Department of Medicine

Signouts/Handoffs Policy

Transitions of care, if not given due diligence, are associated with adverse events and/or near misses. It is our responsibility as clinicians to ensure that patient care/safety is always given the highest priority. It is, thus, imperative that measures are taken by EPO to ensure that signouts and/or handoffs are performed such that patient safety is assured and the rules of the ACGME (as outlined below) are followed.

VI.E.3. Transitions of Care

VI.E.3.a) Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)

- By separating the inpatient and outpatient experiences for housestaff, the "3 and 1" system eliminates the need for signout/handoff to attend clinic while on an inpatient service
    - Transitions of care while on an inpatient service will happen for every team twice daily, once in the morning (from night service to day service) and once in the evening (from cross cover to night service).
        - A third transition of care will occur between day service and cross-cover in the afternoons.
        - While faculty supervision is always required, it is mandatory that faculty provide Level 1/Direct Supervision for the Tuesday Afternoon Signout.
    - Transitions of care while in the ICU will depend on the ICU setting.
        - UH MICU – morning (from night service to day service) and evening (from day service to night service)
        - VA VICU – morning (from night service to day service) and evening (from day service to night service)
        - Crouse CICU – morning (from 24 hour on-call PGY-3 and overnight PGY-2 to day service) and evening (from day service to 24 hour on-call PGY-3 and overnight PGY-2)
    - Transitions of care on an elective service are not the primary responsibility of the core housestaff (it is the responsibility of the fellow and/or attending)
    - Transitions of care in the outpatient continuity clinic setting should be rarely needed as each categorical house officer follows their own patient panel; when needed, however, coverage is by the same-number assigned teammates during each of the four ambulatory/CC weeks (i.e. 1A-1, 1B-1, 1C-1, 1D-1 will cover one another).

VI.E.3.b) Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (Core)

- University's EPIC system, the VA's CPRS system, Crouse's Soarian system, and WardManager (the latter for some of the consultative

services) provide a computerized platform to develop concise, yet comprehensive handoff/signout forms.
- Interns are responsible for maintenance and accuracy of information for their patients.
- Residents are responsible for supervision of intern responsibilities and are ultimately held accountable for their intern's performance in this area.
    - Direct Supervision by the resident is mandated for all afternoon signouts.
- Attendings are ultimately responsible for supervision of signout/handoff.
    - Direct Supervsion by faculty is mandated for Tuesday Afternoon Signout.

VI.E.3.c) Programs must ensure that residents are competent in communicating with team members in the hand-over process. (Outcome)

- On-service attendings and/or residents are responsible for overseeing the signout/handoff process that occurs between interns on inpatient teams.
    - On-service attendings must directly participate at least once weekly or more frequently if requested to do so by their team or EPO.
- On-service attendings and/or fellows are responsible for overseeing the signout/handoff process that occurs in ICUs.
    - On-service attendings must directly participate at least once weekly or more frequently if requested to do so by their team or EPO.

VI.E.3.d) Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care. (Core)

- Amion (online scheduling system) provides up-to-date schedules.

VI.E.3.e) Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2-VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. (Core)

- Please see the section titled "Are You Fit for Duty?" within the syllabus.

<u>What Should Be Included During Any Signout/Handoff?</u>

Signouts or Handoffs are, unfortunately, an opportunity for error. As such, it is imperative that great care be taken in preparing your signout/handoff. Signouts/Handoffs must include the following information:

1. Team Assignment
2. Intern/Resident of Record
3. Attending of Record
4. Code Status
5. Hospital Day Number
6. Antibiotic/s Day Number
7. Primary Reason for Admission
8. Secondary Issues of Importance

9. Allergies
10. Active Medications
11. Things to Do

Signout/Handoff Policy

Signout or Handoffs are, unfortunately, an opportunity for error. As such, it is imperative that great care be taken in preparing these documents. You are required to use the signout/handoff feature associated with each site; you may not use your own signout feature. The policy is as follows:

1)The senior resident (PGY-2, PGY-3) on a service will be responsible for ensuring that the signout/handoff is accurate and up to date on a daily basis. This does not mean these are the individuals responsible for inputting the information (this can be done by any team member), but the senior resident, as the team leader, will be responsible for what is contained within the signout/handoff.

2)The attending on a service without a senior resident and attendings on uncovered services will be responsible for ensuring that the signout/handoff is accurate and up to date on a daily basis. This does not mean the attending is responsible for inputting the information (this can be done by any team member), but the attending will be responsible for what is contained within signout/handoff. If no signout is provided for uncovered Heme/Onc services, there will be no housestaff coverage provided and coverage will fall to the Heme/Onc attending/s.

3)Members of EPO and/or Site Leadership will randomly review patient information in the site's system to ensure that the information contained is accurate and up to date. If information is found to be outdated or inaccurate, the senior resident on that service will be given a warning with some instruction on how to improve. A 2nd and 3rd infraction will be result in Academic Deficiency and Academic Probation, respectively, for an infraction of the Professionalism, Interpersonal and Communication Skills, and Patient Care competencies.

4)If information on an uncovered service is found to be outdated or inaccurate, the attending will need to answer to their respective supervisor. If after instructions on how to improve there are additional infractions noted on future reviews, these services will be at risk for losing housestaff involvement in all aspects of uncovered patient care (except RRT/Code situations).

5)The individual completing the admission history/physical for a patient is responsible for inputting that patient's pertinent information onto the right service; this is true regardless of time of day (i.e. overnight admitters are responsible for inputting this information).

6)When a cross-covering service comes across pertinent changes (a new fever, new abx, a new diagnosis, etc.), the cross-covering service is responsible for updating the signout.

7)Significant events mandate a phone call to the attending providing oversight/coverage of the patient (see "Calling Your Supervisor" section for examples).