

INSTITUTIONAL TRANSITIONS OF CARE

Rationale

To ensure continuity of care and patient safety, the ACGME requires that the institution and each program:

- design clinical assignments to minimize the number of daily transitions in patient care,
- ensure and monitor effective, structured hand-off processes,
- ensure that residents communicate competently with team members in hand-off process, and
- ensure the availability of schedules that inform all members of the health care team of residents and attending physicians responsible for each patient's care.

Definitions

Transitions of Care - The transfer of information, authority and responsibility during transitions in care across the continuum for the purpose of ensuring the continuity and safety of the patient's care.

Hand-off process- The real time, active process of passing patient-specific information from one caregiver to another, generally conducted face-to-face, or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care.

Policy

- A. At a minimum, each training program should, during their Annual Program Review, evaluate schedules in order to minimize transitions in patient care within the context of the other duty hour standards. Transitions in care should occur, whenever possible, in a private area of minimal distractions at a uniform daily time.
- B. Each residency training program that provides in-patient care is responsible for creating a patient checklist template and is expected to have a documented process in place to ensure complete and accurate patient transitions. At a minimum, key elements of this template should include, but are not limited to:
 - Patient information (name, age, room number, medical id number, important elements of medical history, allergies, resuscitation status, family contacts)
 - Current condition and care plan (pertinent diagnoses, diet, activity, planned operations, significant events during previous shift, current medications)
 - Active issues (pending laboratory tests, x-rays, discharge or communication with consultant, changes in medication, overnight care issues, "to-do" list)
 - Contingency plans (if/then statements)
 - Synthesis of information ("feedback" or "read-back" by receiver to verify)
 - Opportunity to ask questions and review historical information
 - Assess/confirm appropriate skill level of receiver
 - Name and contact number of responsible resident and attending physician
 - Name and contact number of resident/attending physician for back-up

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- C. There must be a structured face-to-face, phone-to-phone, or secure intra-hospital electronic handoff that occurs with each patient care transition. At a minimum this should include a brief review of each patient by the transferring and accepting residents with time for interactive questions. All communication and transfers of information should be provided in a manner consistent with protecting patient confidentiality. The effectiveness of the program's hand-off process will be monitored through direct observation and multi-perspective surveys of resident performance. The program will review hand-off effectiveness at least annually during the annual program review meeting.
- D. Each training program is responsible for submitting the program's monthly schedule to be posted on the hospital intranet, so the entire health care team (staff physicians, residents, medical students, and nurses) knows how to immediately reach the resident and attending physician responsible for an individual patient's care.
- E. Each residency training program is responsible for assuring its residents are competent in communicating with all caregivers involved in the transitions of patient care. This includes members of effective inter-professional teams that are appropriate to the delivery of care as defined by their specialty residency review committee. Methods of training to achieve competency may include GMDE orientation sessions, departmental and GMDE conferences, and on-line training activities.

GME Monitoring

The Office of Graduate Medical & Dental Education will monitor the effectiveness of a program's hand-off process. Methods may include, but are not limited to:

- Review of EMR records via CORES or other application
- Annual Program Review
- Special Program Review
- Review of patient safety and incident reports
- GSM Patient Safety Survey
- ACGME surveys
- Reports from Patient Safety and Performance Improvement Committees
- Review of critical/sentinel events

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