

COM GME Internal Medicine Program Policy

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| Policy 1.300 Internal Medicine Residency |
| Section Educational Administration |
| Subject Continuity of Care and Handoffs |
| Policy Requirements ACGME Institutional: 3.2.c. ACGME Common: 6.14; 6.19; 6.22a ACGME Internal Medicine: 6.14; 6.19.a.; 6.19.b.; 6.22.a. COM GMEC: 3.800 |
| Version History Date developed: 2/2024; 08/2025 Revisions Approved: 2/2024; 10/2025 Reviewed by Program Evaluation Committee: 10/2025 |

Purpose:

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 on an Internal Medicine rotation. The program will design clinical assignments to optimize transitions of patient care, including their safety, frequency, and structure. The program will 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 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 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 the 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, admissions from the ED, outpatient clinic, or outpatient procedure area, discharge to home or another facility, and at houststaff rotation or shift change.

I-PASS: Illness Severity, Patient Summary, Action List, Situation Awareness & Contingency Planning, Synthesis by receiver (I-PASS)

EPIC: Electronic Patient Chart

Policy: This COM Internal Medicine program policy outlines the program’s structured hand-off processes. This policy describes how the program monitors that their residents are competent in communicating with team members in the hand-off process. This policy outlines how the program supports residents that are unable to perform their patient care responsibilities and that the policy will be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work.

The COM Internal Medicine program:

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

Procedure:

At each transition or handoff, a resident 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. | | | |

For Internal Medicine teams, all teams must maintain an updated version of their team check-out list, This list should be updated in the morning and again at the end of the work day. UAMS team lists are stored in EPIC. VA lists are typically stored within a Word document, which must be stored in a

protected location on the hospital server's hard drive. Any printed copies must be safeguarded closely and discarded into locked HIPPA compliant shred bins since they contain protected health information.

Check-out lists should include at a minimum the patient's name, location, age, brief history/reason for admission, working diagnosis, code status, and things to check. If there are other important issues (i.e. patient is a Jehovah's witness and will not accept blood products or the family is not to be told of the patient's HIV status, etc.), they should be included on the check-out list. Lists should also include contact information for the responsible attending.

Check-out must occur face-to-face between residents. Telephone check-out is not acceptable. Every team should check-out to the short-call resident and interns, who will then check-out to the night float resident and interns. Each House Staff should check-out using an updated, printed copy of their team list. It is the outgoing resident's responsibility to contact the on-call resident for check-out. If a resident does not check-out to the on-call team, the Chief Resident should be notified immediately.

Check-out should include a brief verbal description of each patient and the major reason(s) why they are currently in the hospital. Any significant events over the past 24 hours should be mentioned as well as any potentially anticipated events. If there are test results pending that are on your "to check" list, you should also include what to do with the results (i.e., [] CBC at 19:00, if hemoglobin less than 7.0 give 1 unit of packed RBCs).

Check-out should utilize the I-PASS structure for standardized handoffs to ensure patient safety.



In general, you should NOT check-out pending ECGs, procedures, or post-procedure imaging. Lab results, consults, and radiology exams that could potentially change a patient's management can be checked out in most cases. If a patient arrives while you are still on duty, the responsibility for admitting that patient is yours (although it is acceptable to ask the oncoming resident to help with admissions so that you can leave the hospital at a reasonable time in order to avoid violating duty hour regulations).

Bi-annually, the teaching core faculty at the VA will observe handoff to make sure that each resident is proficient in handoff and competent in the use of SBARQ and iPASS. The residents are given feedback in

real-time by that faculty member. If feedback is given and the resident needs further remediation in handoff techniques, the observing faculty will inform the Program Director.

Emergent Transitions of Care:

If a resident finds themselves in a situation where they are not able to attend their assigned rotation, they must contact the Chief on call or the Program Director immediately. The Chief on call or the Program Director will then assess the situation, the team staffing and patient load to see what the appropriate action will need to be taken. An option is to call in the jeopardy resident to cover the rotation if needed.

The jeopardy system is in place to ensure patient care if a situation arises that causes a resident to be unable to attend their rotation (essential services), including but not limited to fatigue, illness, and family emergencies. There are 2 residents listed on the jeopardy system at all times. These residents are on non-essential services and are available to fill in for essential services if a situation arises. Jeopardy lists are housed in AMION and available to be viewed. Jeopardy residents must always keep their phones on their person, be within 30 minutes of the hospital, and non-impaired.

Voluntary leave such as vacation is only available when the resident is on a non-essential service.

References:

GMEC Policy 2.310, Fatigue Management and Mitigation

Internal Medicine Residency Policy 1.200 Clinical and Educational Work Hours