

PURPOSE: To minimize number of transitions in patient care and to comply with the Institutional and specific program Residency Review Committee (RRC) accreditation requirements established by the Accreditation Council for Graduate Medical Education (ACGME).

POLICY:

- All patient hand offs should take place in a designated workplace, office, or conference room to ensure patient confidentiality and lack of distraction. Hand offs in public areas such as hallways, cafeterias, and elevators are prohibited.
- It is acceptable to conduct handoffs over the phone, as long as both parties are in an appropriate room, without other distractions, and have access to the Head and Neck surgery sign-out checklist.
- Handoffs should only occur with direct one to one communication between the resident responsible for the patients being released and the resident that will be taking over their care. No third party communication is allowed.
- Handoffs during the first month of residency should be conducted in the presence of a senior resident or attending physician to ensure that residents are competent in communicating with team members in the handover process.
- Always use the Head and Neck Surgery signout checklist during handoff to ensure transmission of pertinent information and allow senior residents and faculty to monitor effective, structured handover processes to facilitate both continuity of care and patient safety.
- The sign out checklist should be updated at least twice a day and as often as necessary during the work day or night. Do not delete any relevant information from the list until the patient is discharged.
- Senior residents are responsible for reviewing the sign-out checklist at least daily to ensure that the information is accurate. Attending physicians are ultimately responsible for all patient care and must supervise residents at all times.
- Elements of the checklist cannot be modified without approval from the administrative chief residents and program directors.
- Required elements on the checklist should include, but are not limited to:
 - o Patient name, age, medical record number, and location
 - o Attending physician and upper level residents responsible
 - o Admission date and admitting diagnosis
 - o Important elements of history and physical examination
 - o Relevant social information including contacts
 - o Code status, advance directives
 - o Dates and titles of operative procedures, if any
 - o Current medication list
 - o Key information on current condition and care plan (diet, activity, planned operations, pending discharge, significant events during the previous shift, changes in medications etc.)
 - o Specific tasks that need to be accomplished by the resident that is taking over such as following up on laboratory and imaging studies, wound care, clinical monitoring, pending communication with consultants etc.

- DO NOT sign-out complex tasks that require synthesizing information from separate sources and tasks that involve multiple steps.
- Allow ample time for the resident receiving sign-out to ask questions
- Exchange contact information in the event there are any additional questions
- Scrutinize and question data if “something does not make sense” or you think it is wrong
- Use the virtual pager for the service you are covering when on duty. Sign on when you start duty and sign out the pager to the appropriate person at the end of your shift. Use the virtual pager number for all communications with caregivers and written records.
- Current call schedules for all services that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care are posted on the Head and Neck Surgery [resident website](#): The schedules are also available through the hospital page operators.