Neurology Residency Training Program Handoff Policy

Purpose:
Handoff refers to the orderly transmittal of information, face to face, that occurs when transitions in the care of the patient are occurring such as when the on-call physician is taking charge of the patient from the current physician. Proper hand-off should prevent the occurrence of errors due to failure to communicate changes in the status of a patient that have occurred during that shift. The purpose of this policy is to establish an orderly protocol for handing off patient care to the next shift. The Neurology Residency Training Program recognizes that a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being.

Background and Procedures:
Previous studies from a variety of industries have shown that errors can occur when transitions of care occur only through telephonic communication. Face to face interaction allows each party to ask questions, and clarify information about the status of pending test results, acute problems with the patient, or other matters.

The day team is responsible for face to face hand-off of patients to the night (short or long call) or weekend physician on call. Each person involved in the hand off should sign the Hand – Off sheet indicating their involvement in the process. This sheet will be turned in to the program coordinator. The appropriate spread sheet template will be provided to you at the beginning of the year by the chief resident. These lists should be updated every week day to reflect any new admissions or discharges from the rehabilitation inpatient unit.

Serious errors in patient care that affect patient safety can occur due to inadequate hand-off. For this reason, the hospital administration, as well as the department chair, residency director and supervising faculty all place great importance on these issues of transition of care from one house staff physician to the other. Failures in this hand-off which result in lapses of patient care will be investigated and disciplinary procedures can be invoked. These would be considered lapses in professionalism and lapses in patient care responsibility, which could have serious adverse consequences for the physicians involved. Neurology PGY-2 residents will have just finished their PGY-1 medicine preliminary internship and are assumed to be familiar with the hand-off process, but early in clinical training on the neurology service, a hand-off will be observed by faculty and competence recorded.

Procedure:

- The resident must not leave the hospital until face to face handoff has occurred with the physician coming onto the service at the time of shift transition. Telephonic hand off is not acceptable.
- Patient lists with signatures will be collected by the attending physicians and turned into the Program Coordinator.

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- Interactive communications allowing for the opportunity for questioning between the giver and receiver of patient information
- Up-to-date information regarding the patient’s care, treatment and services, condition and any recent or anticipated changes.
- A process for verification of the received information, including repeat-back or read-back, as appropriate
- An opportunity for the receiver of the hand off information to review relevant patient historical date, which may include previous care, treatment and services
- Interruptions during hand offs are limited to minimize the possibility that information would fail to be conveyed fully.

Handoff is monitored in a three tier system for our program. This includes:

1. **Director Observation and teaching** – the initial handoff each day will occur with representatives from each of the patient care teams and the University Hospital ward/consult Attending. This attending will familiarize themselves with the cases and participate with initial observation of the handoff, comments and discussion, along with instruction on how to keep transfer of patient information accurate, current, and review how to anticipate changes in patient conditions with different disease processes. This attending will ensure that each resident can present their information in a clear, concise manner. On occasion, there may be electronic viewing of this process (Skype or Face time, etc.) or speaker phone interactions with the faculty, but this will not be the majority of the time with this process as we value direct observation with the faculty present. This is conducted in the ward/consult room at University Hospital as a central, quiet location with computer access to patient charts and internet for reviewing literature.

2. **Resident to Resident handoff** with continuity of care with residents on the Night Float (NF) rotation. The Short Call resident (4:30-7:30P) will transmit the information from the daytime handoff to the Long Call resident at 7:30P. Charts from these handoffs will be reviewed by the attending physicians on the services and the program director with intermittent pulling of charts to be sure the handoff process is complete. The same handoff sheet is used that was completed under direct observation of the attending physician leading handoff at 4:30P. Residents will handoff at 7:30A and on weekends in a similar fashion. Having the Night Float resident and Short Call residents involved in the process allows for same resident/same cases to be carried forward with addition of new cases and information on older cases. There will be continuity of care daytime and night-time in this system.

3. **Morning Report (MR) – Resident/Faculty review** of handoff process with specific review of handoff sheets during the opening minutes of the MR session. Process review and discussion along with recommendations for changes will be reviewed by the Program and Director, Residents. Recommendations and reports will be taken to the Faculty and Education Committee for review.

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