

## HAND-OFF COMMUNICATIONS AMONG GRADUATE STAFF MEMBERS AND OTHER CAREGIVERS POLICY

### Background

The restriction in resident work hours, the shorter length of stay, the need to collaborate with caregivers across the continuum of care and changes in shifts of clinical staffing have resulted in multiple handoffs within and between departments during the course of a patient's hospitalization.

The National Patient Safety Goals recognize potential risk for critical errors whenever the care of patient is transferred across the continuum of care. Goal 2 aims to "improve the effectiveness of communication among caregivers" and specifically mandates hospitals to "implement a standardized approach to "hand off" communications, including the opportunity to ask and respond to questions."

Communications between caregivers is an essential component to more than one of the ACGME Outcome Project Competencies: Professionalism, Patient Care and Communications.

The ACGME recognizes the promulgation of patient safety as part of resident education ***and has revised the Common Program Requirements to include the following effective July 1, 2017:***

***Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.***

***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.***

***Programs must ensure that residents are competent in communicating with team members in the hand-over process.***

***Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care.***

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

### **Purpose**

To ensure a standardized hand-off between members of the graduate staff and all other members of the staff involved in the care of the patient.

### **Implementation**

- 1.0 All patient care hand-offs between residents and attending physicians and other caregivers will employ a standardized format, for example I-PASS, both in verbal and written hand-off.
- 2.0 Each residency program will adopt policies and procedures ensuring that there is an opportunity to ask and respond to questions regarding the patient's status and key management issues.
- 3.0 Each program should include, ***as part of the evaluation process***, an evaluation of a resident's effectiveness in handing off the care of patients to other caregivers in an accurate and reliable manner both in verbal and written format. ("Professionalism", "Communications", "Patient Care").
- 4.0 Education about the means and necessity of standardized hand-offs, both within and between clinical departments must be made part of Resident Orientation. ***Junior residents must be trained by senior residents and faculty to perform an accurate handoff.*** The use of simulation and rehearsal to achieve competence should be encouraged.

### **Evaluation**

- 1.0 In addition to the evaluation of a resident's performance in effectively communicating hand-offs, each program should monitor compliance with the Hand Off policy.

**NewYork-Presbyterian Queens**  
**Sites: All Centers**  
**Hospital Policy and Procedure Manual**  
**Policy Number: 9200-222**  
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**Approvals Obtained electronically via NAVEX Global Policy Module**

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Approved by GME Committee: October 19<sup>th</sup>, 2018

**Effective Date: January 12, 2007**  
**Review/Revised: 9/17/10, 9/16/14, 9/1/15, 9/1/16, 10/23/18**  
**Next Review Date: Biennially**