

Policy Title: The MOH Patient Care Sign over Policy.	
Policy Owner: MOH committee on hospitals' clinical services and policies.	Policy code: A-LD-004
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Applies to: General and specialized health care facilities and general, allied and specialized health care services.	Revision dates: 31/1/2027
Approvals:	Signature/Date
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1. Introduction:

1.1 Sign over (or sign-out) is a mechanism of transferring information, responsibility and authority from one set of caregivers to another set of caregivers. The primary objective of sign-out is the accurate transfer of information about a patient's state and plan of care from one set of health care providers to another.

2. Purpose:

- 2.1 The purpose of this policy is to ensure patients within the health care facility (e.g. wards, emergency room and recovery rooms) are provided with continuous optimal care (including observation and/or follow up) throughout their stay in the health care facility by the designated/treating/responsible members of the respective clinical department (e.g. Physicians) and designated health care providers (e.g. nurses) in accordance with the Kuwait law 70/2020 of the practice of medical profession and the ministry of health code of ethics.
- 2.2 The purpose of this policy is to ensure the process of patient handovers of care (sign-out) is performed between health care providers during on-calls and transfer of care between sites or specialties in an accurate, effective and professional manner that ensures patient safety and continuation of care.

3. Policy Statement:

3.1 All health care staff, including designated/treating/responsible clinical department staff (e.g. Physicians) and designated health care providers (e.g. nurses) are responsible for providing continuous and optimal care to patients throughout their whole stay in the health care facility.

4. Definitions:

- 4.1 **Attending:** physician of the rank of specialist and above.
- 4.2 **MRP:** Most Responsible Physician; The designated most responsible physician. Generally, it refers to the physician or other regulated health care professional, who has overall responsibility for directing and coordinating the care and management of a patient at a specific point of time.
- 4.3 **HCP:** Health Care Provider: any individual, including but not limited to, physicians,

nurses, physiotherapists and technicians, who during their professional activities, may directly or indirectly recommend, administer and/or determine the medical and/or related services for the patient.

4.4 ERP: Emergency Room Physician.

4.5 Sign over (or sign-out) team: The team of health care providers transferring information, responsibility and authority to another set of caregivers.

4.6 Recipient Team: The team of health care providers receiving transferred information, responsibility and authority from another set of caregivers (i.e. the sign over team).

4.7 Sign over (or sign-out) HCP: The health care provider transferring information, responsibility and authority to another set of caregivers.

4.8 Recipient HCP: The Health Care Provider receiving transferred information, responsibility and authority from another HCP (i.e. the sign over HCP).

4.9 HIS: Hospital Information System.

4.10 SBAR: Situation, Background, Assessment, Recommendations.

4.11 MRN: Medical Record Number.

5. Responsibilities:

5.1 Department Chairs/Directors Responsibilities:

5.1.1 It is the responsibility of the chairs of the departments (in which patient care is provided and sign over is applicable) to ensure implementation of, and adherence to, the tenets of the patient sign over policy.

5.1.2 Consideration of conforming to accepted sign over guides, tools or models (e.g. SBAR).

5.1.3 It is the responsibility of the chairs of the departments to ensure monitoring/review and adherence to the patient sign over policy and to investigate any violation or dereliction of duties or incidents related to the sign over process.

5.1.4 It is the responsibility of the chairs of the departments to ensure that the sign over process and related information is documented and archived in an approved manner that maintains patient confidentiality and enables review and auditing when required (e.g. cloud access google sheets, HIS etc.).

5.1.5 The chairs of the departments/directors may delegate to their respective health care providers or team leaders the responsibility of ensuring, monitoring and reviewing adherence to the patient sign over policy.

5.2 Heads of units or team leaders (or designees):

5.2.1 To insure adherence to patient sign over policy by their respective teams and keep any irrelevance or lack of adherence.

5.3 Department Staff Responsibilities

5.3.1 It is the responsibility of the staff of the respective departments to adhere to the patient sign-out policy and implement it in a constant, professional and effective manner and to report any incidents related to lack of adherence to the policy.

5.3.2 Responsibilities of the sign over team/HCP:

5.3.2.1 To ensure optimal care and plan has already been established to their respective patients.

5.3.2.2 To ensure management of unstable, critical or code patients has been established, concluded and appropriate disposition or care plan established prior to sign over.

