Stony Brook Medicine
Graduate Medical Education

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Responsible Department/Division/Committee:

Graduate Medical Education

Policy:

Stony Brook Medicine utilizes a system of standards and procedures for best practices to support consistent, complete and accurate transfer of critical patient information to promote safe and efficient patient care across the continuum.

Definitions:

Handoff: the process of transferring patient information and knowledge, along with authority and responsibility, from one clinician or team of clinicians to another clinician or team of clinicians during routine changes of duty assignment.

Sign-out: as defined by the Agency for Healthcare Research and Quality (AHRQ) is used to refer to the act of transmitting information about the patient. May also be referred to by other terms such as 'report.'

Transition of care: Patient movement from one area or level of care to another (e.g. emergency department to inpatient admission, general medical floor to intensive care). Such transitions are addressed in other hospital and program policies.

Procedures:

1. Sign-out is comprised of both written and verbal components.
    a. Sign-outs are standardized using tools such as I-PASS to guide the verbal sign-out, so that all elements below are consistently included and addressed.
        i. Sign-out communication includes, but is not limited to:
            1. Patient identification (name, DOB, medical record number)
            2. Admitting/primary/supervising physician
            3. Working diagnosis
            4. Comorbidities that affect care
            5. Code status (e.g. DNR, DNR/DNI, full code)
            6. Current status/condition (level of acuity) of patient
            7. Recent events – including (but not limited to) changes in condition, current medication status, recent lab tests, allergies, anticipated procedures, actions to be taken
            8. Outstanding tasks – requiring follow up, with particular attention to those due during the coverage period
            9. Outstanding laboratories/studies – requiring follow up, with particular attention to those due during the coverage period
            10. Anticipated changes in patient condition requiring interventions or contingency plans
    b. During downtime, or where the electronic medical record (EMR) is not available, an excel spreadsheet including all components from the standardized format should be used.
2. Sign-outs are conducted using face-to-face interaction whenever possible.
    a. When face-to-face sign-out is not possible or sufficiently expedient to serve the best interest of the patient, telephone or videoconferencing (Teams) communication may be used provided that both parties have simultaneous access to the sign-out tool.
    b. All sign-outs must provide the opportunity for the asking and answering of questions between providers.

       i. It is the responsibility of the person *receiving* sign-out to resolve any unclear issues with the transferring provider prior to acceptance of a patient.

3. Sign-outs are conducted with appropriate attention to patient privacy as per *LD0087 Health Insurance Portability and Accountability Act (HIPAA) Violations* .

4. Sign-out occurs when patient handoff occurs. Examples of times when patient handoff occurs include, but are not limited to:
   a. Shift changes for all health care providers including nurses, attending physicians, residents/fellows, and other healthcare providers
   b. Change in provider or service
   c. Transfer to/from another health facility
   d. Transfer to another floor/unit

5. Sign-out is conducted at or prior to the time of handoff.

6. Sign-out is documented in the patient's medical record.
   a. Documentation of sign-out is entered electronically using standardized format in the EMR except during computer downtime.
   b. Documentation of sign-out is the responsibility of the person *giving* sign-out.
   c. Documentation of sign-out includes the name of the person receiving sign-out.
   d. Sign-out documentation, in any form (electronic or paper) is handled with appropriate attention to patient privacy as per *LD0087 Health Insurance Portability and Accountability Act (HIPAA) Violations* .

7. Sign-out is most safely and effectively conducted when supervision and competency evaluation are provided by the same supervisor.

8. This policy is an elaboration of PC0092 Hand off Communication appropriate for Graduate Medical Education.

9. Individual programs are encouraged to implement program specific handoff policies.

10. The sponsoring institution must facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care.

11. The sponsoring institution must, in partnership with the programs, ensure and monitor effective, structured patient hand-

over processes to facilitate continuity of care and patient safety at participating sites.

Forms:

None

Policy Cross Reference:

[LD0087 Health Insurance Portability and Accountability Act (HIPAA) Violations](#)

[PC0092 Hand off Communication](#)

Relevant Standards/Codes/Rules/Regulations/Statutes:

ACGME Common Program Requirements VI.B; VI.G.4.b).(2)
ACGME Institutional Requirements III.B.3.

References and Resources:

None