



## **Graduate Medical Education Hand-Off Monitoring Protocol Effective August 2017**

Transitions of care or “handoffs” have potential to compromise patient safety if not done well. The ACGME requires that residency programs must ensure and monitor effective, structured hand-over processes. The following elements and content must be incorporated into all handoff templates and protocols. While a single specific handoff format or tool is not mandated, programs are strongly encouraged to utilize a standard format (i.e. SBAR, WIECK, SAIF-IR).

The following elements have been established as standards for effective handoffs:

1. “Face-to-Face”
2. Occur in a quiet environment without interruption
3. Have a structured format
4. Encourages questions
5. Demonstrates accuracy and comprehension
6. Are supervised

The core content expectations for handoffs include the following:

1. Patient demographics
2. Attending Name
3. Patient's Diagnosis/Problem list
4. Current Medications
5. Allergies
6. Code status (i.e. DNR or advance directive)
7. Decision Maker Status ( i.e. POA, Guardian)
8. Pending Labs/XRay, etc.
9. Action Plan (If this...then do that)
10. Readback: A method of preventing errors in which information relayed to one person is repeated and verified in a slightly different form as a means of confirming its accuracy (for change of status, pending labs, critically ill patients)
11. Follow-up for each provider involved in the care of the patient (primary IP service plus consultants) - *For IP to OP/Discharge only*
12. Follow up with primary care provider (if different than primary IP service) - *For IP to OP/Discharge only*
13. Other (program or service specific)

### **Monitoring:**

A designee within each department will be identified to be responsible for monitoring hand-offs within the department. Each program will be evaluated quarterly on at least one handoff on the above features and content. The results will be communicated to the appropriate Residency Program Director and the Office of Residency Affairs. Monitoring rubrics will be due March 1, June 1, September 1 and December 1.

# Evaluation of Handoffs

## Reporting Rubric

Program \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Evaluator \_\_\_\_\_

### Was the handoff you observed....(check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> "Face-to-Face"                                 | <input type="checkbox"/> In a quiet environment      |
| <input type="checkbox"/> Without interruption                           | <input type="checkbox"/> Open for questions/Readback |
| <input type="checkbox"/> In a structured format/with standard documents | <input type="checkbox"/> Supervised                  |

### Check all items that were included in the handoff:

- Patient demographics (i.e. name, age, room)
- Attending Name
- Patient's Diagnosis/Problem list
- Current Medications
- Allergies
- Code status (DNR or advance directive)
- Decision Maker Status (POA, Guardian)
- Pending Labs/XRay, etc.
- Action Plan (If this...then do that)
- Readback (For change of status, pending labs, critically ill patient)
- Follow-up for each provider involved in the care of the patient (i.e. primary IP service plus consultants) - *For IP to OP/Discharge only*
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Comments: