Policy – Urology Transition of Care & Call Coverage Sign-out

The Urology residency program has established a well-defined, structured mechanism for hand-offs. (see attached template)

Purpose
The purpose of this policy is to have a structured process of transitions of care to insure the safety of patients during the transitions of care periods, which have become increasingly more frequent due to duty hours restrictions and other mandates.

The new program requirements set forth by the ACGME, which took effect in July 2011 concerning transitions of care, are as follows:
• Programs must design clinical assignments to minimize the number of transitions in patient care.
• Sponsoring institutions and programs 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.

Resident Requirements
All Urology residents will have completed the Department of Surgery training on hand-offs during the PGY-1 year. Because the PGY-2 residents may be presumed competent at the beginning of training, such competence will be demonstrated and recorded by an observed hand-off (actual or simulated) early in their training.

Protocol
A resident hand-off report must occur whenever resident responsibility for a patient’s care changes. This includes situations such as patient transfers between units and/or services, night call and weekend coverage. Rules regarding transition of care documentation, including medicine reconciliation notes, are governed by the individual institutions.

Background
Urology call is home call and coverage by the resident team includes 2 major hospital services during the week. Because of lack of immediate vicinity and the fact that some services complete their work earlier than others, face-to-face check-out of patients to the on-call team generally does not happen. Instead, the teams communicate by phone, skype or other direct communication mechanism. The general scheme of weekday coverage involves teams from the following grouping of hospitals: UH/VA; SLB/SRMC(chief level); SRMC/Pediatric Urology (junior level); Methodist/MSTH. Some of the Hospitals provide ‘Hospitalists’ to provide general medical care overnight. When these providers are involved, the resident team discusses the relevant issues for each of the assigned patients with the hospitalists as well before checking out to the on-call resident. The hospitalists must have clear instruction as to which Urology resident (Junior, Senior) and attending staff are available for overnight consultation.

Nuts & Bolts of the Process:
Hand-off is done formally each afternoon and morning during the week. In the afternoon, after formal rounds with the senior resident on service, the junior residents from each service give detailed verbal check-out and provide the filled-out call template to the on-call resident for the evening. This form is completed by the junior resident in the hospital workroom and sent via encrypted email to both the junior resident on call (U-1 or U-2), the senior resident on call (U-3 or U-4) and the attending staff on call. This encrypted email is followed by a call from the junior resident to the recipient junior resident to discuss all aspects of the patients on the list (see discussion outline below). The senior residents on service generally will also call their counterparts to discuss the list and specifics of the more challenging patients on the list. Faculty on-call are given a general update by the senior resident early in the evening and are available for consultation and to come to the hospital at all times during the on-call period.

Quality Assurance:

The faculty on call and the faculty from each service will periodically call the residents on call to assess the adequacy of the hand-off knowledge transfer. (See spot-check evaluation form).

At least twice during each rotation, the site supervisor (or designee) will observe the hand-off process and provide feedback (see Transition evaluation form).

Senior residents are responsible for assuring that their call team is current on all aspect of patient care and responsive to consultations from the ER and other services during coverage hours. The attending staff on-call are to be kept up to date on all significant medical decision making. This is especially important when it comes to decisions for major interventions and admissions.

Confidentiality

Care must be taken to maintain patient confidentiality by allowing only those involved with the patient’s care to hear or view protected healthcare information. Physicians must be aware of and comply with HIPAA regulations.

Language

Language differences may interfere with the accurate transfer of information. Using standardized medical terminology avoids errors in communication that may occur when colloquialisms are used. The use of abbreviations, other than those that are well-known and widely accepted, is discouraged.

Recommended General Check-out Procedure

- Use interactive communications, face to face if possible, to facilitate questioning, clarification, and collaborative cross-checking.
- Ensure that all members of the call team are aware that they are on-call and have appropriate phone/pager numbers to communicate with one another.
- Inpatients on the Urology Service are primary concern but the patients on the consult service must be considered based upon their level of severity. It is best to go over the entire list at each check-out.
• Present each patient on the list as if they are the only patient on the list (don’t skip important details).
• The focus should be on ensuring patient safety. Effective communication, with emphasis on abstraction, synthesis, and summation of information is crucial.
• It is not necessary to replicate large amounts of non-critical information, either verbally or on paper, since this is already in the patient’s medical record and available to the on-call resident.
• The roles and responsibilities of all on-call participants should be clear. Emphasize tasks that need to be initiated/completed and by whom.
• A care plan, no matter how routine, should be stated for each patient.
• Anticipate complications and problems that might occur and articulate a contingency plan.

