

PURPOSE: To minimize number of transitions in patient care and to comply with the Institutional and specific program Residency Review Committee (RRC) accreditation requirements established by the Accreditation Council for Graduate Medical Education (ACGME).

POLICY:

- All patient hand offs should take place in a designated workplace, office, or conference room to ensure patient confidentiality and lack of distraction. Hand offs in public areas such as hallways, cafeterias, and elevators are prohibited.
- It is acceptable to conduct hand-offs over the phone, as long as both parties are in an appropriate room, without other distractions, and have access to the sign-out checklist and CareConnect.
- Hand-offs should only occur with direct one-to-one communication between the resident responsible for the patients being released and the resident that will be taking over their care. No third party communication is allowed.
- Handoffs during the first month of residency should be conducted in the presence of a senior resident or attending physician to ensure that residents are competent in communicating with team members in the hand-over process.
- Hand-offs must follow the established checklist, which includes but is not limited to:
 - Patient name, age, medical record number, and location
 - Attending physician and upper level residents responsible
 - Admission date and admitting diagnosis
 - Important elements of history and physical examination
 - Relevant social information including contacts
 - Code status, advance directives
 - Dates and titles of operative procedures, if any
 - Current medication list
 - Key information on current condition and care plan (diet, activity, planned operations, pending discharge, significant events during the previous shift, changes in medications etc.)
 - Specific tasks that need to be accomplished by the resident that is taking over such as following up on laboratory and imaging studies, wound care, clinical monitoring, pending communication with consultants etc.
- DO NOT sign-out complex tasks that require synthesizing information from separate sources and tasks that involve multiple steps.
- Senior residents are responsible for reviewing the sign-out checklist at least daily to ensure that the information is accurate. Attending physicians are ultimately responsible for all patient care and must supervise residents at all times.

- Elements of the checklist cannot be modified without approval from the administrative chief residents and program directors.
- Allow ample time for the resident receiving sign-out to ask questions.
- Exchange contact information in the event there are any additional questions.
- Scrutinize and question data if “something does not make sense” or you think it is wrong.
- Current call schedules for all services that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care are available through the hospital operators.