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| Standard Title: | Transition of Care (Handoff) |
| Owner: | |
| Department: | GME |
| Origination Date: | 08/09/2019 |
| Last approved date: | 4/18/2025 |
| Approved By: | GMEC |

## I. Scope

This standard was developed for SIU Medicine. SIU Medicine collectively applies to the SIU School of Medicine (SIU SOM), including the Federally Qualified Health Center (FQHC), and SIU HealthCare (SIU HC). These entities are collectively referred to as SIU in this document.

This document applies to SIU staff, faculty, trainees, agents, officers, directors, interns, volunteers, contractors, and any other individual or entity engaged in providing teaching, research and health care items and services at SIU. These individuals are collectively referred to as SIU personnel in this document.

## II. Definitions

The term "resident" is inclusive of all trainees at SIU SOM, whether training in a residency or fellowship program. The term "program" is inclusive of all SIU residency or fellowship programs, whether accredited or non-accredited. A handoff refers to the transfer of information that takes place during transitions in the care of a patient.

## III. Purpose

The purpose of a change-of-duty handoff or transition of care is to provide complete and accurate oversight regarding a patient's clinical status, current problems and recent and/or anticipated treatment.

## IV. Procedure

A well-done handoff can prevent errors stemming from failure to communicate changes in the status of a patient. Therefore, the information communicated during a handoff must be complete and accurate.

A handoff contains verbal and/or written communication which provides information to facilitate continuity of care. Handoffs occur in a variety of transitions, including, but not limited to:

- Outpatient to Inpatient
- Shift to Shift
- Provider to Provider
- Unit to Unit
- Facility to Facility
- Inpatient to Outpatient

IT IS THE RESPONSIBILITY OF PROGRAMS TO:

- Design clinical assignments to optimize transitions in care, including their safety, frequency and structure.
- Maintain and communicate schedules of attending physicians and residents currently responsible for care.
- Ensure continuity of patient care in the event the resident may be unable to perform their patient care responsibilities due to excessive fatigue, illness, or family emergency.
- Ensure that residents and supervisors are competent in communicating with team members in the handoff process.

- In partnership with the Institution, ensure oversight and monitor effective, structured handoff processes to facilitate continuity of care and patient safety. Additionally, programs must identify high risk transitions of care and design processes accordingly.
- Identify a designee within each department to be responsible for monitoring handoffs within the department. This can be the Program Director or a faculty member.
- Provide an evaluation handoff rubric of observed transition of care to the GMEC at a frequency determined by GMEC.

IT IS THE RESPONSIBILITY OF THE INSTITUTION TO:

- Facilitate professional development for resident and faculty regarding effective transitions of care.
- Involve residents, fellows, and program directors in the development and implementation of strategies to improve transitions of care.

IT IS THE RESPONSIBILITY OF INDIVIDUAL RESIDENTS AND FACULTY TO:

- Conduct each and every handoff in accordance with the standards outlined in this policy and the handoff processes established by each program or clinical service.
- When receiving a handoff:
    - Complete the transition of care rubric after observing an in person or verbal handoff transition of care process.
    - Clarify and resolve any unclear issues with the transferring provider

ELEMENTS OF A HIGH-QUALITY HANDOFF

Within each program or clinical service, handoffs will be conducted in a consistent manner, using a standardized process or structured guideline which includes all of the elements listed below. While a single specific handoff tool or instrument is not mandated, programs are strongly encouraged to utilize a standard format (i.e. SBAR, etc.)

- Occurs in a quiet environment without interruptions
- Interactive communication which encourages questioning between the giver and the receiver of patient information
- Has a structured format
- Demonstrates accuracy and comprehension
- Has a process for verification of the received information, including readback* as appropriate
- Supervised as appropriate on a regular basis
- Face to Face whenever possible

The core content expectations for handoffs include the following:

1. Patient demographics
2. Attending Name/Responsible Team
3. Patient's Diagnosis/Problem list
4. Code Status and advance directives
5. Current Status (recent changes, critical labs, safety concerns, allergies, etc.)
6. Decision Maker Status (if not competent)
7. Pending Labs/X-Ray, etc.
8. Recommendation/Action Plan (If this…then do that)
9. Readback
10. Other (program or service specific)
11. For IP to OP/Discharge only:

11.a. Follow-up for each provider involved in the care of the patient (primary plus consultants)
11.b. Follow up with primary care provider (if different than primary service)

*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, etc.

**V. References**
**VI. Attachments**
**VII. Periodic Review**
**VIII. Reviewed by**
**IX. Office of Responsibility**
GME