

Title: “Warm Hand-Off” Definition
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Clinical Guideline # CGC-CG-#28

Purpose: To define warm transfers, referrals, and hand-offs and provide expectations of how this should be used as a best practice across DSRIP projects.

Clinical Guideline:

The Center for Integrated Health Solutions (CIHS) defines warm hand-offs as “an approach in which the primary care provider does a face-to-face introduction of a patient to the behavioral health specialist to which he or she is being referred”.¹ Similarly, Richer et al.² describes the warm hand-off as “a novel approach to care transitions in which health care providers directly link patients with substance abuse problems with specialists, using face-to-face or phone transfer.” Across fields, this constitutes provider to provider contact with the patient included whether by phone or in person.

-) For the purposes of this guideline, a “provider” could be any individual or organization providing services to the patient/client (clinical or otherwise).
-) Providers will communicate directly with one another when discussing the patient’s care.
-) Whenever possible, provider introductions will be completed face-to-face or telephonically with the patient or their caregiver(s) either present or otherwise engaged.
-) Patient hand-offs will include the sharing of current patient-specific information relevant to their medical diagnosis, medical history, and the reason for hand-off. The SBAR method (situation, background, assessment, recommendation) is recommended to communicate patient information. Using SBAR, the following information will be clearly communicated from one provider to the next:
 - Situation:* Provider Name, Reason for Contact, Patient/Client Name
 - Background:* Pertinent patient/client information (name, reason for visit to provider, etc.)
 - Assessment:* Patient/Client Need (relevant to interaction)
 - Recommendation:* What the receiving provider is being asked to do
-) All information sharing will be done in compliance with Health Insurance Portability and Accountability Act (HIPAA) law and any other applicable state or federal laws.

¹ Glossary. (n.d.). Retrieved August 15, 2016, from <http://www.integration.samhsa.gov/glossary>.

² Richter, et al. (n.d.). Trials. Retrieved August 15, 2016, from <http://trialsjournal.biomedcentral.com/articles/10.1186/1745-6215-13-127>.

The following are steps to serve as a guide for “warm” transfers, referrals, or hand-offs³ to aid in the implementation of this best practice technique:

1. Define integrated healthcare.
Explain how healthcare providers can work together to provide more comprehensive care.
2. Ask permission.
Ask the patient if they would be open to talking with another provider.
3. Team Communication
Providers should consult together on patient. Where possible, the outcome of the hand-off and subsequent interaction should be shared.
4. Build rapport.
Form a nonjudgmental connection with the patient.
5. Raise the subject.
Explain role, introduce process, ask permission to have discussion.
6. Reflect on change.
Summarize what was discussed.
7. Establish next steps.
Assist patient with scheduling follow-up appointment.

It is the expectation that “warm hand-offs” (including referrals and transfers) at all levels of care will create more effective, patient-inclusive, and patient-centric interactions.

When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization’s delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care.

³ National Council for Behavioral Health. (2016). DSRIP - Warm Handoff - Anxiety. Retrieved August 15, 2016, from <https://www.youtube.com/watch?v=pkKZ4e0iUqg>.

Clinical Guideline Board Approval History:

Clinical Guideline Revisions:

Date	Revision Log	Updated By
08/15/2016	Initial Draft	R. Haller

This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.