assignment. This helps Night & ATP to distribute patients at 7am

Dayshift Attending
- Admit, Assign, Checkout by Email

Nights (10pm-7:30am)
- Admit, Assign, Checkout by Email/call/in person
Unadmitted / Outstanding Patients

• ATP → Swing → Night
  – These providers communicate throughout shift change regarding unadmitted and outstanding patients

• They need to frequently update the share-point website for
  – Accepted, but unassigned patients
  – Complex, unaccepted patients where we are waiting for
    • Subspecialist or surgical specialty to make final decision
    • ED to complete further diagnostic or therapeutic interventions (eg. a repeat ABG, results from a CTA etc. that may impact which the patient’s ultimate disposition or need for ICU admission)

• https://clinical.ukhc.org/hospital_medicine/Lists/Accepted%20AdmissionsTransfers/Detail%20View.aspx
7am Admitted Patient Distribution

• The Night Attending should distribute and assign all admitted patients prior to ending their shift.

• The Night Attending is responsible for checking out patients admitted by the following to the respective team and/or Attending in the morning prior to leaving.
  – Swing/Night APP
  – Resident Moonlighter
  – Patients admitted by the Night Attending themselves

• The on-coming ATP Attending will then distribute any remaining, non-admitted patients to other teams during the course of the morning.
Examples of Chaos...

- When ATP does an admission, but **does not assign a team** and plans to “assign the next day”
- When Swing admits, but **does not assign** and checks-out to Night for assignment and distribution in the morning
- When Night admits all their patients to one team (usually the on-call or MT-4), **does not Assign** and the plans “to distribution in the morning”
- This approach can lead to an hour or more for the respective Night and ATP attendings to straighten out the chaos!
Admitted Patient Handover

- For new patients the ATP Attending (7am-5pm) and Night Attending (10pm-7:30am) meet, Email or call the Dayshift Attending
  - So we Admit, then Assign a team and finally give a Checkout to the team that will be assuming care

- For patients admitted by Swing attendings, the biggest challenge is communication to the Dayshift Attendings
  - In this case, we Admit, then Assign a team and perform checkout by email to the respective Dayshift Attending
  - As an added safety measure, the Swing Attending should inform the Night Attending about the distribution of patients at the beginning of the Night Attending shift, so that team census data remains accurate throughout the 24hr cycle.
End of Week - Change of Service

• This is a mutual responsibility and can take place at a variety of times and settings; the majority of handovers occur in the late afternoon or early evening and can happen via a verbal sign-out over the phone with the on-coming attending or via email.

• On the last day of service, the incoming hospitalist should contact the outgoing hospitalist or vice-versa to arrange a mutually acceptable time for sign-out, as well as the mode of sign-out used.
End of Week - Change of Service

- Verbal handovers are recommended; however several providers utilize an email signout system.

- For next-day discharges, the outgoing hospitalist should preferably start discharge medication reconciliation and save it as “incomplete” and incoming hospitalist should verify and complete them. Pav A teams have pharmacists who can do medication reconciliation.

- For next-day discharges, the outgoing hospitalist should at a minimum complete a disposition section in the daily progress note or fill the discharge tab which includes
  - Where will patient go (Home, Nursing-Home, Acute Rehab, LTAC)
  - Follow-up plan with primary care and specialists
  - Pending results to be followed
  - Follow-up labs that will be needed soon after discharge

Providers can draft a partial discharge summary via the “Discharge Tab”. This text can then be reviewed and edited and the actual discharge summary completed the following day by the incoming hospitalist, making the process of completing the discharge safer, complete and faster.