

# TRANSITIONS OF CARE/FATIGUE MITIGATION POLICY

Approved by GMEC: September 24, 2019

I. Purpose:

To establish protocol and standards within Providence Sacred Heart Medical Center residency programs to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and/or other scheduled or unexpected circumstances e.g., illness or fatigue.

II. Definition:

A handoff is defined as the communication of information to support the transfer of care and responsibility for a patient/group of patients from one provider to another. Transitions of care are necessary in the hospital setting for various reasons. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:

- Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit.
- Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas.
- Discharge, including discharge to home or another facility such as a skilled nursing facility.
- Change in provider or service change, including resident sign-out, and rotation changes for residents.
- Change in provider due to unexpected circumstances, such as illness, emergency or fatigue.

III. Policy:

Individual residency programs must design schedules and clinical assignments to maximize the learning experience for residents as well as to ensure quality care and patient safety, and adhere to general institutional policies concerning transitions of patient care.

IV. Procedure:

1. The transition/hand-off process must involve face-to-face interaction\* with both verbal and written/computerized communication with the opportunity for the receiver of the information

to ask questions or clarify specific issues. The transition process should include, at a minimum, the following information in a standardized format that is universal across all services:

- Identification of patient, including name, medical record number, and age;
- identification of admitting/primary/supervising physician and method of contacting;
- diagnosis and current status/condition (level of acuity) of the patient;
- recent events, including changes in condition or treatment, pertinent medication status, vital lab tests, allergies, anticipated procedures and actions to be taken;
- outstanding tasks – what needs to be completed in the immediate future;
- outstanding laboratories/studies – what needs follow-up during the shift; and
- change in patient condition that may occur requiring interventions or contingency plans.

2. In the case of fatigue, the following guidelines should be followed:

- a. Residents and attendings should be aware of signs of fatigue and approach the tired resident to offer assistance.
- b. Assistance could take some of the following forms:
  - i. Strategic napping to include having paged calls fielded by others
  - ii. If fatigue is too severe or not abated effectively following strategic napping, resident should follow emergent call protocol to be relieved of duties

3. If residents are too fatigued to drive, they are highly encouraged to utilize the resident call rooms to rest. If this not an option, residents may also use a transportation service e.g., Uber, Lyft or a taxi to get home safely, and the cost will be reimbursed to them by their individual residency program.

4. In case of illness or excessive fatigue not mitigated by strategic napping, the resident should follow the Emergent Call protocol for their residency program.

5. The transition of care process is part of each residency program's curriculum.

6. Residents must be directly supervised in their ability to transition/handover patient care until such a time that they have demonstrated competency in the performance of this responsibility. Supervision can be provided by both senior residents and attendings.

7. Monitoring of handoffs ensure:

- There is a standardized process in place that is routinely followed;
- there are consistent opportunities for questions;
- the necessary materials are available to support the handoff e.g., written sign-out materials, access to electronic clinical information, etc.;
- a quiet setting free of interruptions is consistently available for handoff processes that include face-to-face communication; and

- Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines.

\*Hand-offs can be conducted over the phone as long as both parties have access to an electronic or hard copy version of the sign-out sheet. Additionally, all attempts to preserve patient confidentiality are observed.

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