UT Health San Antonio Urology

TRANSITION OF CARE & CALL COVERAGE SIGN-OUT

The Urology residency program has established a well-defined, structured mechanism for hand-offs. (see attached template)

Purpose:
The purpose of this policy is to have a structured process of transitions of care to insure the safety of patients during the transitions of care periods, which have become increasingly more frequent due to duty hours restrictions and other mandates.

The new program requirements set forth by the ACGME, which took effect in July 2011 concerning transitions of care, are as follows:

- Programs must design clinical assignments to minimize the number of transitions in patient care.
- Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- Programs must ensure that residents are competent in communicating with team members in the hand-over process.

Resident Requirements:
All Urology residents will have completed the Department of Surgery training on hand-offs during the PGY-1 year.

Protocol:
A resident hand-off report must occur whenever resident responsibility for a patient's care changes. This includes situations such as patient transfers between units and/or services, night call and weekend coverage. Rules regarding transition of care documentation, including medicine reconciliation notes, are governed by the individual institutions.

Background
Urology call is home call and coverage by the resident team includes 2 major hospital services during the week. Because of lack of immediate vicinity and the fact that some services complete their work earlier than others, face-to-face check-out of patients to the on-call team generally does not happen. Instead, the teams communicate by phone, skype or other direct communication mechanism. The general scheme of weekday coverage involves teams from the following grouping of hospitals: UH/VA; SRMC (chief level); SRMC/Pediatric Urology (junior level); Methodist/MSTH.

Some of the Hospitals provide Hospitalists to provide general medical care overnight. When these providers are involved, the resident team discusses the relevant issues for each of the assigned patients with the hospitalists as well before checking out to the on-call resident. The hospitalists must have clear instruction as to which Urology resident (Junior, Senior) and attending staff are available for overnight consultation.

Nuts & Bolts of the Process:
Hand-off is done formally each afternoon and morning during the week. In the afternoon, after formal rounds with the senior resident on service, the junior residents from each service give detailed verbal check-out and provide the filled-out call template to the on-call resident for the evening. This form is completed by the junior resident in the hospital workroom and sent via encrypted email to both the junior resident on call (PGY-2 or PGY-3), the senior resident on call (PGY-4 or PGY-5) and the attending staff on call. This encrypted email is followed by a call from the junior resident to the recipient junior resident to discuss all aspects of the patients on the list (see discussion outline below). The senior residents on service will also call their counterparts to discuss the list and specifics of the more challenging patients on the list. Faculty on-call are given a general update by the senior resident early in the evening and are available for consultation and to come to the hospital at all times during the on-call period.

Quality Assurance:
All Urology residents are PGY-2 & above and will have had experience during their PGY-1 year with handoff principles and communications skills. As such, they will be considered competent to perform unsupervised handoffs upon starting the Urology rotations (PGY-2). However, the Urology faculty will give a review during the annual program orientation for the PGY-2 residents. Thereafter, there will be intermittent checks on the quality of handoff performance by the residents.

The faculty on call and the faculty from each service will periodically call the residents on call to assess the adequacy of the hand-off knowledge transfer. (See spot-check evaluation form).
At least twice during each rotation, the site supervisor (or designee) will observe the hand-off process and provide feedback (see Transition evaluation form).

Senior residents are responsible for assuring that their call team is current on all aspect of patient care and responsive to consultations from the ER and other services during coverage hours. The attending staff on-call are to be kept up to date on all significant medical decision making. This is especially important when it comes to decisions for major interventions and admissions.

Confidentiality:
Care must be taken to maintain patient confidentiality by allowing only those involved with the patient's care to hear or view protected healthcare information. Physicians must be aware of and comply with HIPAA regulations.

Language:
Language differences may interfere with the accurate transfer of information. Using standardized medical terminology avoids errors in communication that may occur when colloquialisms are used. The use of abbreviations, other than those that are well-known and widely accepted, is discouraged.

