



Graduate Medical Education Policy

HAND-OVER AND TRANSITION IN CARE POLICY

Applies to: ESFCOM Graduate Medical Education (GME) and all accredited post-graduate medical training programs (i.e. residency or fellowship) and non-accredited clinical fellowship programs sponsored by the College of Medicine

GMEC Approval: March 17, 2020

1.0 Policy Statement:

It is the Elson S. Floyd College of Medicine (ESFCOM) policy to establish standards for effective hand-overs and transitions in care for ESFCOM sponsored residency and fellowship programs that complies with applicable accreditation guidelines to facilitate both continuity of care and patient safety.

2.0 Definitions

Accreditation Council for Graduate Medical Education (ACGME): accredits Sponsoring Institutions and residency and fellowship programs, confers recognition on additional program formats or components, and dedicates resources to initiatives addressing areas of importance in graduate medical education.

Attending physician: The single identifiable physician ultimately responsible and accountable for an individual patient's care, who may or may not be responsible for supervising Trainees.

Clinical Learning Environment Review (CLER) Program: An ACGME program designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited Sponsoring Institutions with periodic feedback in Focus Areas specific to the safety of the clinical learning environment.

Health Insurance Portability and Accountability Act (HIPPA): a 1996 federal law that restricts access to an individual's private medical information.

Patient safety event: An adverse event, near miss, or other event resulting from unsafe conditions in the clinical care setting.

Trainee: a physician in training at an ACGME accredited graduate medical education program, the term includes Interns, Residents, and Fellows or other trainee enrolled in an educational program whose education falls under the purview of the ESFCOM Office of Graduate Medical Education.

Transitions in care: The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting.

3.0 Responsibilities

GMEC through the DIO; Associate Dean for GME

4.0 Procedures

GME Hand-over and Transitions in Care

Each training program must design schedules and clinical assignments to maximize the learning experience for Trainees as well as to ensure quality care and patient safety while adhering to general institutional policies concerning transitions of patient care within the context of other clinical and educational work hour standards. All training program must have a specific policy for hand-overs and transitions of care that clearly articulate an effective, structured hand-over process to facilitate both continuity of care and patient safety and must provide instruction to their Trainees in the conduction of safe and effective handoffs. Programs must systematically monitor the Trainee hand-over process to ensure their Trainees are competent in the transition in care process. This will include in person attending review of each Trainee's handoff skills at least twice a year.

Background: The transition/hand-over process is an interactive communication process of passing specific, essential patient information from one caregiver to another.

Transitions of care occurs regularly under the following conditions:

- Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure, or diagnostic area
- Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas
- Transfer of a patient to or from a critical care unit
- Transfer of care to other healthcare professionals within procedure or diagnostic areas
- Discharge, including discharge to home or another facility such as skilled nursing care
- Change in provider or service change, including Trainee sign-out, inpatient consultation sign-out, and rotation changes for Trainees

Each program must develop components ancillary to this institutional transition of care policy that integrate specifics from their specialty field. All sponsored training programs must:

- provide education in safe and effective transitions of care in the program's curriculum
- establish the process for, and monitor the performance of, handover procedures in accordance with this policy
- design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.
- ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- ensure that Trainees are competent in communicating with team members in the hand-over process.
- maintain and communicate schedules of attending physicians and Trainees currently responsible for care
- ensure continuity of patient care, consistent with the program's policies and procedures in the event that a Trainee may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency

GME Hand-over and Transitions in Care

- ensure faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled Trainees.
- provide an opportunity for Trainees to both give and receive feedback from each other or faculty physicians about their handoff skills.
- ensure that each Trainee is competent in hand-overs and provides the information needed for timely, accurate, complete and effective transitions
- provide written documentation of the program’s specialty specific handover policy including evidence of effective implementation

The transition process should include, at a minimum, the following information in a standardized format:

- Identification of patient, including name, medical record number, and date of birth.
- Identification of primary team or admitting/primary/supervising physician and contact information
- Pertinent medical history including:
 - Diagnosis
 - Current condition and recent events, current medication status, allergies, anticipated procedures and actions to be taken
 - Pertinent labs
 - Code status and/or Advance Directives
- Changes in patient condition that may occur requiring interventions or contingency plans i.e. situational awareness
- Opportunity to ask and respond to questions: Allow adequate time for hand-over communication and maximize opportunities for face-to-face or verbal hand-overs:
 - In person, face-to-face Hand-overs are preferred
 - If not possible, telephone verbal Hand-overs may occur
 - In either case, a recorded Hand-over document (written or electronic) must be available to the receiving provider
 - The Hand-over must include an opportunity for the participants to ask and respond to questions

5.0 Related Policies

6.0 Key Search Words

Hand-over; handoff; Transitions in Care; Patient Safety

7.0 Revision History

GMEC Approval: Revision/Review Date(s)
03/17/2020

Responsible Office: ESFCOM GME Office

GME Hand-over and Transitions in Care

Policy Contact: Designated Institutional Official

Supersedes: N/A