This protocol includes requirements and recommendations for education, a formal sign-out tool, and competency assessment for transitions of care.

Excerpt of ACGME Requirements (VI.B. Transitions of Care)[1]

VI.B.1. Programs must design clinical assignments to minimize the number of transitions in patient care.
VI.B.2. Sponsoring institutions and programs must **ensure and monitor effective, structured hand-over processes** to facilitate both continuity of care and patient safety.
VI.B.3. Programs must **ensure that residents are competent** in communicating with team members in the hand-over process.

Education

All Nationwide Children's Hospital residents and fellows are required to receive education regarding transitions of care and its role in patient safety (adapted[2]).

Part 1- Didactic session

- Intern and Fellow orientation and/or following Pediatric Residency American Board of Pediatrics In-training examinations.
- Required for all NCH trainees during the first year of training at NCH, regardless of training level.
- Objectives
  - Understand the importance of transitions in care and the consequences of poor-quality handovers.
  - Recognize optimal content of written and verbal handovers.
  - Understand the differences in purpose, technique, and content between verbal and written handovers.
  - Understand the use of the SBAR technique in communication of critically important information, not as a handover method.
  - Understand the 5P + 3-Way format for written and verbal handovers.

Part 2- Facilitated small group discussion

- Required for all trainees during the first year of their training program.
- Content can be adapted for clinical settings and patient types specific to training program.
- Goal
  - Trainees will provide verbal feedback handover communication.
  - Trainees will receive verbal and written feedback on skills in verbal and written handover communication
  - Provide an initial baseline assessment of skill competency in handover communication
- Objective
  - Demonstrate the delivery and receipt of a structured oral handover, utilizing actual or simulated written sign-out material.

---

[1] Accreditation Council on Graduate Medical Education (ACGME), 2011 Common Requirements, http://www.acgme.org/acWebsite/home/Common_Program_Requirements_07012011.pdf, Accessed August 23, 2011.
[2] Horwitz, L. et al., Journal of General Internal Medicine, 22(10): 1470-4.

Principles

- Verbal **and** written handover
- Minimize interruptions
- Standardized format, content, and order, with an understanding that patients and their clinical conditions will require flexibility around a consistent structure.
- Highlight important changes- medications, exam findings, mental status
- Communication of short-term plans (e.g. overnight and weekend) and long term goals
- To-do list of tasks with concrete plan and rationale
- Use of if-then statements to provide guidance on management and decisions for anticipated issues
- Problem-based organization, when appropriate

Verbal and Written Communication Tool

As part of the hospital-wide patient safety program (Zero Hero), the 5P's have been used as the standard framework for handovers, both written and verbal. Opportunity should be given for Read-back/Repeat-back communication with clarifying questions, especially for critical information. One possible organization of pertinent information is below (adapted[1]). The specifics may be adapted as necessary for clinical setting or patient type.

	Specifics
Patient	• Identifying data (name, age, gender) • Current/active diagnoses • Sick? (highlight sick or unstable patients upfront during the handover) • DNR?
Problem **P**ertinent past medical history	• General hospital course ("came in a wk ago hypoxic and hypotensive but improved rapidly with ceftriaxone and IVF") • New events of day ("developed fever, WBC from 8 to 14, portable CXR improved from admission") • Current status/condition ("right now, sats are 98% on 2L n/c, afebrile")
Plan	• To-Do list to complete overnight with ***plan and rationale*** ("look at him in 2 hrs, check vitals, labs won't be resulted- no need to check")
Precautions	• Upcoming possibilities with ***plan and rationale*** ("if [this], then [that]")
3-way	• Read-back/repeat-back of critical information with ***clarifying questions*** ("You mentioned a fever. Did you order cultures and start antibiotics?")

[1] Horwitz, L. et al., Journal of General Internal Medicine, 22(10): 1470-4.

Program-specific details of handover procedure and assessment

**Also highlight differences in your procedure on Fridays/weekends and holidays.*

Handover Procedure	***Program-specific details***
Who participates in the handovers? E.g. students, residents, fellows, and/or attendings	
Where do handovers take place? E.g. conference room, bedside	
When do formal handovers take place? E.g. frequency in a typical day	
What is used and **How** is a handover communicated? E.g. EPIC sign out report, department specific document, verbal only, written only	
Assessment Procedure	
How, When, How Often, and By Whom? E.g. questions in monthly evaluations, competency assessments made during semi-annual reviews, once a year, Program Director	

Competency Assessments

In order to "**ensure and monitor effective, structured hand-over processes"**[1], assessments of competency, in context of the type of patient care and training level, must occur regularly throughout the duration of the training program. Assessments can be completed by a number of methods including:

- Initial baseline assessment during facilitated small group sessions (as above)
- Direct observation by a supervising physician (e.g. attending evaluation of fellow, senior resident evaluation of intern/junior resident) in the setting of routine patient care
- Audio/video recording of actual or simulated patient handovers

[1] Accreditation Council on Graduate Medical Education (ACGME), 2011 Common Requirements, http://www.acgme.org/acWebsite/home/Common_Program_Requirements_07012011.pdf, Accessed August 23, 2011.

- Inclusion of assessment questions on regularly-scheduled rotation evaluations (also consider evaluation of faculty by fellow or resident when handovers regularly occur amongst these groups)
- Inclusion of this competency assessment on regularly-scheduled semi-annual or quarterly reviews

Examples of assessment tools and questions

- Handover Mini-CEX utilizing the 5P + 3-Way format (adapted[1])- see attachment
- Specific questions for rotation evaluations utilizing the scale common to all evaluations:
    - "Uses standardized verbal and written handover communication consistently and efficiently."
    - "Communication was complete and accurate (which includes an understanding of the key issues/problems and anticipation of critical issues)."

[1] Horwitz, L. et al., Journal of General Internal Medicine, 22(10): 1470-4. Adapted by J. Rushton and A. Djuricich, Indiana University, APPD Share Warehouse, http://www.appd.org/ed_res/share_warehouse.cfm, accessed July 19, 2011.