Section: **School of Medicine**		*NO.*				
Chapter: **Graduate Medical Education**	*Issued:* *August 2016*	*REV. A* *8/13/2020*	*REV. B*	*REV. C*		
Policy: **Transitions of Care**		*Page 1 of 3*				

PURPOSE

To promote continuity of care and patient safety in residents' learning and working environment, the Accreditation Council for Graduate Medical Education (ACGME) requires that programs and sponsoring institutions minimize the number of patient care transitions, implement a structured and monitored handoff process, train residents for competency in transitions of care (also known as hand-offs), and make schedules readily available that list residents and attending physicians responsible for each patient's care. In addition to resident-to-resident patient transitions, residents must care for patients in an environment that maximizes effective communication among all individuals or teams with responsibility for patient care in the healthcare setting.

SCOPE

The policy applies to all ACGME and non-ACGME Creighton University residents, fellows and their respective training programs.

DEFINITIONS

- **Faculty:** Defined as individuals with a formal assignment by the residency program to teach resident/fellow physicians.
- **Transition of care:** The process of relaying complete and accurate patient information between individuals or teams when transferring responsibility for patient care in the healthcare setting.
- **Interprofessional team:** A team made up of physicians and other health care professionals appropriate to delivery of care in the specialty. A team made up solely of physicians is not an interprofessional team. Teams may include, but are not limited to, residents, fellow, faculty, and other clinical support personnel such as nurses, pharmacists, case workers, and dieticians.

POLICY

Each training program should review call schedules at least annually to minimize transitions in patient care within the context of the other work hour standards. Whenever possible, transitions in care should occur at a uniform daily time to minimize confusion. Documentation of the process involved in arriving at the final schedule should be included in the minutes of the Program Evaluation Committee meeting.

A. Each residency training program that provides in-patient care is responsible for creating a template patient checklist and is expected to have a documented process in place to assure complete and accurate resident-to-resident patient transitions.

   At a minimum, key elements of this template should include:
   - Patient name
   - Age
   - Room number

- ID Number
- Name and contact number of responsible resident and attending physician
- Pertinent diagnoses
- Pending laboratory and X-rays
- Overnight care issues with a "to do" list including follow up on laboratory and X-rays; anticipated issues and suggested interventions
- Other items depending upon the specialty

B. 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.

C. Each training program is responsible for posting or clearly communicating its call schedule so that the entire health care team (attending physicians, residents, medical students, nurses, and other care givers) know how to immediately reach the resident and attending physician responsible for an individual patient's care.

D. Each residency training program is responsible for assuring that its residents are competent in communicating with all caregivers involved in the transitions of patient care. This includes members of effective interprofessional 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 GME orientation sessions, annual review of the program-specific policy by the program director with the residents, departmental and GME conferences, and on-line training activities.

PROCEDURE

A. To evaluate the effectiveness of transitions, the program's minimization of transitions, and their training of residents will be performed by the GEC using information obtained through their annual program evaluation.

B. Results of the program monitoring will be reported to the GEC at least annually. The GEC will review elements of the hand-over process and make appropriate recommendations in order to continuously improve quality of care and patient safety. Repeated deficiencies will result in a more detailed monitoring review, which could result in direct intervention by the GEC.

REFERENCES

ACGME: https://www.acgme.org/acgmeweb/Portals/0/ResidentSurveyKeyTermsContentAreas.pdf

AMENDMENTS OR TERMINATION OF THIS POLICY

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME policy shall govern.

Reviewed and Approved By:

Phx P&P Committee: 6/4/2020; addition of "hand-offs" to Purpose and Non-ACGME to Scope; Policy item A.(h) added "anticipated issues and suggested interventions"; Procedure item A slightly re-worded, item B removed completely, C changed from GMEC to GEC throughout. Ready for GECs in July 2020.

Phx GEC: 7/6/2020, no changes recommended

Exec GMEC: 8/13/2020, no changes recommended