Policy 3.800 Graduate Medical Education Committee
Section Educational Administration
Subject Continuity of Care and Handoffs
Policy Requirements: ACGME Institutional: 3.2.c. ACGME Common Program Requirements: 6.14.; 6.14.a.; 6.14.b.; 6.19.; 6.19.a.; 6.19.b.
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Purpose :

To ensure and monitor effective, structured patient hand-off processes to facilitate continuity of care and patient safety at participating sites.

Policy:

The UAMS Regional Centers as the Sponsoring Institution must facilitate professional development for core Faculty, adjunct Faculty members, and residents/fellows regarding effective transitions of care and in partnership with all ACGME-accredited programs to ensure and monitor effective, structured, patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

UAMS Regional Centers ACGME-accredited programs must have a policy that ensures coverage of patient care and continuity of patient care as outlined in the ACGME requirements. This policy must also outline the program's structured hand-off processes and how the program monitors that their residents/fellows are competent in communicating with team members in the hand-off process. This policy must be implemented without fear of negative consequences for the resident/fellow who is or was unable to provide the clinical work.

Continuity of Care

The UAMS Regional Centers monitors continuity of care through the annual review of ACGME survey data related to transitions of care. Programs with specific concerns related to continuity of care devise action items for quality improvement and/or may be placed on Special Review.

<u>Handoffs:</u>

The UAMS Regional Centers has adopted the use of the Situation, Background, Assessment, Recommendation, Quiet Place (SBARQ) as the handoff framework to standardize handoff and improve transitions in the Clinical Learning Environment.

Residency and fellowship programs must:

- Work with clinical sites to optimize hand-offs while being mindful of the site's handoff policies, including safety, frequency, and structure.
- Monitor effective handoff processes.
- Design clinical assignments with clinical sites to optimize hand-offs overall.
- Maintain a schedule of attending physicians and residents/fellows responsible for care.
- Ensure hand-offs meet the essence of SBARQ ().
- Teach and assess housestaff on safe hand-off practices.
- Ensure residents/fellows are competent in communicating with team members on the handoff process.
- Ensure continuity of care in case a resident/fellow becomes fatigued or ill, or in the case of emergency.
- Describe how your program monitors transitions of care/handoffs on an annual basis.

Procedure:
At each transition or handoff, a resident or fellow should seek to meet the *essence* of SBARQ as follows:

SITUATION	BACKGROUND	ASSESSMENT	RECOMMENDATION
Patient name Medical record number Admitting physician Overall situation	Recent procedures Changes in condition Changes in treatment Current medication Current Status Current Vitals Allergies Recent lab tests	Diagnosis Status Level of acuity Code status	Next Actions Anticipated procedures Outstanding tasks Outstanding tests Anticipated changes
QUIET PLACE Receiver asks questions, repeats handoff information Face-to-Face in a Quiet Place (PREFERRED). No texting.			