**Hand-offs and transition of care (IR III.B.3.)**

GMEC Approved: January 2013  
GMEC updated and approved: September 2014  
GMEC updated and approved: April 2017

**Purpose:**

To establish protocol and standards within the WSUSOM GME residency and fellowship programs to ensure the quality and safety of patient care when transfer of responsibility occurs during clinical work and education hour shift changes and other scheduled or unexpected circumstances.

**Definition:**

A handoff is defined as 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 are necessary in the hospital setting for various reasons. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:

- Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or emergency room and transfer to or from a critical care unit
- Temporary transfer of care to other health care professionals within procedure or diagnostic areas
- Discharge, including discharge to home or another facility such as skilled nursing care
- Change in provider or service change, including change of shift for nurses, resident sign-out and rotation changes for residents

**Policy:**

Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure (CPR VI.E.3.a) and maximize the learning experience for residents, ensure quality care and patient safety, and adhere to general institutional policies concerning transitions of patient care. Schedule overlaps must include time to allow for handoffs, ensure availability of information and an opportunity to clarify issues.

Programs, in partnership with their Sponsoring Institution, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety (CPR VI.E.3.b).

Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care (CPR VI.E.3.d).
Programs must ensure that residents are competent in communicating with team members in the handoff process (CPR VI.E.3.c).

Each program must ensure continuity of patient care in circumstances in which residents may be unable to attend work or perform their patient responsibilities, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in these circumstances and must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work (CPR VI.E.3.e & CPR VI.C.2).

Each program must include the transition of care process in its curriculum. Each residency program must develop components ancillary to the institutional transition of care policy that integrate specifics from their specialty field.

PROCEDURE

The optimal transition/handoff process shall 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 shall include, at a minimum, the following information in a standardized format that is universal across all services:

- Identification of patient, including name, medical record number and date of birth
- Identification of admitting/primary/supervising physician and contact information
- Diagnosis and current status/condition (level of acuity) of patient
- Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
- Active issues, including pending studies, what needs to be followed up during shift
- Contingency plans (“if/then” statements)

If a face-to-face handoff is not possible the handoff process may be conducted by telephone conversation or other electronic communication (e.g. Skype, Facetime). Telephonic handoffs must follow the same procedures as face-to-face handoffs and both parties to the handoff must have access to an electronic or hard copy of the handoff information. Patient confidentiality and privacy must be guarded in accordance with HIPAA guidelines.

Programs are strongly encouraged to follow the SAIF-IR acronym during the handoff process:

- S=Summary statements or synopsis
- A=Active Issues
- I=If/Then contingency planning
- F=Follow up activities
- I=Interactive questioning
- R=Read backs
There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These include:

- Didactic sessions on communication skills, including in-person lectures, web-based training modules, review of curricular materials and/or knowledge assessment.
- Programs can utilize additional educational resources available at: http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/resident-fellow-section/rfs-resources/patient-handoffs.page
- Occupational safety, health and environment training conducted at the beginning and repeated at least once throughout the academic year.
- Direct observation of a handoff session by a faculty member, peer or a more senior resident.
- Evaluation of written handoff materials by a faculty member, peer or a more senior resident.
- Assessment of handoff quality in terms of ability to predict overnight events.
- Assessment of adverse events and relationship to sign-out quality.
- Participation in the institutional Observed Structured Handoff Evaluation (OSHE) which is used to assess resident application of handoff education. The OSHE consists of a didactic session on handoffs, and then residents complete a written and verbal handoff exercise to a participating senior resident using a standardized case – specialty based - that is scored by faculty for educational feedback.

Programs are required to develop scheduling and transition/handoff procedures to ensure that:

- Residents comply with specialty-specific/institutional clinical work and education hour requirements.
- Faculty members are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents. Faculty oversight of the handoff process may occur directly or indirectly, depending on training level and experience of the residents involved in the handoff.
- 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 shall be available electronically (i.e. in Outlook or on New Innovations) and with the hospital operators.
- Patients are not inconvenienced or endangered in any way by frequent 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 shall provide an opportunity for residents to both give and receive feedback from each other or faculty physicians about their handoff skills.
MONITORING

Program Monitoring

Programs must develop and utilize a method of monitoring the transition of care process and update as necessary. Monitoring of handoffs by the program shall ensure:

- There is a standardized process in place that is routinely followed.
- There is consistent opportunity 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. Handoffs are done on protected time, i.e. residents must be released from any clinical duties or interruption, including surgery and non-emergent patient care.
- Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines.
- Examples of monitoring checklists including these items are attached to the end of this policy and will be available in New Innovations.

Institutional Monitoring

- Compliance with the individual program’s Transitions of Care policy will be monitored by the GMEC via:
  - Annual Program Evaluations
  - Special Review of the program
  - Annual GME resident evaluation of the program
  - Annual GME faculty evaluation of the program
  - Annual ACGME Faculty Survey
  - Annual ACGME Resident Survey
  - Resident Council
  - Anonymous contact via hotline and/or online complaint form.