Recommended General Check-out Procedure:
- Use interactive communications, face to face if possible, to facilitate questioning, clarification, and collaborative cross-checking.

- Ensure that all members of the call team are aware that they are on-call and have appropriate phone/pager numbers to communicate with one another.
- Inpatients on the Urology Service are primary concern but the patients on the consult service must be considered based upon their level of severity. It is best to go over the entire list at each check-out.
- Present each patient on the list as if they are the **only** patient on the list (don't skip important details).
- The focus should be on ensuring patient safety. Effective communication, with emphasis on abstraction, synthesis, and summation of information is crucial.
- It is not necessary to replicate large amounts of non-critical information, either verbally or on paper, since this is already in the patient's medical record and available to the on-call resident.
- The roles and responsibilities of all on-call participants should be clear. Emphasize tasks that need to be initiated/completed and by whom.
- A care plan, no matter how routine, should be stated for each patient.
- Anticipate complications and problems that might occur and articulate a contingency plan.

Locations: Urology Work Room, University Hospital, 10h Floor
Urology Work Room VA Hospital, 2nd Floor
Santa Rosa Medical Center Physician Lounge, 3rd floor SRMC
MSTH Physician Work Room, 1st floor MSTH
Methodist Hospital Physician Work Room, sublevel, Meth

Times:
06:00 – AM report by on call team to primary service for any overnight events, consults
18:00 – PM check out to the on call team

At each sign-out:
Both the checking out resident and the on-call resident need to have the same list.

Additional Communication Methods that May be Helpful:
Performing handoffs in a routine time and manner also can improve the sharing of information. Patient handoffs should take priority over all other duties except for emergencies.
The TeamSTEPPS™ developed by the Agency for Healthcare Research and Quality and the United States Department of Defense, is an evidence-based teamwork system to improve communication and teamwork skills among healthcare providers. It includes strategies to enhance information exchange during transitions of care. The TeamSTEPPS™ program includes the "I PASS THE BATON" mnemonic, as shown in Table 1, which may facilitate the process for handoffs and health care transitions.

Table 1. "I PASS THE BATON" Mnemonic for Handoffs and Health Care Transitions

I	Introduction	Introduce yourself and your role or job (include patient)
P	Patient	Name, identifiers, age, sex, location
A	Assessment	Present chief complaint, vital signs, symptoms, and diagnosis
S	Situation	Current status or circumstances, including code status, level of (un)certainty, recent changes, and response to treatment
S	SAFETY Concerns	Critical lab values or reports, socioeconomic factors, allergies, and alerts (e.g., falls or isolation)
The		
B	Background	Comorbidities, previous episodes, current medications, and family history
A	Actions	What actions were taken or are required? Provide brief rationale.
T	Timing	Level of urgency and explicit timing and prioritization of actions
O	Ownership	Who is responsible (person or team) including patient or family?
N	Next	What will happen next? Are there anticipated changes? What is the plan? Are there contingency plans?

SBAR Assessment (Situation, Background, Assessment, Recommendation)[2]

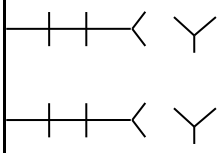
SBAR is another standardized way of communicating which promotes patient safety because it helps individuals communicate with each other with a shared set of expectations. Staff and physicians can use SBAR to share patient information in a concise and structured format. It improves efficiency and accuracy. (Table 2)

Situation	▪ Identify yourself, occupation, and where you are calling from. ▪ Identify the patient by name, date of birth, age, sex, reason for report. ▪ Describe reason for phone call or current status of the patient; if urgent, say so.
Background	▪ Give patient's presenting complaint ▪ Give patient's relevant past medical history ▪ Brief summary of background
Assessment	▪ Vital signs: heart rate, respiratory rate, blood pressure, temperature, oxygen saturation, pain scale, level of consciousness ▪ List if any vital signs are outside of parameters; what is your clinical impression ▪ Severity of patient, additional concern
Recommendation	▪ Explanation of what you require, how urgent and when action needs to be taken ▪ Make suggestions of what action is to be taken ▪ Clarify what action you expect to be taken

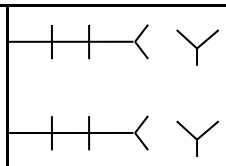
Table 3. GU VA Handoff Tool

Date:

Chief/Senior Res./Junior Res.

