

Creighton University School of Medicine-Phoenix Policies

POLICY:	Transitions of Care
GOVERNING BODY:	Graduate Medical Education Committee – Creighton University School of Medicine-Phoenix
GMEC APPROVAL DATE:	August 7, 2023; February 6, 2023
REVISED DATE:	February 6, 2023
ACGME ACCREDITATION STANDARD REFERENCE:	Institutional Requirement: III.B.3. Transitions of Care

PURPOSE

This policy is created to define the relationships between Medical Staff governance, and Graduate Medical Education governance and the residents and fellows that fall under the Graduate Medical Education governance.

SCOPE

The policy applies to all Creighton University School of Medicine-Phoenix (CUSOM-PHX) House Staff Physicians (HSPs) and their respective training programs, that are Accreditation Council for Graduate Medical Education (ACGME) accredited or meet the criteria in the Non-ACGME Accredited Program Policy.

DEFINITIONS

- **Faculty:** Defined as individuals with a formal assignment by the residency program to teach HSPs.
- **House Staff Physician (HSP):** Any resident or fellow in a Creighton School of Medicine GME program.
- **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, HSPs, faculty, and other clinical support personnel such as nurses, pharmacists, case workers, and dieticians.
- **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.

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 HSP-to-HSP 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 HSP 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 HSPs 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, HSPs, medical students, nurses, and other care givers) know how to immediately reach the HSP and attending physician responsible for an individual patient's care.
- D. Each residency training program is responsible for assuring that its HSPs 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 HSPs, 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 HSPs will be performed by the GMEC using information obtained through their annual program evaluation.
- B. Results of the program monitoring will be reported to the GMEC at least annually. The GMEC 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 GMEC.

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 institutional policy shall govern.

Creighton University reserves the right to modify, amend or terminate this policy at any time