



## General Surgery Residency Program

### Patient Transition of Care/Handoff Policy

*(Updated December 27, 2016)*

#### **PURPOSE**

The purpose of this policy is to facilitate safe, efficient and effective transitions in patient care during duty hour shift changes and/or other schedule or unexpected circumstances. The goal is to prevent errors during transitions of care and to minimize the number of transitions between care providers. In addition, the policies aim to meet all requirements established by the Accreditation Council for Graduate Medical Education (ACGME).

#### **POLICY**

- Effective communication is vital to safe and effective patient care. Direct physician to physician communication between the responsible transferring service/physician and receiving service/physician must be ensured.
- All patient lists are to be updated prior to shift change. This includes, but not limited to, new admissions, consults, and significant overnight events. If there are pending patients to be added to the list, please communicate this during handoff. The physician completing the patient's H&P is responsible for adding the patient to the list.
- Handoffs should take place in a designated workplace, office, or conference room to ensure patient confidentiality and decrease distractions. No transitions are to be performed in public areas where patient confidentiality may be compromised.
- Handoffs should be done face to face whenever possible. Handoffs can be conducted over the phone as long as both parties have access to an electronic or hard copy version of the inpatient list. All attempts to preserve patient confidentiality must be observed.
- The use of electronic or hand copy of the patient list are always referred to during the handoff process.

- All attending physicians and senior residents are responsible for ensuring that junior residents and interns are capable of providing thorough and accurate patient handoffs to accepting services.
- Attending physicians are ultimately responsible for all patient care and must provide adequate supervision of residents at all times.

### **KEY ELEMENTS DURING TRANSITION OF CARE/HANDOFFS**

- Patient identifiers: name, medical record number, etc.
- Know which attendings, residents, and students are on call
- Communicate important elements of history and physical examination
- Current condition: stable, unstable, critically unstable
- Admission date, diagnosis, pathology
- Procedure/operation dates, complications, pathology
- Any pending procedures, labs, and imaging
- Relevant social information including contacts, code status, advance directives, etc.
- Update medications and allergies – communicate any critical medication: cardiac, seizure, anti-coagulants, diuretics, psychiatric
- Key information on current condition and care plan (mental, vital signs, trach, diet, activity, planned operations, pending discharge, significant events during the previous shift, changes in medication, what treatment has/has not worked, etc.)
- Specific tasks that need to be accomplished by receiving resident (e.g. following up on laboratory and imaging studies, wound care clinical monitoring, pending communication with consultants, etc.)
- Read back all tasks that need to be followed up on and/or completed
- Relay any possible concerns you may have
- Allow ample time to ask appropriate follow up questions and inquire further regarding confusing information