

Policy on Transitions of Care

Previous 10/2012; 07/08/2016

PURPOSE

A responsibility of the Institution that sponsors Graduate Medical Education is to ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety (Common Program Requirement VI.B.2). The ACGME has charged the institution and the programs with designing clinical assignments to minimize the number of transitions in patient care (CPR VI.B.1), ensuring that residents are competent in communicating with team members in the hand-over process (CPR VI.B.3), and ensuring the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care (CPR VI.B.4).

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 communication is a 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. Hand-offs should occur at a fixed time and place each day and use a standard verbal or written template.

PROCEDURE

1. Each training program will be responsible for developing a formal policy for hand-offs and transitions of care. This policy must be distributed to all trainees and faculty.
2. When possible, residents and faculty will identify a quiet area to give report that is conducive to transferring information with few interruptions.
3. Off going provider will have at hand any required supporting documentation or tools used to convey information and immediate access to the patient's record.
4. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality and privacy.
5. Providers will afford each other the opportunity to ask or answer questions and read or repeat back information as needed. If the contact is not made directly (face-to-face or by telephone), the caregiver must provide documentation of name and contact information (extension, pager, or email address) to provide opportunity for follow up calls or inquiries.
6. The patient will be informed of any transfer of care or responsibility, when possible.

Sample Hand-off Communication Tools:

1. SAIF-IR
2. SBAR
3. I PASS THE BATON
4. I-SWITCH
5. 5 P's

The GMEC will review each department's approach to hand-offs at the time of Internal Review as well as annually when the department submits its annual report.