EPA 16: Facilitate Handovers to Another Health Care Provider Either Within or Across Settings

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision with verification of information after the handover for most simple and some complex cases
4. Trusted to execute with indirect supervision and verification of information after the handover for selected complex cases
5. Trusted to execute without supervision

Description of the Activity

As the health care system has increased in complexity, we have seen a commensurate increase in the number of handovers both within settings (e.g., hospital ER-to-floor and floor-to-ICU) and between settings (e.g., home-to-hospital and hospital-to-rehabilitation facility). Transitions of care are extremely vulnerable to error. This EPA is thus critical to our ability to optimize patient safety.

Functions of the health care provider handing over the care of a patient include:

- Engaging in bidirectional communication of plans and conveying family and patient preferences
- Preparing for a handover by reviewing the medical record and updating the written tool (if applicable) to avoid errors of omission
- Communicating situation awareness, illness severity, patient summary, action planning, and contingency planning to other health care providers, using a standardized template to improve reliability of the information transfer

Functions of the health care provider handing over the care of a patient include:

- Summarizing the information heard, asking questions when needed to clarify information and to fill any perceived gaps
- Asking questions when needed for clarifying information and to fill any perceived gaps
- Restating key action items to ensure understanding
- Providing feedback to the individual initiating the handover on any problems/errors that occurred, including inaccurate information transmission
Judicious Mapping to Competencies Critical to Entrustment Decisions*

<table>
<thead>
<tr>
<th>PC 3:</th>
<th>Organize and Prioritize Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBP 4:</td>
<td>System Navigation for Patient-Centered Care – Transitions in Care</td>
</tr>
<tr>
<td>PBLI 2:</td>
<td>Reflective Practice and Commitment to Personal Growth</td>
</tr>
<tr>
<td>ICS 2:</td>
<td>Interprofessional and Team Communication</td>
</tr>
<tr>
<td>ICS 3:</td>
<td>Communication Within Health Care Systems</td>
</tr>
</tbody>
</table>

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Context for the EPA

**Rationale:** Pediatricians/Pediatric Subspecialists participate in multiple types of handovers. There are handovers within settings (e.g., hospital ER-to-floor and floor-to-ICU) and between settings (e.g., home-to-hospital and hospital-to-rehabilitation facility). In addition, there are increased shift changes and transitions of care requiring handover between providers. Pediatricians must be able to effectively provide and receive a patient handover.

**Scope of Practice:** In every area of practice, there are transitions of care among providers due to shift changes. In addition, there are transitions of care due to changes of patient status that result in movement from outpatient settings to and from inpatient settings, and from subspecialty care to and from primary care. There are transitions of care within settings in the health care system as well, from the operating room to the general inpatient unit, for example. All pediatricians need to be skilled at patient handovers.

Transitions of care are a period of extreme vulnerability for a patient. Medical errors are commonly linked to communication failures. Inherent in this scope of practice, the pediatrician needs to appreciate the importance of effective handovers for patient safety. The pediatrician needs to be skilled at both delivering an effective handover and effectively receiving a handover in both inpatient and outpatient settings.