(A) Policy Statement
Operating Room (OR) personnel will always participate in a structured method of information sharing whenever there is a change in personnel delivering care to the patient.

(B) Purpose of Policy
To provide a standardized method where sharing of information is necessary whenever care is transferred from one healthcare professional to another.

(C) Procedure
Circulating Nurse
1. The Hand-off communication process will be geared to the unique needs of the surgical patient and include up to date information regarding the patient’s care, treatment, condition and any recent or anticipated changes.

2. Staff breaks and relief, which are planned during a procedure, will occur after consultation with the attending surgeon regarding the appropriateness of the timing of the break. It is the responsibility of the staff member being relieved to consult with the surgeon. If the surgeon feels the timing is not appropriate, the break will not occur and an alternative plan will be communicated to the charge nurse.

3. Hand-off communication will occur whenever the assigned circulating nurse is being relieved of circulating duties and also whenever another nurse enters the room to provide assistance.

   a) The nurse who is being relieved will be responsible for initiating the process.
   b) The process will occur as soon as the relief nurse enters the room, unless patient care needs require immediate attention.
   c) The process must be completed before the nurse, who is being relieved, leaves the room.
   d) The nurses will complete the hand-off communication as outlined on the operating room hand-off communication checklist.
   e) Both the incoming and departing nurse will sign or initialize the form to confirm that the communication has taken place and the opportunity to ask questions has occurred.
f) The checklist will be included in other case summary information and dropped off at the operating room front desk at the conclusion of every case.

g) As a minimum, the content of the information to be covered in the hand-off will be included on the checklist and are included below:

   Patient name
   Procedure
   Allergies
   Blood bank and status of blood products (if any)
   Medications on hand and available in room
   Procedural status
   Special equipment on hand and available in room
   Implants used/available in room
   People to contact (i.e. patient family, frozen section, etc.)
   *Kidney transplants only: location of donor kidney
   Type and Location of tissues/specimens
   Other pertinent information:

h) The checklist may be amended by operating room administration as necessary for performance improvement.

4. In instances where there are two (2) or more nurses in attendance, the hand-off communication process will be followed whenever additional nursing personnel enter the room to participate in the case.

Scrub Personnel

a) The hand off communication transfer of care will be geared to the unique needs of the surgical patient and include up to date information regarding the patients treatment and any recent or anticipated changes.

b) Staff breaks and relief will occur after consultation with the attending surgeon regarding the appropriateness of the timing of the break or relief. If the surgeon feels the timing is not appropriate the break will not occur and an alternative plan will be communicated to the charge nurse.

c) Hand off communication will occur whenever the assigned Scrub Technician is being relieved of their current duties.

d) The Scrub Technician, that is being relieved, will be responsible for initiating the process.

e) The process will occur as soon as the relief Scrub Technician scrubs in, unless patient care needs require immediate attention.

f) All necessary sharps and sponge counts will be performed with the circulator unless unable to perform, due to procedure status.

g) Any sutures/ties being used, and any other specialty items that need to be highlighted will be addressed. Information about opened instruments, what is being used primarily and what is available, or any anticipated supplies in the room, will be communicated between staff members.

h) The local medications and solutions on the field will be accounted for and specified.

i) The specimens will be accounted for and specified if any remain on the sterile field.
j) A brief description of the procedure being performed, along with any anticipated future events, and allergy history will be communicated between staff members.