GME Handover Protocol

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 (adapted²). Formal instruction is required for all NCH trainees during the first year of training at NCH, regardless of training level.

- Handover education for residents occurs during intern orientation and/or following Pediatric Residency American Board of Pediatrics In-training examinations.
- Handover education for fellows is scheduled for July or August Core Competency Lecture Series sessions.

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.
- Use the SBAR technique in communication of critically important information, not as a handover method.

² Horwitz, L. et al., Journal of General Internal Medicine, 22(10): 1470-4.
• Use the 5P + 3-Way format for written and verbal handovers.

Content can be adapted for clinical settings and patient types specific to each training program.

**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 (adapted¹). The specifics may be adapted as necessary for clinical setting or patient type.

<table>
<thead>
<tr>
<th>Specifics</th>
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</thead>
<tbody>
<tr>
<td><strong>Patient</strong></td>
</tr>
<tr>
<td>• Identifying data (name, age, gender)</td>
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<tr>
<td>• Current/active diagnoses</td>
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<tr>
<td>• Sick? (highlight sick or unstable patients upfront during the handover)</td>
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<tr>
<td>• DNR?</td>
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<tr>
<td><strong>Problem Pertinent past medical history</strong></td>
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<tr>
<td>• General hospital course (&quot;came in a wk ago hypoxic and hypotensive but improved rapidly with ceftriaxone and IVF&quot;)</td>
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<tr>
<td>• New events of day (&quot;developed fever, WBC from 8 to 14, portable CXR improved from admission&quot;)</td>
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</tbody>
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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?")

### Program-specific details of handover procedure and assessment

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

<table>
<thead>
<tr>
<th>Handover Procedure</th>
<th>Program-specific details</th>
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<tbody>
<tr>
<td><strong>Who</strong> participates in the handovers?</td>
<td>E.g. students, residents, fellows, and/or attendings</td>
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<tr>
<td><strong>Where</strong> do handovers take place?</td>
<td>E.g. conference room, bedside</td>
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<tr>
<td><strong>When</strong> do formal handovers take place?</td>
<td>E.g. frequency in a typical day</td>
</tr>
<tr>
<td><strong>What</strong> is used and <strong>How</strong> is a handover communicated?</td>
<td>E.g. EPIC sign out report, department specific document, verbal only, written only</td>
</tr>
</tbody>
</table>

### 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
- 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
- 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\(^2\)) - 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).”

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