Policy 3.800 Graduate Medical Education Committee
Section Educational Administration
Subject Continuity of Care and Handoffs
Policy Requirements: ACGME Institutional: 3.2.c. ACGME Common: 6.14; 6.19; 6.22.a
Version History: Last Revision: 11/2022 Current Version: 9/2025 Legal Review: 11/2022

Purpose: To ensure and monitor effective, structured patient hand-off processes to facilitate continuity of care and patient safety at participating sites. To ensure that programs allow an appropriate length of absence for residents/fellows unable to perform their patient care responsibilities.

Policy: The UAMS COM as the Sponsoring Institution must facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care and in partnership with all ACGME-accredited programs to ensure and monitor effective, structured, patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

UAMS COM ACGME-accredited programs must have a policy that ensures coverage of patient care and continuity of patient care as outlined in the ACGME requirements. This policy must also outline the program's structured hand-off processes and how the program monitors that their residents/fellows are competent in communicating with team members in the hand-off process. This policy must be implemented without fear of negative consequences for the resident/fellow who is or was unable to provide the clinical work.

<u>Continuity of Care</u>
The UAMS COM monitors continuity of care through the annual review of ACGME survey data related to transitions of care. Programs with specific concerns related to continuity of care devise action items for quality improvement and/or may be placed on Special Review.

<u>Handoffs</u>
The UAMS COM has adopted the use of the Situation, Background, Assessment, Recommendation, Quiet Place (SBARQ) as the handoff framework to standardize handoff and improve transitions in the clinical learning environment.

Residency and fellowship 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.
- 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:

SITUATION	BACKGROUND	ASSESSMENT	RECOMMENDATION
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		
QUIET PLACE Receiver asks questions, repeats handoff information Face-to-Face in a Quiet Place (PREFERRED). No texting.			