

Policy of the Graduate Medical Education Committee
Section: Educational Administration
Subject: Transition of Care and Handoff
Number: 3.800
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ACGME Requirements: Institutional III.B.3; Common VI.B; VI.G.4.b).(1)

Purpose:

To establish standards and protocols within the University of Arkansas for Medical Sciences Graduate Medical Education programs to ensure the quality and safety of patient care during transfers of responsibility occurring during duty hour shift changes, location or service transfers, or other scheduled or unscheduled circumstances.

Definitions:

Handoff - the communication of information to support the transfer of care and responsibility for a patient/group of patients from one provider to another.

Transitions of care - A daily event in the clinical setting including change in level of patient care, admission from the ED, outpatient clinic, or outpatient procedure area, discharge to home or another facility, and at housestaff rotation or shift changes.

Policy:

Individual Graduate Medical Education programs (i.e. residency and fellowship programs) are required to design schedules and clinical assignments to ensure quality of care and patient safety while maximizing the learning experience for housestaff. Programs will adhere to institutional policies and standards regarding transitions in care. Programs are required to have a written handoff policy and must provide instruction to their housestaff in the conduction of safe and effective handoffs. Programs must systematically monitor the housestaff handoff process to ensure their housestaff are competent in the transition of care process. This will include in-person attending review of each housestaff's handoff skills at least twice a year.

Procedure:

- a. The transition/hand-off process should ideally involve face-to-face interaction* with both verbal and written/computerized communication, with opportunity for the receiver of the information to ask questions or clarify specific issues. The transition process should include, at a minimum, the following information applicable across all services:
 - Identification of patient, including name, medical record number, and date of birth
 - Identification of admitting/primary/supervising physician with contact information
 - Diagnosis and current status/condition (level of acuity) of patient
 - Code status of patient
 - Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
 - Outstanding tasks – what needs to be completed in immediate future
 - Outstanding laboratories/studies – what needs follow up during shift

- Changes in patient condition that may occur requiring interventions or contingency plans
 - * The hand-off process may be conducted by telephone conversation. Voicemail and/or any other unacknowledged message is not an acceptable form of patient hand-off. A telephonic hand-off must follow the same procedures outlined in Section IV and both parties to the hand-off must have access to an electronic or hard copy version of the Sign-Out Evaluation. Further, patient confidentiality and privacy must be guarded in accordance with HIPAA and institutional guidelines.
- b. Each residency program must develop components ancillary to the institutional transition of care policy that integrate specifics from their specialty field. Programs are required to develop scheduling and transition/hand-off procedures to ensure that:
- Residents comply with specialty specific/institutional duty hour requirements
 - Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents.
 - All parties (including nursing) involved in a particular program and/or transition process have access to one another's schedules and contact information. All call schedules should be available to physicians, nurses, and hospital operators.
 - Patients are not inconvenienced or endangered in any way by inordinately frequent or unnecessary transitions in their care.
 - All parties directly involved in the patient's care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
 - Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.
 - Programs should provide an opportunity for residents to both give and receive feedback from each other or faculty physicians about their handoff skills.
- c. Each residency program will include education in safe and effective transitions of care in its curriculum.
- d. Programs must develop and utilize a method of monitoring the transition of care process and update as necessary. Monitoring of handoffs by the program to ensure:
- There is a standardized process in place that is routinely followed
 - There are consistent opportunities for questions
 - The necessary materials are available to support the handoff (including, for instance, written sign-out materials, access to electronic clinical information)
 - A quiet setting free of interruptions is consistently available, for handoff processes that include face-to-face communication
 - Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines
- e. Residents must demonstrate competency in performance of this task. There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These include (but may not be limited to):
- Direct observation of a handoff session by a licensed independent practitioner (LIP)-level clinician familiar with the patient(s)

- Direct observation of a handoff session by an LIP-level clinician unfamiliar with the patient(s)
- Direct observation of a handoff session by a peer or by a more senior trainee
- Evaluation of written handoff materials by an LIP-level clinician familiar with the patient(s)
- Evaluation of written handoff materials by an LIP-level clinician unfamiliar with the patient(s)
- Evaluation of written handoff materials by a peer or by a more senior trainee
- Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment
- Assessment of handoff quality in terms of ability to predict overnight events
- Assessment of adverse events and relationship to sign-out quality through:
 - o Survey
 - o Patient Safety Net
 - o Morbidity and Mortality Conference
 - o Chart review