

PROCEDURE GME27

Subject:
CLINICAL RESPONSIBILITIES, TEAMWORK AND
TRANSITIONS OF CARE

Effective Date:
JANUARY 2014

Applies to: THE METHODIST HOSPITAL SYSTEM
- GME PROGRAMS

Date Revised/Reviewed:
NOVEMBER 2017

Originating Area:
GRADUATE MEDICAL EDUCATION COMMITTEE

Target Review Date:
NOVEMBER 2020

I. GENERAL STATEMENT

Transitions of care is the relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting. Over the course of a patient's care, there may be many transitions of care to accommodate the changing conditions and care needs of the patient. When a patient's care is transferred to incoming physicians and nurses during hospital shift changes (i.e., the Hand-Over), communication problems are most likely to occur. Because Hand-Overs involve the transfer of information, responsibility, and authority, problems arise when there is a lack of standard and known processes for Hand-overs or a lack of information transfer, such as delays, inaccuracies, and missing information, or both. This procedure addresses the responsibilities of each Program, its Faculty, the Sponsoring Institution, and Residents to ensure patient safety through a structured Hand-Over process that decreases the likelihood of communication breakdowns causing medical errors.

Concern with Hand-Overs has escalated since the adoption of more restrictive limits on duty hours and reliance on "cross coverage" (i.e., Residents outside of the primary care team providing care in the absence of the primary team).

Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that area appropriate to the delivery off care in the specialty and larger health system.

This procedure establishes expectations for Hand-Overs that include a system for education and practice by Residents in an organized interaction for Hand-Overs. To this end, the Houston Methodist Hospital Graduate Medical Education Committee has endorsed the incorporation of TeamSTEPPS™ to improve Residents' communication skills and use of the I-PASS Hand-Over technique.

II. CLINICAL RESPONSIBILITIES

The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services and as further set forth by each Review Committee.

III. TEAMWORK

Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. Each Review Committee is responsible for defining the elements that must be present in each specialty.

IV. STANDARDIZED HAND-OVER PROCESS

A. Program and Faculty Responsibilities.

1. All Programs of GME must design clinical assignments to optimize transitions in care, including safety, frequency, and structure, while ensuring compliance with the clinical and educational work hour requirements.
2. Programs and clinical sites must maintain and communicate schedules of the Attending Physicians and Residents currently responsible for each patient's care.
3. Each Program must develop a standardized and written procedure for transitions in patient care that will be used throughout the Program for the safe Hand-Over of patients between providers or provider team and between locations in care. The procedure must involve face-to-face exchange between Residents and other relevant care providers. The procedure must provide timely, accurate information about a patient's care plan, treatment, current condition and any recent or anticipated changes. The procedure must be submitted to the Graduate Medical Education Committee for approval.
4. Each Program should identify a dedicated location free from distractions to conduct Hand-Overs and designate the times for Hand-Overs during the day.
5. Each Program will ensure that Faculty who are responsible for monitoring and observing hand-Overs have received instruction and are competent in the I-Pass Hand-Over technique.
6. Programs must ensure and monitor effective structured patient hand-over processes to facilitate both continuity of care and patient safety at participating sites.
 - a. Each program will ensure that Faculty monitor the Hand-Over process to assess the quality of communication between Residents and other care providers to ensure that no information was lost. This should include ensuring that Residents are competent in communicating with team members in the Hand-Over process as well as ongoing assessment of their communication skills, as part of a comprehensive evaluation process for Residents.
7. Each Program must ensure continuity of patient care, consistent with the program's policies and procedures in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.
8. Faculty and Residents in each Program will work together to produce a document that ideally integrates the information exchanged during Hand-Over with the medical record system. Faculty and Residents are expected to revise the document as necessary so that patient information can be updated automatically.
9. At sites where Houston Methodist-sponsored Residents rotate as members of another institution's Resident teams (such as Memorial Hermann Hospital), the Program must ensure that their own Residents receive instruction in the host Program's Hand-Over process. When other institution's Residents rotate to a Houston Methodist-sponsored team, the Houston Methodist Hospital Program

must ensure that the rotating Residents receive instruction in the hosting Program's Hand-Over process. Houston Methodist Hospital Residents and rotating Residents may not be allowed to participate in Hand-Overs without specific instruction in Hand-Overs.

B. Sponsoring Institution Responsibilities.

1. The Sponsoring Institution will provide interactive instruction in patient safety, effective transitions of care, and Hand-Overs for Residents during New Resident and Fellow Orientation and whenever requested by Programs of GME for Residents, Faculty, and others.
2. Initial instruction for Residents and Faculty will include the following elements of the I-Pass Hand-Over technique:
 - a. Team training in communication and teamwork skills based on the best practices for handoffs and using elements of the TeamSTEPPS™ program developed by the Department of Defense and the Agency for Healthcare Research and Quality
 - b. Use of the I-Pass mnemonic device, which acts as a checklist for information to include in the Hand-Over:
 - I – Illness severity
 - P – Patient summary (the standard clinical summary)
 - A – Action list for the next team
 - S - Situation awareness/contingency plans (i.e., “if/then scenarios” – things that can go wrong with the patient and what should happen if they do)
 - S – Synthesis – a chance for a “read-back” of the information by the provider being briefed
 - c. Introduction to the use of a printed Hand-Over document
 - d. Introduction to observing the process of Hand-Overs and giving and receiving feedback on that process.
3. Facilitate professional development for core faculty members regarding effective transitions of care.

C. Resident Responsibilities.

1. Residents will identify the context of medical errors associated with communication failures.
2. Residents will participate in the TeamSTEPPS™ model of team training to develop the leadership skills, training strategies, and communication skills necessary for optimal team function.
3. Residents will demonstrate the elements of effective verbal Hand-Overs and printed Hand-Over document.
4. Residents will adopt the I-Pass mnemonic for Hand-Overs.
5. Residents will use high quality patient summaries to convey clinical information concisely and effectively in a Hand-Over.
6. Residents will incorporate contingency planning in clinical care, especially in Hand-Overs.

III. COUNCILS OR COMMITTEES REVIEWING OR APPROVING PROCEDURE

Graduate Medical Education Committee [12 December 2013] [8 December 2016]
[11 November 2017]

AUTHORITATIVE REFERENCES

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2. The Joint Commission. Sentinel event statistics data: root causes by event type. Available at: http://www.jointcommission.org/assets/1/18/Root_Causes_by_Event_Type_2004-2Q2013.pdf [last accessed November 7, 2016]
3. Agency for Healthcare Research and Quality Patient Safety Network. Handoffs and Signouts. Available at: <http://psnet.ahrq.gov/primer.aspx?primerID=9> [last accessed November 7, 2016]
4. Department of Defense Patient Safety Program, "Healthcare Communications Toolkit to Improve Transitions in Care, Available at: <https://www.oumedicine.com/docs/ad-obgyn-workfiles/handofftoolkit.pdf?sfvrsn=2> [last accessed November 7, 2016]
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6. Risenberg LA, Leitzsch J, Massucci JL, et al. Residents' and attending physicians' handoffs: a systematic review of the literature. Acad Med. 2009; 84:1775-86. <https://www.ncbi.nlm.nih.gov/pubmed/19940588> [last accessed November 7, 2016]