

Hospital-wide Policy	Title: Transitions of Care
Issuing Department: Educational Office	Reviewed/Revision Date: February 2017
<p>IMPORTANT NOTICE: The official version of this policy is contained in the Policy and Procedure Manager (PPM) and may have been revised since the document was printed.</p>	

SCOPE/PURPOSE:

To establish a protocol and standards within the Tufts Medical Center Graduate Medical Training programs (residency and fellowship) intended to ensure the quality and safety of patient care. Transitions of care between internal providers are vulnerable to error and a clear delineation of training program and provider responsibilities surrounding this activity promote and support our institutional culture of safety.

DEFINITIONS:

Transitions of care: The transition of care referred to in this policy is period when one health care provider is transferring care to another, most commonly at the time of sign-out to on-call teams. However, the same principles apply to other transitional settings, including transfers between one clinical care setting to another or the scheduled change of providers (e.g. end of month team switches).

Handoff = handover = sign-out

ELIGIBILITY:

This policy applies to all Trainees in an ACGME-accredited GME program sponsored by the Tufts Medical Center.

PROGRAM RESPONSIBILITY

- Each program director is required to develop a program and discipline specific written Hand-off/Transition of Care policy and to provide written documentation of the policy and the applicable tools that its trainees will utilize.
- The program must provide every resident with specific training and education on handoffs. Standardized hand-off methods and training on hand-offs, such as the I-PASS® (Figure1) training module, are highly recommended. A comprehensive set of I-Pass training materials is available on the Tufts MC GME Intranet Page at: <http://intra/GMEOffice/iPass%20Training%20Materials.htm>. Other training methods may include, but are not limited to, lecture-based hand over education program, web-

based or self-directed hand over tutorials, specialty specific orientation sessions, didactics, workshops, interactive teaching tools, or simulation.

- Schedules and Hand-offs must be structured to minimize the number of transitions in patient care.
- Each training program must assess Interpersonal and Communication Skills competency. Handoff skills are a specific skill within this competency. Programs must deliver focused and relevant training to build these- skills, use clear assessment strategies, and document this competency

GUIDELINES:

There are key best practices critical to effective transitions of care:

- A. Interruptions must be limited
- B. Assessment of illness severity during the verbal exchange
- C. A standardized approach should be utilized during the handoff process
- D. An opportunity to ask and respond to questions is required
- E. Insight on what to anticipate or what to do is the focus of the verbal exchange
- F. Hand-over documents must be HIPAA compliant
- G. All data is kept up to date

Minimize Interruptions

Participate in hand-off communication only when both parties can focus attention on the patient-specific information (i.e. quiet space).

Illness Severity/Standardized Approach

Hand-over communication must include the following information:

- Identifying Information: Patient Name, MRN Location, Allergies, Code Status, Identification of primary team or attending physician
- Illness Severity
- Patient Summary
 - Current patient condition and diagnosis
 - Pertinent events over the last shift
 - Active problem list
- Action Items
 - Any elements that the receiving provider must perform (i.e., a "to-do" list)
- Situational Awareness and Contingency Statements
 - Anticipated changes in condition or treatment
 - Suggested actions to take in the event of a change in the clinical condition

Opportunity to Ask and Respond to Questions

Allow adequate time for hand-over communication and maximize opportunities for face-to-face or verbal handoffs:

- Face-to-face hand-overs should occur if at all possible
- If not possible, telephone verbal hand-overs may occur
- In either case a recorded hand-over document (written or electronic) must be available to the receiving provider
- The hand-over must include an opportunity for the participants to ask and respond to questions
- The hand-over must include an opportunity for the receiver to synthesize information

HIPAA Compliant Hand-Over Documents

All written or electronic hand-over documents must be HIPAA compliant. Programs are encouraged to utilize the hand-over report templates in our Electronic Health Record as the standard framework for patient hand-overs.

RESOURCES

Educational resources include:

- ***I-PASS Handoff Curriculum: Core Resident Workshop***
Available here: <https://www.mededportal.org/publication/9311>
- ***Handoffs and Sign-out Primer: Agency for Healthcare Research and Quality (AHRQ)***
 - A literature overview with links to case scenarios and expert discussion that can be used as teaching cases
 - Available at: <http://psnet.ahrq.gov/primer.aspx?primerID=9>
- ***Specialty-Specific Tool-Kits***
 - Several tool-kits exist that are specific to specialty. One specific one focused on peri-operative handoffs can be found here:
<http://www.aorn.org/PracticeResources/ToolKits/PatientHandOffToolKit/>
- ***Teaching Video: “Handoffs: A Typical day on the Wards”***
 - A peer-reviewed video on MedEdPORTAL that can be used as a trigger for teaching sessions on handoffs
 - Available here: <https://www.mededportal.org/publication/8331>

Assessment strategies include:

Direct Observation Tools

- **I-PASS Handoff Curriculum: Core Resident Workshop-Faculty Observation Tools**
Available here: <https://www.mededportal.org/publication/9311>
- **Global Assessments of Interpersonal and Communication Skills**
- **Peer evaluation tools may be used to evaluate trainees in both giving and receiving handoffs**

Figure 1



I	Illness Severity	<ul style="list-style-type: none"> • Stable, “watcher,” unstable
P	Patient Summary	<ul style="list-style-type: none"> • Summary statement • Events leading up to admission • Hospital course • Ongoing assessment • Plan
A	Action List	<ul style="list-style-type: none"> • To do list • Time line and ownership
S	Situation Awareness and Contingency Planning	<ul style="list-style-type: none"> • Know what’s going on • Plan for what might happen
S	Synthesis by Receiver	<ul style="list-style-type: none"> • Receiver summarizes what was heard • Asks questions • Restates key action/to do items

FIGURE 1
Elements of the I-PASS mnemonic.