TRANSITIONS OF CARE/HANDOFFS POLICY

I. Purpose

To establish protocol and standards within the University of Nevada Las Vegas (UNLV) School of Medicine residency and fellowship programs to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.

II. 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:

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

III. Policy

Individual programs must design schedules and clinical assignments to maximize the learning experience for residents as well as to optimize transitions in patient care including their safety, frequency and structure, and adhere to general institutional policies concerning transitions of patient care.

IV. Procedure:

1. The transition/hand-off process must 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 in a standardized format that is universal across all services within the same training program (residency or fellowship):
   a. Identification of patient, including name, medical record number, and date of birth
   b. Identification of admitting/primary/supervising physician and contact information
   c. Diagnosis and current status/condition (level of acuity) of patient
   d. Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
   e. Outstanding tasks – what needs to be completed in immediate future
   f. Outstanding laboratories/studies – what needs follow up during shift
   g. Changes in patient condition that may occur requiring interventions or contingency plans

h. Code status (if appropriate)

* 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 guidelines.

2. 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:
   a. Residents comply with specialty specific/institutional duty hour requirements
   b. Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents.
   c. 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 on department-specific password-protected websites and also with the hospital operators.
   d. Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
   e. All parties directly involved in the patient's care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
   f. Safeguards and or back-up schedules exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.
   g. Programs should provide an opportunity for residents to both give and receive feedback from each other or faculty physicians about their handoff skills.

3. Each program must include the transition of care process in its curriculum.

4. 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:

   a. Direct observation of a handoff session by a licensed independent practitioner (LIP)-level clinician familiar with the patient(s)
   b. Direct observation of a handoff session by an LIP-level clinician unfamiliar with the patient(s)
   c. Either of the previous, by a peer or by a more senior trainee
   d. Evaluation of written handoff materials by an LIP-level clinician familiar with the patient(s)
   e. Evaluation of written handoff materials by an LIP-level clinician unfamiliar with the patient(s)
   f. Either of the previous, by a peer or by a more senior trainee
   g. Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment
   h. Assessment of handoff quality in terms of ability to predict overnight events
   i. Assessment of adverse events and relationship to sign-out quality through:

i. Survey
ii. Reporting hotline
iii. Trigger tool
iv. Chart review

5. 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:

    a. There is a standardized process in place that is routinely followed
    b. There consistent opportunity for questions
    c. The necessary materials are available to support the handoff (including, for instance, written sign-out materials, access to electronic clinical information)
    d. A quiet setting free of interruptions is consistently available, for handoff processes that include face-to-face communication
    e. Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines
    f. Monitoring checklists including these items are attached to the end of the policy

Approved by GMEC April 2017

Checklist for ensuring and monitoring effective, structured handover processes

Date assessed / /__ __ __ __

Assessment by (name/service): _____

Evaluation of (location, unit, team or setting): _____

	Please choose the appropriate box		
	YES	NO	NA
There is a standardized process in place that is routinely followed			
There is consistent opportunity for questions			
The necessary artifacts 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			

Adapted from Yale New Haven Hospital.

Oral Sign-Out Evaluation

Date_____/ __/_____Time_____Location_____

Completed by (name/service): _____

Evaluation of (name/service): _____

	Please choose the appropriate box		
VERBAL HANDOFF	YES	NO	NA
The sign-out is face to face?			
The sign-out took place in a setting free of interruptions and distracting noises?			
Use of concise, concrete, closed-loop language?			
Code status is mentioned if the patient is not full code?			
Highlights sickest patients?			
Specifies the clinical condition of each patient?			
Includes general hospital course?			
Specifies relevant new events?			
Includes up-to-date task list?			
Anticipatory guidance and rationale provided?			
Provides opportunity for read-back and questions?			
Is there an accompanying written signout?			
RECEIVER EVALUATION			
Did the receiver take notes?			
Did the receiver ask questions?			
Did the receiver confirm understanding?			

Adapted from Yale New Haven Hospital.

Written Sign-Out Evaluation

Date / / Time _____ Location:_____

Completed by (name/service): _____

Evaluation of (name/service): _____

	Please choose the appropriate box		
WRITTEN HANDOFF	YES	NO	N/A
Is there an accompanying oral sign-out?			
If yes: ○ Is oral sign-out completely consistent with written sign-out?			
Is sign-out written as part of EMR (versus a Word document or hand-written)?			
Does sign-out include primary outpatient physician?			
Does sign-out include diagnosis (or symptoms on admission if diagnosis not yet known)?			
Does sign-out include general hospital course?			
Does sign-out include new events that day?			
Does sign-out include overall health status that day (including vital signs, symptoms, physical exam findings, lab or procedure results, and/or stability)?			
Does sign-out include anticipatory guidance with if/then statements?			
Is task list present (or "nothing to do" is included)?			
Is each separate issue separated by a different paragraph or easily distinguished?			
Are actual dates (rather than ambiguous references) used?			
Is sign-out updated?			
Is wording concise?			
If evaluator is familiar with patient:			
• Is sign-out accurate?			
• Is sign-out comprehensive?			

Adapted from Yale New Haven Hospital.