

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.B. Transitions of Care

VI.B.1. Programs must design clinical assignments to minimize the number of transitions in patient care. (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
 - o 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.
 - o 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)
 - o 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)
 - o Transitions of care in the outpatient continuity clinic setting should be rare as each house officer follows his/her own patients and will be in clinic one (1) week out of every 4 weeks.

VI.B.2. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (Core)

- WardManager, the VA’s CPRS system, and Crouse’s mechanism provide a platform to develop concise, yet comprehensive handoff/signout forms; WardManager is web-based which also allows online “searchability” in a secure, protected manner.
- Interns are responsible for maintenance and accuracy of information.
- Residents are responsible for supervision of intern responsibilities.
- Attendings are ultimately responsible for all responsibilities related to signout/handoff.

VI.B.3. 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.
 - o On-service attendings must directly participate at least once weekly or if requested to do so more frequently by their team or EPO.
- On-service attendings and/or fellows are responsible for overseeing the signout/handoff process that occurs in ICUs.
 - o On-service attendings must directly participate at least once weekly or if requested to do so more frequently by their team or EPO.

VI.B.4. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care. (Detail)

- Both Amion (online scheduling system) and WardManager/VA CPRS provide up-to-date schedules.

What Should Be Included During Any Signout/Handoff?

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