

Policy 3.800 Graduate Medical Education Committee
Section Educational Administration
Subject Transitions of Care and Handoffs
Policy Requirements: ACGME Institutional III.B.3 ACGME Common Program Requirements VI.E; VI.E.3. CLER Care Transitions Pathways 1 through 6
Version History: Date Developed: 1/14/2013 Last Review/Revision: 5/2014, 5/2017, 1/2021, 11/2022 Legal Review: 6/2017, 3/2021, 11/2022

Purpose and Scope:

To support the continuity and safety of patients by providing a standard framework for care transitions occurring during duty hour shift changes, location or service transfers, or other scheduled or unscheduled circumstances when the patient moves from one stage of care to another stage with new care personnel. This policy applies to all residents and fellows practicing medicine within the University of Arkansas for Medical Sciences (UAMS) College of Medicine Graduate Medical Education (GME) programs. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Programs, in partnership with the Sponsoring Institution, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

Definitions:

Clinical Sites: Any site with a resident/fellow that engages in education or patient care activities.

Clinical Learning Environment (CLE): The intersection of organized patient care and organized medical education together with their respective shared functions, goals and strategies. Typically, the CLE is where residents/fellows learn to be independent physicians with patients in a clinical setting.

Handoff: The communication of information to support the transfer of care and responsibility for a patient/group of patients from one provider to another.

SBARQ: Situation, Background, Assessment, Recommendation, Quiet Place (SBARQ) is the handoff framework adopted by GME to standardize handoff and improve transitions in the CLE.

Transitions of care: A daily event in the clinical setting including change in level of patient care, admission from the ED, outpatient clinic, or outpatient procedure area, discharge to home or another facility, and at housestaff rotation or shift changes.

Policy:

Residency and fellowship programs (“programs”) must:

- Work with clinical sites to optimize hand-offs while being mindful of the site’s handoff policies, including safety, frequency and structure.
- Monitor effective handoff processes.
- Design clinical assignments with clinical sites to optimize hand-offs overall.
- Maintain a schedule of attending physicians and residents/fellows responsible for care.
- Ensure hand-offs meet the essence of SBARQ (See below)
- Teach and assess housestaff on safe hand-off practices.
- Ensure residents/fellows are competent in communicating with team members on the handoff process.
- Document the evaluation of handoff procedures in the Annual Program Evaluation.
- Ensure continuity of care in case a resident/fellow becomes fatigued or ill, or in the case of emergency.
- Describe how your program monitors transitions of care/handoffs on an annual basis.

Procedure:

At each transition or handoff, a resident or fellow should seek to meet the *essence* of SBARQ as follows:

<u>SITUATION</u>	<u>BACKGROUND</u>	<u>ASSESSMENT</u>	<u>RECOMMENDATION</u>
Patient name	Recent procedures	Diagnosis	Next Actions
Medical record number	Changes in condition	Status	Anticipated procedures
Admitting physician	Changes in treatment	Level of acuity	Outstanding tasks
Overall situation	Current medication	Code status	Outstanding tests
	Current Status		Anticipated changes
	Current Vitals		
	Allergies		
	Recent lab tests		
<u>QUIET PLACE</u>			
Receiver asks questions, repeats handoff information			
Face-to-Face in a Quiet Place (PREFERRED). No texting.			

References:

GMEC Policy 2.310, Fatigue Management and Mitigation