

SUNY HEALTH SCIENCE CENTER OF BROOKLYN
GME POLICIES AND PROCEDURES

SUBJECT: TRANSITIONS OF CARE / HAND-OFFS

Originating Department: Graduate Medical Education

Effective Date: 1/22/19

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I. PURPOSE:

To delineate the standard processes for clinical communications during transitions of care or hand-offs between residents and fellows as required by the ACGME and the SUNY-DMC GMEC for each ACGME accredited residency and fellowship training program.

The overarching goal is to improve quality of care and patient safety through minimizing the potential for medical errors during transitions of care or hand-offs. Complete, timely, and accurate communication with the opportunity to ask and respond to questions is essential to ensure effective patient hand-offs.

II. POLICY:

This policy applies to situations where patient care is “handed –off” from one provider to another or from one department to another. It applies to all programs and trainees sponsored by SUNY-DMC GME, irrespective of salary source and at each participating site.

Each SUNY-DMC GME resident or fellow training program must select a standardized hand-off method that is relevant to its specialty and ensure that its trainees are using it consistently. As the hand-offs will take place at the participating sites, the Site Directors must be involved in the selection and implementation.

Standard components of the hand-off processes must include:

- Conducted face-to face whenever possible
- Occur at a regular time and place each day
- Occur in a setting appropriate for sharing HIPAA protected patient health information
- Occur in a setting where interruptions are minimized.
- Use of a standardized verbal and/or written/electronic format
- Inclusion of information organized in a standardized format and determined by the program to be necessary for this transition of care communication
- Provision of the opportunity to ask and respond to questions
- Inclusion of verification of understanding of the information that was conveyed
- Provision of a contingency plan for issues that may arise after the communication has occurred including contact information and escalation procedures

This policy conforms to the ACGME Common Program Requirements dated July 1, 2017.

III. DEFINITIONS:

Hand-Offs: The patient hand-off is a process where the passing of patient specific information occurs from one caregiver to another or from one department to another. A hand-off also includes transferring the responsibility of care from one caregiver to another. Because of the inherent vulnerability to error of this

process and the seriousness of the implications, the opportunity to ask and answer questions must be included as well as a verification of the information received.

Acceptable standardized hand off processes:

- SBAR: Situation, Background, Assessment, Recommendation
- I PASS: Introduction, Patient ID, Assessment, Situation, Safety concerns
- A program may develop its own

IV. RESPONSIBILITIES:

The Department Chairs and Training Program Directors are responsible for selecting and implementing the communication hand-off procedures and for identifying the critical patient information relevant to their services that must be included. As each participating site will have hospital procedures that are compliant with Joint Commission requirements, the Chairs and Program Directors must partner with the Chiefs of Service and the Site Directors to ensure that the processes are all concordant.

V. PROCEDURES:

- A. Each SUNY-DMC GME resident or fellow training program must select a standardized handoff method that is relevant to its specialty and ensure that its trainees are using it consistently. This must be done in conjunction with the Site Director at each site.
- B. Examples of acceptable standardized handoff processes include:
 - SBAR
 - I PASS
- C. A program may elect to use one process in specific situations and a second process in others. For example, using SBAR to communicate a critical short piece of information during an emergency such as a critical laboratory value during a code and using IPASS for daily sign out rounds to communicate more extensive information between clinical teams.

VI. CONTROLS:

The Chairs and Program Directors as well as the Chiefs of Service and Site Directors will develop and specify the standardized handoff method to be used by the residents and fellows in their respective program.

The Designated Institutional Official (DIO) will implement and monitor the plan with oversight from the GMEC.

VII. REFERENCES:

- A. ACGME Common Requirements, effective July 1, 2017.
- B. Acceptable standardized hand-off procedures
 - SBAR - <http://www.ih.org/resources/Pages/Tools/SBARToolkit.aspx>
 - I PASS – Sectish TC, Starmer AJ, Landrigan CP, Spector ND; I-PASS Study Group. Establishing a multisite education and research project requires leadership, expertise, collaboration, and an important aim. Pediatrics. 2010;126(4):619–622