Patient Info	Vital Signs	Labs	IV/Diet /Med	To Do List & Contingencies	OVERNIGHT EVENTS & ISSUES TO BE DEALT WITH
Name xxxx Brief Hx GU Attending	Tm: Tc: HR: BP: R: Sat: I/O: UOP:		IVF: Diet: Abx: GU:		

CONSULTS:

Name xxxx Brief Hx GU Attending Admitting Service	Tm: Tc: HR: BP: R: Sat: I/O: UOP:		IVF: Diet: Meds:		

RADAR:
Location, Name (xxxx), Brief Hx; To do and check list; contingencies

Important contacts

Cysto resident area 14065, 14237,13521	Cysto Work area 2c 14252, 14860, 12082	Inpt. Pharmacy 15795	UCC Med Director: 286-6498	Med A 14076/14715
OR holding 15497	PACU 16265/16246	OR 9 17163	Outpt Pharmacy 19400	Med B 14328/14683
2 WEST 14402 / 4B 14620	OR front desk 15103 / OPS 16266	OR 10 14280	(GU SW) 14531, 203-9169	Med C 14613/14614
Chem Lab 14806	Heme lab. 14993	ER: 15930	Micro Lab 14999 UA 16017	Med F 14329/14330
Special proc. 15856/7	Workroom 14205	Surg clinic: 15900	Radiology Front Desk 15841, 19729	Med P 14606/14608
CT scan 16706, 16707	CXR: 17396, 15424	AOD 617-5162	Bed control 857-4405/857-4426	MICU 14121/14125
Nutritionist 4S 203-0877, 14569	PICC 316-4379, 203-9230, 14120	SCI nursing station 1-5265	GU front desk# 17554,10552 1-7094	
IR 14141/15857/15856	SCI 16834	SW 17130		

CHECK-OUT
TIME _____
CHECKOUT RESIDENT _____
ON-CALL RESIDENT _____
ON-CALL CHIEF RESIDENT _____
ON-CALL ATTENDING STAFF _____

CHECK-IN
TIME _____
ON-CALL RESIDENT _____
TEAM RESIDENT _____

Urology Spot-check Hand-off Form

Observer: _____**Date**: _____**Time:** _____

Service: __UH, __VA, __SRMC, __Meth, __Peds, __SLB

On Call Resident: _____**Level**: __U-1, __U-2, __U-3, __U-4

	Adequate	**Inadequate**
Could name residents and faculty on-call		
Had information on all inpatients		
Had information on all consults, ER patients		
Index patient query:		
Clarity of index patient presentation		
Clarity of index patient safety concerns		
Clarity of index patient actions required		
Clarity of index patient care plan		
Understanding of rationale behind treatment		

Overall Understanding of the patients.	Poor – unable to articulate or express understanding.	Acceptable – missed a few things but not important issues	Excellent – on top of patient info, details & treatment plan.

Comments:

Urology Observation of Transition Evaluation Form

Observer: _____Date: _____**Time: _____**

Service: ___UH, ___VA, ___SRMC, ___Meth, ___Peds, ___SLB

Check-out Res.: _____**Recipient**: _____

	Adequate	**Inadequate**
Structure		
Clarity of patient presentation		
Clarity of safety concerns		
Clarity of actions that are required		
Clarity of residents and faculty who are on-call		
Clarity of care plan		
Recipient was able to express questions/concerns		

Length	Appropriate	Too Short	Too Long

Comments: