Children's National

INSTITUTIONAL GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: Transitions of Care & Handoffs/Handovers **DATE EFFECTIVE:** January 20, 2017

POLICY: Handoff

I. PURPOSE:

The Accreditation Council for Graduate Medical Education (ACGME) requires all sponsoring institutions and programs to ensure and monitor effective structured handover processes to facilitate both continuity of care and patient safety (6.19. ACGME Common Program Requirements).

The purpose of this policy is to institute a standardized framework that will serve as a guide for the handover communication process among providers with the goal of minimizing potential medical errors and improving patient safety when transferring patient care responsibilities from one physician to another.

II. POLICY SCOPE:

All ACGME accredited and non-ACGME residency and fellowship programs sponsored by Children's National Hospital (CH).

III. POLICY:

All training programs must develop a program-specific policy that conforms to the IPASS framework, with some modifications as required by individual programs, or a similarly structured approach. The policy should outline the expectations for transfer of responsibility for patient care in all settings in which handovers occur.

IV. REQUIREMENTS:

1. Program specific policies addressing transitions of care must be in place.
2. Programs should design clinical assignments to minimize the number of transitions in patient care.
3. Programs must ensure and monitor effective, structured hand-over processes to facilitate continuity of care and patient safety.

4. Programs must ensure a structured hand off procedure that promotes continuity of care and patient safety. The program should develop such procedures emphasizing the IPASS approach, or a similarly structured approach.
5. Programs should utilize both verbal and written information in handover methods.
6. Handoffs must be conducted in a setting that is free of interruptions to ensure a proper transfer of information.
7. Handoffs must be conducted in a setting that ensures patient confidentiality and privacy in accordance with HIPAA guidelines.
8. Faculty supervision of the handover process may be direct and indirect depending on the level and experience of the trainees involved in a particular event.
9. Programs must ensure that residents and fellows are trained in the handover communication process.
10. Programs must include education about transitions in care process in their curriculum.
11. Programs must ensure communication competency of residents and fellows involved in the handover process. This should be documented in MedHub.
12. Clinical schedules delineating all members of the health care team, including attendings, residents, and fellows responsible for each patient's care must be accessible.

Structure of Sign-out

The structure of the sign-out should mirror or resemble the IPASS model provided below.

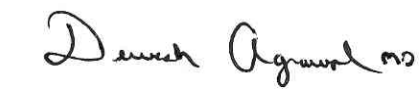


I	Illness Severity	• Stable, "watcher," unstable
P	Patient Summary	• Summary statement • Events leading up to admission • Hospital course • Ongoing assessment • Plan
A	Action List	• To do list • Time line and ownership
S	Situation Awareness and Contingency Planning	• Know what's going on • Plan for what might happen
S	Synthesis by Receiver	• Receiver summarizes what was heard • Asks questions • Restates key action/to do items

FIGURE 1
Elements of the I-PASS mnemonic.

V. APPROVAL

Approved by:



DIO/Vice Chair, Medical Education

6/10/2026
Date

VI. REVIEW OR REVISION DATE

Approved by the GMEC: January 20, 2017
Modified and Approved by the GMEC: September 19, 2017
Modified and Approved by the GMEC: March 13, 2019
Modified and Approved by the GMEC: September 9, 2020
Reviewed and Approved by the GMEC: October 13, 2021
Reviewed and Approved by the GMEC: June 15, 2022
Modified and Approved by GMEC: September 13, 2023
Reviewed and Approved by the GMEC: May 8, 2024
Reviewed and Approved by the GMEC: June 10, 2026