

## CHRISTIANACARE

<b>POLICY:</b>	<b>Transitions of Care</b>
DEPARTMENT:	GMEC
DATE OF ORIGIN:	November 20, 2013
LAST REVISION DATE:	December 1, 2021
REGULATORY REFERENCE:	ACGME

### ***POLICY:***

The Accreditation Council for Graduate Medical Education (ACGME) requires that sponsoring institutions and residency/fellowship programs ensure and monitor Transitions of Care as described in the ACGME Common Program Requirements:

### ***PURPOSE:***

To establish protocol and standards within CC Residency and Fellowship programs to ensure the quality and safety of patient care when transfer of responsibility occurs during shift changes and other scheduled or unexpected circumstances.

### ***DEFINITIONS:***

Transition of care (“handoff”, “hand-over”, “sign out”) is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transitions of care include the following:

Change in providers (Start and end of a shift)

Change in level of patient care (ED to inpatient transfer, transfer in and out of intensive care unit, and etc)

Temporary transfer of care to other health professionals within procedure or diagnostic areas

### ***PROCEDURE:***

The transition of care (Handoff) process may involve face to face interaction\* with both verbal and written/computerized communication, with opportunity for the receiver to ask questions and clarify issues. The transition process should include, at a minimum, the following information in a standardized format (specific for each program/clinical area):

- Patient identification
- Working diagnosis and current status/condition of patient
- Recent events including changes in condition, treatment, recent results, anticipated procedures and actions to be taken
- Current plan and active issues (outstanding results, tasks to be followed up)

\* Handoffs can be conducted over the phone as long as both parties have access to an electronic or hard copy version of the sign out sheet.

### **Each training program must design clinical assignments to minimize the number of transitions of care.**

All training programs must design call and shift schedules to minimize transitions in patient care. Schedule overlaps should include time to allow for face-to-face hand-offs to ensure availability of information and an opportunity to clarify issues as well as ensuring compliance with clinical and educational work restrictions.

**The institution and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.**

Handoffs vary considerably across programs and clinical settings. Each training program must develop hand-off procedures that are structured, contain the information described above in Procedure and that reflect best practices (in person whenever possible, at a time and place with minimal interruptions etc.). Each training program may develop a transition of care process in their curriculum. Each training program should monitor the hand-off process regularly. Monitoring should include at least one of the mechanisms described below.

**Each program should ensure that residents/fellows are competent in communicating with team members in the hand-over process.**

Each program should ensure that every resident/fellow is competent in the hand-off process (part of the Interpersonal and Communication Skills competency). There are many mechanisms through which a program may determine the competency of trainees in hand-off skills, these include:

- Direct observation of hand-off by a faculty member or senior trainee
- Evaluation of written hand-off material by a faculty member

Each resident/fellow **MUST** have direct observation of some handovers by some  $\geq 1$  faculty members in each department (see individual departmental policies for specific details)

Each mechanism must include a structured/standardized tool/checklist to monitor the hand-off

**The institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents/fellows currently responsible for each patient's care.**

Each program must provide and maintain a current schedule for all on call residents/fellows and faculty with contact numbers to the hospital operators. In addition, each program should provide easy access to resident/fellow and faculty on call schedules (preferably electronically and readily available) for all members of their department as well as nursing staff.

**Program Responsibilities:**

Each program must have a Transition of Care Policy that includes all ACGME required elements with specific descriptions of the curriculum and monitoring process. Ensure and monitor structured hand-off processes and make appropriate recommendations in order to continuously improve patient safety and quality of care.

**SIGNATURES/APPROVALS:**



Reviewed 12/1/2021