Locations:
Urology Work Room, University Hospital, 10th Floor
Urology Work Room VA Hospital, 2nd Floor
Santa Rosa Medical Center Physician Lounge, 3rd floor SRMC
MSTH Physician Work Room, 1st floor MSTH
Methodist Hospital Physician Work Room, sublevel, Meth

Times:
06:00 – AM report by on call team to primary service for any overnight events
18:00 – PM check out to the on call team

At each sign-out:
Both the checking out resident and the on-call resident need to have the same list.

Additional Communication Methods that May be Helpful
Performing handoffs in a routine time and manner also can improve the sharing of information. Patient handoffs should take priority over all other duties except for emergencies.

The TeamSTEPPSTM developed by the Agency for Healthcare Research and Quality and the United States Department of Defense, is an evidence-based teamwork system to improve communication and teamwork skills among healthcare providers. It includes strategies to enhance information exchange during transitions of care. The TeamSTEPPSTM program includes the “I PASS THE BATON” mnemonic, as shown in Table 1, which may facilitate the process for handoffs and health care transitions.

Table 1. “I PASS THE BATON” Mnemonic for Handoffs and Health Care Transitions

GMEC approved, November 2015
<table>
<thead>
<tr>
<th>I</th>
<th>Introduction</th>
<th>Introduce yourself and your role or job (include patient)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Patient</td>
<td>Name, identifiers, age, sex, location</td>
</tr>
<tr>
<td>A</td>
<td>Assessment</td>
<td>Present chief complaint, vital signs, symptoms, and diagnosis</td>
</tr>
<tr>
<td>S</td>
<td>Situation</td>
<td>Current status or circumstances, including code status, level of (un)certainty, recent changes, and response to treatment</td>
</tr>
<tr>
<td>S</td>
<td>SAFETY Concerns</td>
<td>Critical lab values or reports, socioeconomic factors, allergies, and alerts (eg, falls or isolation)</td>
</tr>
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The

<table>
<thead>
<tr>
<th>B</th>
<th>Background</th>
<th>Comorbidities, previous episodes, current medications, and family history</th>
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<tbody>
<tr>
<td>A</td>
<td>Actions</td>
<td>What actions were taken or are required? Provide brief rationale.</td>
</tr>
<tr>
<td>T</td>
<td>Timing</td>
<td>Level of urgency and explicit timing and prioritization of actions</td>
</tr>
<tr>
<td>O</td>
<td>Ownership</td>
<td>Who is responsible (person or team) including patient or family?</td>
</tr>
<tr>
<td>N</td>
<td>Next</td>
<td>What will happen next? Are there anticipated changes? What is the plan? Are there contingency plans?</td>
</tr>
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**SBAR Assessment (Situation, Background, Assessment, Recommendation)**

SBAR is another standardized way of communicating which promotes patient safety because it helps individuals communicate with each other with a shared set of expectations. Staff and physicians can use SBAR to share patient information in a concise and structured format. It improves efficiency and accuracy. (Table 2)

<table>
<thead>
<tr>
<th>Situation</th>
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<tbody>
<tr>
<td></td>
<td>- Identify yourself, occupation, and where you are calling from.</td>
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<tr>
<td></td>
<td>- Identify the patient by name, date of birth, age, sex, reason for report.</td>
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<td></td>
<td>- Describe reason for phone call or current status of the patient; if urgent, say so.</td>
</tr>
</tbody>
</table>
| **Background** | - Give patient’s presenting complaint  
|              | - Give patient’s relevant past medical history  
|              | - Brief summary of background  
| **Assessment** | - Vital signs: heart rate, respiratory rate, blood pressure, temperature, oxygen saturation, pain scale, level of consciousness  
|              | - List if any vital signs are outside of parameters; what is your clinical impression  
|              | - Severity of patient, additional concern  
| **Recommendation** | - Explanation of what you require, how urgent and when action needs to be taken  
|              | - Make suggestions of what action is to be taken  
|              | - Clarify what action you expect to be taken  

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