5.3.2.3 To ensure patient demographics, MRN, location, history, and plan of

management/treatment are relayed to the recipient team (HCP) and documented in the shared sign over modality (paper form, HIS, cloud etc.) and to ensure the sign over is performed verbally and by a shared means of documentation.

- 5.3.2.4 To ensure providing professional/clinical support for patient care if deemed necessary during sign over, or as seen fit by the treating MRP or chair of department.
- 5.3.2.5 To ensure informing the designated on-call and respective MRP regarding their respective patients' care and condition (including changes in condition, plan, consultations etc.).
- 5.3.2.6 To acknowledge the appropriate designated MRP per setting (e.g. in the recovery room post general anesthesia, it is the anesthetist then the operating surgeon, in the emergency department prior to consult take over/admission, it is the ERP)
- 5.3.2.7 To ensure following the orders and management plans of the attending MRP (or designee) regarding their respective patients.
- 5.3.2.8 To ensure the HCP signing over care is well informed about the respective patients and the tenets of sign over and ensuing responsibilities.
- 5.3.2.9 For physicians signing over care, they should be well informed about the respective patients and the tenets of sign over and ensuing responsibilities and of the rank of registrar (or supervised designee) or above rank.
- 5.3.2.10 To ensure practice of medical duties in compliance with the MOH set job description, department delegated duties, MOH medical ethics standards and the Kuwait law 70/2020 of the practice of medical profession.

5.3.3 Responsibilities of the recipient team/HCP;

- 5.3.3.1 To ensure optimal care is provided to ALL patients under the care of their respective department/unit/service/team/area when deemed necessary during the designated time of take over of care or on-call/shift (including management of routine ward calls, unstable, critical or code patients).
- 5.3.3.2 To ensure following the established treatment plan and care of signed over patients as prior instructed on sign over.
- 5.3.3.3 To ensure providing professional/clinical support for patient care if deemed necessary during sign over, or as seen fit by the treating MRP or chair of department.
- 5.3.3.4 To ensure informing the designated on-call and respective MRP regarding their respective patients' care and condition (including changes in condition, plan and consults etc.).
- 5.3.3.5 To ensure following the orders and management plans of the attending MRP (or designee) regarding their respective patients.
- 5.3.3.6 To ensure adherence to article 5.3.2.2 to 5.3.2.10 on sign over.

6. Tenets of a sign over data:

6.1 On Signing over patient care from one health care provider to another, the following should be included:

6.1.1 Current Clinical Condition.

6.1.1.1 The sign over team should not omit current clinical conditions of respective patients (*as it may hinder the ability of health care providers to prioritize care or identify clinical deterioration.*).

6.1.2 Recent and Scheduled Events.

6.1.3 Anticipatory Guidance (to provide anticipatory guidance for likely during shift/time of care events).

6.1.4 Task Assigned (e.g. an assignment to follow up the result of a test performed during the day, or drain output etc.).

6.1.5 Plan provided (assigned tasks with instructions on how best to complete them and proceed, e.g. inform attending or perform test then consult specialist etc.).

6.1.6 Additions to the tenets specific to patients and HCP specialties may be considered (e.g. ward nurses sign over vs recovery room nurse's vs physicians of different specialties etc.).

7. Applications

7.1 The patient sign over policy is applicable as a standard of care for all patients present within a health care facility being treated or monitored during a period of departure of one supervising health care provider(s) and the arrival of another to continue the care (e.g. including inpatients, emergency/recovery rooms and wards).

7.2 The patient sign over policy is applicable to all health care providers (including physicians, nurses in wards or recovery rooms etc.) involved in continuous direct care of patients in a health care facility (e.g. shifts).

7.3 Any set/approved sign over data modality (e.g., chart, HIS, cloud etc.) should be aimed to be accessible by the designated respective members of the team including (e.g. attendings, heads of units and chairs) as seen fit by the chair.

7.4 The chairman/director of the department will ensure regular monitoring and auditing of adherence and data provision when deemed necessary to the quality assurance council.

7.5 The timings of sign over are set accordingly by the respective service leadership (e.g. on commencement of the working day, on calls or shifts etc.) depending on the work model of the department or HCP involved.

7.6 The timing of the sign over maybe subject to changes depending on the department's policies, holidays and changes in official working hours (e.g. Ramadan and public holidays).

7.7 Seniors, attendings, heads of units and the chair of the department are to ensure the members of the department adhere to the standards set in this policy. Any dereliction of duties and deviation from the standards are subject to review and disciplinary actions accordingly.