Policy Title: Sign-out and Transition of Care Policy	Policy Number: SOMGME-007
Original Date: 17-10-2016	Next Review Date: 17-11-2027

I. Purpose of the Policy

The purpose of this policy is to ensure quality and safety of patient care when transfer of responsibility occurs during work hour shift changes as well as other scheduled or unscheduled transfers or in unexpected circumstances. Effective transfer of responsibility is of paramount importance to the Lebanese American University (LAU) Graduate Medical Education (GME) as proper communication is central to patient safety. There is abundant evidence of negative consequences of poor communication and inadequate hand-offs.

II. Policy Scope

The scope of this policy encompasses all LAU GME trainees.

III. Definition

Sign-out/Hand-off round consists of transmitting information about patients and patient care between care givers. They are to be conducted at:

A. The time of transferring a patient from one ward/department/service to another such as admission from the ER or Outpatient Department to a ward, or to the ICU.
B. Change in the provider such as change of shift or rotation change of trainees.
C. Discharge, including discharge to home or another facility such as skilled nursing care.

IV. Policy Statement

Schedules and clinical assignments are prepared by each program to maximize the learning experience of trainees and ensure quality care and patient safety. Such schedules are designed

while adhering to general institutional policies concerning transitions of patient care and educational work hour standards. Training programs must design call and rotation schedules to optimize transitions in patient care, including their safety, frequency, and structure. Timing of the on-call schedule should include time to allow for face-to-face handoffs to ensure availability of information and an opportunity to clarify issues. Programs must have in place specific processes for handover of patient care in all relevant scenarios (night/weekend coverage, rotating off-service, vacation coverage, between services and locations (OR – ICU) etc.)

Procedure

A. The hand-off or transition of care process should involve face-to-face interaction with both verbal and written/computerized communication, with opportunity for the receiver of the information to ask questions or clarify specific issues. In certain circumstances such as transfers within the institution to different teams, or to other institutions, hand-offs can be conducted over the phone. Attempts should be made to preserve patient confidentiality. The transition process should be structured and should include the following information when applicable:
    1. Patient Identifiers
    2. Room number
    3. Attending of record/Consultants
    4. Family contact information
    5. Patient Code Status
    6. Admission diagnosis/ Clinical Condition/ Co-morbidities
    7. Pending Tasks

B. The GME suggests the following mnemonic – ISBAR (Details attached in Appendix A) to be used for sign-outs/transition of care and recommends that the receiver reads back and confirms understanding of the patient status and pending tasks.

C. Each GME program must include in its curriculum components related to transition that are specific from their specialty field ancillary to that by the institutional policy. Programs are required to develop scheduling and transition/hand-off procedures to ensure that:
    1. Residents comply with specialty specific/institutional duty hour requirements.
    2. Faculty are scheduled for supervision and their on-call schedule is available at the operator
    3. All parties (including nursing) involved in a particular program and/or transition process have access to one another's schedules and contact information. All call schedules should be available at nursing stations and with the hospital operators.
    4. Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
    5. At all times, all parties directly involved in the patient's care have opportunity for communication, consultation, and clarification of information.
    6. 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.
D. Residents must demonstrate competency in performance of this task. There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These include:
    1. Direct observation of a handoff session by a supervising faculty, chief resident, or supervising resident.
    2. Evaluation of written handoff materials by supervising faculty, chief resident, or supervising resident.

3. Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment.
4. Assessment of handoff quality in terms of ability to predict overnight events.
5. Assessment of adverse events and relationship to sign-out quality through:
    a. Survey
    b. Reporting hotline
    c. Chart review

Approved by	Date
GMEC	16-01-2025
Interim Review	17-11-2024

Appendix A

Checklist for sign-out using the elements of — ISBAR:

Identity: Patient name, department, caring physician, location, MRN

Situation: Recent changes in patient condition or any recent changes

Background: Admission diagnosis and date, medical illnesses, relevant problems

Assessment: Current situation, stable or unstable

Recommendation: Tests and tasks that need to be performed