1. Objective:
   To establish a standardized protocol for transfer of patient care responsibility between residents that occurs during duty hour shift changes, change in level of patient care and other circumstances.

2. Definition:
   A handoff is 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 health-care settings. The process is an interactive communication process of passing essential patient information from one provider to another.

3. Procedure:
   a. The handoff process must involve face-to-face interaction* with both verbal/written communication via the process outlined in Appendix A and the use of the standardized checklist (Appendix B). The receiver of the information has the opportunity to ask questions or clarify specific issues. The following information is included in the standardized checklist:
      i. Demographic data – patient name, DOB, medical record #, room number, attending, admission date
      ii. Diagnosis, condition, current problems, allergies, medications
      iii. Invasive devices, airway status
      iv. Outstanding tasks including laboratory tests, consults, preoperative/postoperative checks
      v. Possible changes in patient condition that may require an intervention or contingency plan

   For the LICH rotation, the evening handoff process may be conducted by telephone conversation if the on-call resident is doing an off-site rotation. The procedure is the same as outlined in the Appendix and the on-call resident must have access to an electronic or hard-copy of the standardized checklist form. Patient confidentiality and privacy must be protected in accordance with HIPAA guidelines.

   b. Oversight
      i. All parties have access to the on-call schedule, faculty and resident contact list, and department escalation policy. Faculty are available for appropriate supervision levels depending on the urgency of the situation.
      ii. The daily rounding attending will ensure completeness of the morning handoff.
      iii. Residents must comply with the institutional duty hour requirements.
      iv. Safeguards exist for coverage such as resident illness or other emergency.
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Transitions of Care/Handoff Policy

c. Education/Evaluation
   i. Residents will receive annual didactic sessions on communication skills during the weekly grand rounds sessions
   ii. Direct observation of a handoff session by the director of service at each institution will take place on a monthly basis
   iii. The standardized checklist will be reviewed on a weekly basis.
   iv. Patient care issues will be reviewed at the monthly departmental morbidity and mortality conference.