

Hand over Policy
General Surgery Residency Training Program
University of Toronto
(Updated: May 2012)

Timely and accurate handover of patient care is a professional responsibility because it is essential to optimal patient safety. Handover of clinical care to the team on-call should be done formally at the end of each day. This should generally be accomplished with junior residents handing over to the junior resident on-call (where possible), and senior residents handing over to the senior resident on-call (where possible). It is expected that verbal handover will occur in conjunction with the updating of patients list.

The following document outlines the responsibilities of residents who are leaving the hospital for any reason including:

1. After an on call period;
2. To attend teaching sessions;
3. To attend appointments outside the hospital, of either a professional or personal nature;
4. At the conclusion of a work day;
5. For any reason that a resident's pager might be off, or that a resident might be unreachable for a period of time.

It is an expectation that before a resident leaves the Hospital, they first review their patient list and any tasks that remain outstanding. It is an expectation, that prior to leaving the Hospital, important tasks will be completed to the greatest extent possible and that electronic and paper lists are updated with relevant clinical details. Any on-going or potential clinical issues **must** be handed over to a resident, fellow or faculty member. This handover should include the following information:

1. Patient identification, diagnosis, location, attending surgeon;
2. A clear picture of the patient's current clinical condition;
3. Any investigations or consultations that require follow-up;
4. The current plan of care including the team's plan for any deterioration in the patient's condition;
5. Patient's DNR status

Clinical care related to any of the following situations must be formally handed over verbally (either in face to face contact or by telephone). Email and text messages may be used only subsequently to clarify or provide greater detail as necessary, but are not acceptable as the primary mode of handover communication.

1. Any patient who has had any degree of clinical deterioration over the last several days;
2. Any patient who is immediately post op;
3. Any patient who is being followed by the ICU outreach team, or for whom the ICU has been consulted;
4. Any patient who is awaiting surgery, urgent or semi-urgent;
5. Any patient who has tests (Diagnostic Imaging, Blood work or other) or consultations (ID, GI other) or interventions pending (IR drainage, ERCP etc);
6. A quick review of the patient list of patients currently following the expected clinical course.

Many Hospitals have secured email communications that summarize admissions, operations and clinical activities that may have transpired overnight. These are excellent tools, but **do not** replace verbal handover between residents related to ongoing clinical issues. It is not sufficient to simply “up-date” the current patient list.