

**SUNY Downstate Medical Center
Health Science Center at Brooklyn
Graduate Medical Education
Policies and Procedures**

**POLICY:
TRANSITIONS OF CARE / HAND-OFFS**

Purpose:

SUNY Downstate Medical Center (SUNY DMC) and its sponsored graduate medical education training programs are committed to providing educational content, experience and supervision consistent with sound educational practices in accordance with the guidelines, standards, policies and procedures as set forth by relevant accrediting and regulatory agencies.

Each of SUNY DMC's participating sites has patient hand-off policies and protocols to ensure the quality of care and safety of patients in transitions throughout the continuum of care and consistent with standards of the Joint Commission on Hospital Accreditation (National Patient Safety Goals, 2006).

In July 2013, ACGME (eff. July 1, 2014) instituted new institutional requirements pertaining to transitions of care. This follows recent actions by the Joint Commission of Hospital Accreditation that established National Patient Safety Goals in 2006 and by the Institute of Medicine that recommended that all medical trainees receive education in performing handoffs.

ACGME requirements call for professional development for core faculty and residents/fellows to achieve and ensure competence in performing safe and effective transitions of patient care and ensuring that SUNY DMC participating training sites engage residents/fellows in standardized hand-offs.

The primary purpose of handoff communications is to provide accurate information about a patient's care, treatment and services, current condition, and any recent or anticipated changes. Transitions are known to be situations vulnerable to inconsistent communication processes between health care professionals that can result in poor relay or omission of important patient information and may cause adverse events or medical errors. Improvement in transitions of care is essential to providing quality health care and improved patient outcomes. The following GME Committee policy defines the policies and procedures for transitions of care in settings with residents and fellows in graduate medical education programs sponsored by SUNY Downstate Medical Center with the overarching goal of improving patient safety and the quality of care through minimizing the potential for medical errors.

Scope:

This policy applies to all programs, program directors, core faculty, supervising faculty and other health care personnel and residents and fellows of graduate medical education programs sponsored by SUNY Downstate Medical Center and trainees appointed to SUNY Downstate Medical Center irrespective of salary source and assigned to rotations at any participating site (affiliated health care facility).

Definitions:

Program Director: the one physician designated with authority and accountability for the operation of the residency/fellowship program.

GME Program: refers to a structured educational experience in graduate medical education designed to conform to the Program Requirements of a particular specialty/subspecialty

Resident or House Staff or House Officer: refers to all interns, residents and fellows enrolled in post-graduate medical training or research program or activity. The terms include subspecialty residents also known as fellows

GMEC: Graduate Medical Education Committee of SUNY Downstate Medical Center

DIO: The Designated Institutional Official is the individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs.

Communication: the process by which information is exchanged between individuals, groups, and organizations. In order to be effective, communication should be complete, clear, concise, and timely.

Handoff: the transition of responsibility and accountability for patient care across the continuum from one health care professional to another which can occur within health care settings, between care settings, across levels of care, and between providers.

Signout: the act of transmitting information about a patient during a handoff or transition of care.

Transition of care: “a broad range of time-limited services designed to ensure health care continuity and promote the safe and timely transfer of patients and responsibility for patients from one level of care to another or from one type of setting to another or from one care provider to another.” Transitions of care necessitate communication using handoffs.

Policy:

Standards articulated by the ACGME Common Program Requirements (CPRs) state “it is essential for patient safety and resident education that effective transitions of care occur. Residents may be allowed to remain on-site in order to accomplish these tasks.”

Programs and institutions are required to:

- Design resident assignments to minimize the number of transitions in patient care (*program*)
- Ensure and monitor effective, structured hand-over processes to facilitate continuity of care and patient safety (*sponsoring institution and program*)
- Ensure that residents are competent in communicating with team members in hand-over process (*program*)
- Ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care (*sponsoring institution*)

Standards articulated by the ACGME Institutional Requirements (eff. July 1, 2014) require

- professional development for core faculty and residents/fellows regarding effective transitions
- ensuring that participating sites engage residents/fellows in standardized transitions of care.

While clinical services at participating sites may have existing policies on patient hand-off communications, each program must have program specific guidelines, policies and standardized procedures to be used by care providers which are appropriate for the particular care settings and clinical specialty. Each program must have standardized procedures for hand-offs that are used by residents/fellows throughout the department/division as are relevant to the specialty and at all participating sites.

Standard components of the hand-off process should include the following:

- Conducted face-to-face whenever possible
- Occur at a regular time and place each day in a setting conducive to sharing patient health information and with interruptions minimized
- Use a standardized verbal format, standardized forms, electronic tools and/or other methods all of which must be HIPAA compliant
- Include a discussion of standard written template information
- Provide opportunity for questions, answers, clarifications and escalation as necessary
 - o Use of critical thinking skills when discussing patients
 - o Scrutinizing and questioning the data
 - o Exchange contact information in the event of additional questions
- At a minimum, a structured hand-off must include at least the following:
 - o Patient identifiers including name, age, location and record number
 - o Identification of care providers including responsible attending and residents
 - o Diagnosis of the patient and current problem list
 - o Current status or condition of the patient including resuscitation status
 - o Pertinent clinical information necessary for coverage for the patient (including drug allergies, medications, exam findings, lab abnormalities, imaging results, recent procedures, changes in condition, etc)
 - o A to-do list of any activities that need to be performed for the patient including pending studies or results for follow-up
 - o An action plan for the next period of care along with an if/then assessment of contingencies in the event of a change in the clinical status of the patient
 - o Discussion with any additional clarifications, concerns, questions addressed as well as contact information for follow-up questions and for escalations
 - o Any other pertinent information relevant to the specialty, program or clinical service during the transition and for the next period of care

Some standard communication tools that are used as appropriate for the patient care setting include:

- SBAR: (Situation, Background, Assessment, Recommendation)
- SAIF-IR: (Summary, Active issues, If/then plans, Follow-up activities – Interactive questions, Readbacks)
- I PASS the BATON: (Introduction, Patient ID, Assessment, Situation, Safety concerns, Background, Actions, Timing, Ownership, Next/contingencies)
- I-SWITCH: (Identifiers, Severity, Working problems, Interventions, Tests, Codes status, History)
- 5 P's: (Patient, Plan, Purpose, Problems, Precautions)
- DRAW: (Diagnosis, Recent Changes, Anticipated Changes, What to watch for)

All residents/fellows must receive education in the elements of safe patient transitions and in the procedures for safe transitions at each distinct care setting. Residents/fellows must be taught what constitutes a successful hand-off for a particular care setting and must be trained in conducting a hand-off. Real-time performance feedback should be provided. Assessment and documentation of trainee competence in hand-off communications must be conducted and be part of the evaluation process for each resident/fellow. Such assessments should be conducted by direct observation from faculty, chief residents or experienced senior supervising residents previously determined to be proficient in hand-off communications.

Each program, while abiding by duty hour regulations, will design their educational experiences and create resident/fellow assignments and schedules in such a way as to minimize the number of transition of care. Schedules must also be made available to all members of the health care team identifying the attending physician and the resident(s) responsible for the care of each patient and the mechanism for contacting the responsible attending and/or resident.

In fulfilling institutional oversight responsibilities, the GMEC through the GME Office will monitor program compliance to ensure that each sponsored program meets the expectations of this policy. Through the use of annual program reports, program evaluations and reviews, program surveys, program improvement plans, special program reviews, focused program reviews, and/or review of quality management and patient safety data and reports, the GMEC through its subcommittees will monitor and ensure compliance with this policy and related standards and provide feedback to programs as needed to improve performance.

Reviewed and approved by GMEC: 10/16/13.

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