MUSC GME Transitions of Care/Handoff Policy

Purpose:
To establish protocol and standards within MUSC Medical Center residency and fellowship programs that ensures the quality and safety of patient care when transfer of responsibility occurs due to shift changes or unexpected circumstances. Transfers of care have been associated with adverse clinical outcomes and improving handoffs is a national patient safety goal.

Definition:
A clinical handoff is the transfer of care and responsibility from the primary (outgoing) physician to the covering (incoming) physician. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another.

Policy:
Individual residency programs must design schedules and clinical assignments to maximize the learning experience for residents, respect duty hour requirements, and to optimize patient safety. This includes efforts to minimize transitions of care. Programs must ensure that all residents have received training on handoffs and transitions of care. All PGY1 residents are required to undergo formal training during GME orientation.

Procedure:
• Communication for handoff should be face-to-face interaction for verbal communication whenever possible.
• Updated written or computerized information is to be shared as well. It is our expectation that each department will use our institutional handoff site, unless the program has developed an acceptable, HIPAA compliant alternative.
• The person receiving the handoff is expected to ask pertinent questions to clarify any unanswered questions.
• Handoffs should occur in a quiet place and be uninterrupted (office, call room, lounge) whenever possible.
• Clear accurate information needs to be handed off as well as received back the next morning (“closing the loop”).
• Handoff communication should include:

  IMPROVING PATIENT HANDBOFFS THROUGH...
  i – Identify (Name, MRN, Date of Admission, Code Status)
  C – Chief Complaint or presenting symptoms
  A – Active Problems List
  T – Therapies and Interventions (planned for next 24 hours)
  C- Clinical Trajectory and Condition (sick or not sick?) (Response to therapy and help the receiving caregiver anticipate problems)
  H – Help Me: Encourage Questions and Dialogue