I. **Purpose.** The purpose of this GME Hand-Off Communication Policy (this “Policy”) is to establish training and operational standards intended to ensure the quality and safety of patient care. Transitions of care between internal providers are vulnerable to error and a clear delineation of training program and provider responsibilities surrounding this activity promote and support our institutional culture of safety.

II. **Scope.** This Policy applies to all residency and fellowship programs with reference to transitions of care within the institution.

III. **Policy.**

a) The Accreditation Council for Graduate Medical Education (ACGME) requires that Butler Hospital, as the Sponsoring Institution of record, have a written policy that addresses effective hand-off communication at points where a patient’s care is being transitioned from one provider to another.

b) To ensure appropriate institutional oversight as required by the ACGME Institutional Requirements.

IV. **Definitions.** Capitalized terms not otherwise defined below but used in this Policy shall have the meanings assigned to them in this Policy.

(a) Resident: any physician in an accredited graduate medical education program, including interns, residents, and fellows.
(b) Transitions of care: the transition of care referred to in this policy is the hand-over of responsibility for patient care from one provider to another, most commonly at the time of sign-out to next provider. However, the same principles apply to other transitional settings, including transfers between one clinical care setting to another or the scheduled change of providers (e.g. end of month team switches).

(c) Hand-over: transfer of essential information and the responsibility for care of the patient from one health care provider to another.

(d) Patient safety practices: habits and routines that reduce the risk of adverse events related to exposure to medical care across a range of diagnoses or conditions.

V. Procedure.

(a) Key patient safety practices critical to the effective transition of care:

i. Interruptions must be limited

ii. Essential information must be communicated including patient name, a second chart-based identifier such as MRN or DOB, diagnoses, legal status, current condition including risk to violence to self or others, pertinent labs, and any elements that the receiving provider must perform (i.e. a “to-do” list)

iii. The opportunity to ask and respond to questions must be provided. Face-to-face hand-overs should occur if at all possible. If not possible, telephone verbal hand-offs may occur. The hand-off must include an opportunity for the participants to ask and respond to questions.

(b) In PAS, the resident leaving in the morning provides a verbal report as delineated above to an attending physician during the weekday and to the incoming resident on the weekend.

(c) For inpatients, the responsibility of conducting a week-end hand-off rests with the attending physician.

(d) For outpatients, the Outpatient Coverage Note option is used.

(e) All hand-off communications must be in compliance with Butler Hospital’s privacy policies.

APPROVED: 10.18.2016