TRISAT Critical Care Medicine Fellowship Training Consortium: Patient Hand-Off Policy

A patient care hand-off is the process of transferring information, authority and responsibility for a patient during transitions of care. Transitions include changes in providers whether from shift-to-shift, rotation-to-rotation, or service-to-service. Transitions also occur when a patient is moved from one location or level of service to another such as when a patient arrives from or is being transferred to the operating room. Although the importance of the hand-off process is seemingly intuitive, haphazard patient care hand-offs remain a huge threat to patient safety and can easily result in patient harm. Both the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Accreditation Council for Graduate Medical Education (ACGME) have recognized the scope of this problem and have mandated that patient hand-off policies be put in place within hospitals and training programs.

This policy specifically addresses the transitions of care that occur between fellows training within the TRISAT critical care training consortium, where transitions of fellow-level care occur during rotation-to-rotation. It addresses each of the elements of the well-publicized “SBAR” (Situation-Background-Assessment-Recommendation) technique of communication about a patient’s condition between members of the health care team.

1. What is the time and place that routine handoffs are expected to occur?

Patient care hand-offs should occur the day or evening before the beginning of the rotation. They will usually be conducted over the telephone but can also be conducted in person. The duration of the hand-off should allow time to provide sufficient information as well as for asking and answering questions.

2. Who should initiate the hand-off?

*It is usually the responsibility of the off-going fellow* to call the oncoming fellow, but if it’s getting late the evening before the beginning of a new rotation and there has not been contact, the oncoming fellow should initiate the call.

3. What is the structure of the hand-off?

Patient care hand-offs should follow a predictable and informative structure. All patients for whom a resident or fellow is responsible must be included in the handoff. Fundamentally, the hand-off must include sufficient information in order to learn 1) what led the patient to the intensive care unit, 2) what has occurred since they have been there, 3) what the active problems are, and 4) what is being done to address them.
<table>
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<tr>
<th>Situation</th>
<th>• Identifying information --Name, bed number, ICU or post-operative day, surgical service, surgical faculty</th>
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| Background                                    | • Presenting history  
• Relevant past medical and surgical history  
• Relevant information about the operative course  
• Interval ICU course |
| Assessment                                    | • System based overview  
• Medications and other treatments including prophylaxis  
• Pertinent laboratory results  
• Pending laboratory and other studies  
• Problem list and relevant therapies  
• Code status  
• Important social & ethical issues |
| Recommendations                                | • Tasks to complete  
• Suggestions for optimal therapy |

At each ICU you will have a daily patient rounding sheet that will contain most of this data, and it should therefore be utilized as the hand-off guide. If additional information is required in order to facilitate a satisfactory hand-off it should be obtained prior to contacting the on-coming fellow.

4. **What about shift-to-shift hand-offs?**

In the occasion that a TRISAT fellow engages in a shift schedule with other fellows, a modified hand-off should occur. If the oncoming fellow knows the patient, then minimal hand-off information includes:

- Any important changes in status  
- ICU course since last encounter  
- Problem list and relevant therapies  
- Medications and other treatments including prophylaxis  
- Pertinent laboratory results  
- Pending laboratory and other studies  
- Tasks to complete

If the fellow or the patient is new, then a standard hand-off (question #3) applies.

5. **How will the program assess compliance and the effectiveness of the hand-off process?**

Faculty will intermittently observe face-to-face hand-offs and will document competencies (at least once every 6 months) which will be kept for evaluations. Bi-annually TRISAT fellows will receive an assessment form via New Innovations titled “TRISAT Patient Care Hand-Off Assessment.”
The questionnaire will assess compliance and the perceived effectiveness of the TRISAT hand-off process, and will offer the opportunity to provide constructive feedback.

6. How will fellows be trained?

Fellows may be assumed competent at hand-offs as they are BE/BC on entry to the program. CC faculty will document their competence, however, at least once at the beginning of training by directly observing at least one face-to-face hand-off.