POLICY: 200-050385-020

Transition of Care

The Accreditation Council for Graduate Medical Education (ACGME) requires that Sponsoring Institutions and residency/fellowship programs ensure and monitor effective structured handoff processes to facilitate both continuity of care and patient safety. Ensuring effective transitions of care is an essential component of learners’ achieving proficiency in patient care, interpersonal and communication skills, systems-based practice and professionalism. Handovers occur upon admission, at shift changes, upon unit changes, and at discharge. Handovers within the healthcare system are high-risk, high-frequency events in which critical information about a patient’s clinical status, including current condition and recent and anticipated treatment, must be transferred completely and accurately to ensure safe and effective continuity of care.

Purpose

To establish a protocol and standards within the Harbor-UCLA Medical Center Graduate Medical Training programs (residency and fellowship) to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes, during transfer of the patient from one level of acuity to another, and during other scheduled or unexpected care transitions.

Definition

A transition of care (“handover”) is defined as the communication of information to support the transfer of care and responsibility for a patient/group of patients from one service and/or team to another. The transition/hand-over process is an interactive communication process of passing specific, essential patient information from one caregiver to another.

Policy Statement

A “handover” is a verbal and/or written communication which provides information to facilitate continuity of care. Handovers should follow a standardized protocol and include the opportunity to ask and respond to clinical questions.

Policy

General Principles

1. Individual programs must have a policy addressing transitions of care. Faculty and trainees must be aware of their program policy.
2. Individual programs should provide instruction of Departmental processes with trainees regarding handover of care.
3. Individual programs must design schedules and clinical assignments to maximize the learning experience for residents as well as to ensure quality care and patient safety, and adhere to general institutional policies concerning patient safety and quality of healthcare delivery.

4. Individual programs should evaluate trainees in their capacity to perform a safe, effective, and accurate handover of care.

Procedure

The following procedures apply to all care providers who are teachers or learners in a clinical environment and have responsibility for patient care in that environment.

Handover procedures will be conducted in conjunction with (but not be limited to) the following events:

- Shift Changes
- Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure, or diagnostic area.
- Inpatient admission from the Emergency Department
- Transfer of a patient to or from a critical care unit
- Transfer of a patient from the Post Anesthesia Care Unit (PACU) to an inpatient unit when a different physician will be caring for that patient
- Transfer of care to other healthcare 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 resident sign-out, inpatient consultation sign-out, and rotation changes for residents.

1. Each program will develop a policy governing transitions of care with procedures that are structured to ensure effective communication of the following information. The transition process should include, at a minimum, the following information in a standardized format that is universal across all services. SBAR format (Situation, Background, Assessment, Recommendations) is an example of one such format utilized at Harbor-UCLA Medical Center. The policy and the approach to hand-overs should be based on the patient care setting and the role of their trainee (e.g. consultant, primary team, team leader) in patient care activities. Essential elements of this handover communication should minimally include:

   - Identification of patient, including name, medical record number, date of birth and location
   - Identification of attending physician of record and their contact information
   - Diagnosis and current status/condition (level of acuity including code status) of patient
   - Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
   - Outstanding tasks – what needs to be completed in immediate future
   - Outstanding laboratories/studies – what needs follow up during shift
   - Changes in patient condition that may occur requiring interventions or contingency plans

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-over procedures to ensure that:

   - Residents comply with specialty specific/institutional duty hour requirements
   - Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents.
   - 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.
• 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 should provide an opportunity for residents to both give and receive feedback from each other or faculty physicians about their handover skills.

4. Each program must provide specific training and education on the Transition of Care Process. Methods of training to meet this requirement may include, but are not limited to, lecture-based handover education program, web-based or self-directed handover tutorials, specialty specific orientation sessions, didactics, workshops, interactive teaching tools, or simulation.

5. Residents must demonstrate competency in performance of the handover task and this will be documented in the resident’s training dossier. There are numerous mechanisms through which a program may elect to determine the competency of trainees in handoff skills and communication. These may include:
   • Direct observation of a handover session by a licensed independent practitioner (LIP)-level clinician familiar with the patient(s)
   • Direct observation of a handover session by an LIP-level clinician unfamiliar with the patient(s)
   • Either of the previous, by a qualified peer or by a more senior trainee
   • Evaluation of written handover materials by an LIP-level clinician familiar with the patient(s)
   • Evaluation of written handoff materials by an LIP-level clinician unfamiliar with the patient(s)
   • Either of the previous, by a qualified peer or by a more senior trainee
   • Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment
   • Assessment of handoff quality in terms of ability to predict overnight events
   • Assessment of adverse events and relationship to sign-out quality through: Survey, Reporting hotline, Trigger tool or Chart review.

6. Programs must develop and utilize a method of monitoring the transition of care process and update as necessary. Monitoring of handovers by the program to ensure:
   • There is a standardized process in place that is routinely followed
   • There are consistent opportunities for questions
   • The necessary materials are available to support the handover (including, for instance, written sign-out materials, access to electronic clinical information)
   • A quiet setting free of interruptions is consistently available, for handover processes that include face-to-face communication
   • Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines; this includes the appropriate disposal of any written material in HIPAA-compliant receptacles, and encryption of any electronic devices used during the handoff process.

7. Programs should evaluate trainees in their ability to communicate patient information clearly, accurately, and responsibly to support the safe transfer of care from one provider to another.
Specific Responsibilities

1. Program Directors must:
   - Establish the process for, and monitor the performance of, handover procedures in accordance with this policy
   - Ensure that each resident/fellow is competent in handovers and provides the information needed for timely, accurate, complete and effective handoffs, in accordance with the requirements of this policy.
   - Create assignments to minimize the number of transitions of patient care
   - Provide written documentation of the program’s specialty specific handover policy including evidence of effective implementation as part of the Annual Program Review.

2. The transferring resident/fellow must:
   - Comply with handover policy and procedures
   - Respond to questions and resolve discrepancies and concerns in a timely manner
   - A resident/fellow must not leave the hospital until a handover has occurred with the resident/fellow/NP/PA/Attending that is assuming care of the patient.

3. The receiving resident/fellow must:
   - Review a written or electronic handover form or receive a direct verbal handover, either in person, by phone, or by other secure and confidential electronic means of communication.
   - When appropriate, document in the electronic health record the information pertinent to the continuing care of the patient. Instances requiring EHR documentation would include: (but not limited to): transfers to a new team of providers or to another hospital unit; transfers between the hospital and other care facilities; discharges to home; and patients who are unstable or will require significant diagnostic testing or interventions.
   - Resolve any questions with the transferring attending, resident/fellow, or NP/PA prior to acceptance of a patient.

4. The GME Committee must:
   - Ensure and monitor structured handover processes and make appropriate recommendations in order to continuously improve patient safety and quality of care.
   - The GMEC will assure compliance through summary reporting as part of the Annual Program Review for each program.
   - The GMEC will also receive informal or formal feedback from the Patient Safety Officer member of the GMEC regarding the impact and effectiveness of the transition of care process on patient safety.