Program Policy

<table>
<thead>
<tr>
<th>Subject: Transition of Patient Care</th>
<th>Effective date: 8/28/2015</th>
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<tbody>
<tr>
<td>Category: Provision of Care, Treatment and Services</td>
<td>Revised:</td>
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<tr>
<td>Scope: Program/All Teaching Services</td>
<td>Approved by REC: 8/28/2015</td>
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Purpose:
To require accurate pertinent patient information at the hand off of care to another provider, using a standardized handoff tool in a format that includes SBAR (Situation, Background-Assessment-Response/Recommendation) to assure that communication is performed comprehensively and accurately.

Policy:
Residents will communicate accurate and pertinent information at the “hand off” of patient care with a standardized approach. The method of handoff will be in compliance with the Handoff of Care Policies identified at each of the participating institutions.

Procedures:
Hand off communication occurs when patients transition to a different care setting or change providers of care. Residents will identify and contact the next physician care provider, and communicate in a manner such as the SBAR format (Situation, Background-Assessment-Response/Recommendation). The information conveyed must be in language that is clear and objective, with sufficient time allocated for questions. Strategies will include:

1. Pertinent patient history
2. Current condition
3. Current care/treatments
4. Current services
5. Recent of anticipated changes
6. Opportunity to review, repeat –back or read-back information
7. Opportunity to ask and respond to questions.
8. Effort to minimize interruptions during the hand off.

Supervision:
The supervision of the handoff processes may be direct or indirect by faculty or senior residents.