GRADUATE MEDICAL EDUCATION

TRAINEE POLICIES AND PROCEDURES

POLICY: HANDBOFFS AND TRANSITIONS OF CARE
Policy Number: 9.6
Chapter: Training Environment

Purpose:
To promote continuity of care and patient safety in trainees’ 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. To do this they must:

1. Implement a structured and monitored handoff process,
2. Educate trainees for competency in handoffs, and
3. Make schedules readily available that list the trainees and attending physicians responsible for each patient’s care.

In addition to trainee-to-trainee patient transitions, trainees 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.

Policy:
A. Each training program should review call schedules at least annually to minimize transitions in patient care within the context of the other duty hour standards.

B. Whenever possible, transitions in care should occur at a uniform daily time to minimize confusion.

C. Documentation of the process involved in arriving at the final schedule should be included in the minutes of the Annual Program Evaluation Meeting.

D. Each residency training program that provides in-patient care is responsible for creating a templated patient checklist and is expected to have a documented process in place to assure
complete and accurate trainee-to-trainee patient transitions. At a minimum, key elements of this template should include:

1. Patient name
2. Age
3. Room number
4. Medical record number
5. Name and contact information of responsible trainee and attending physician
6. Pertinent diagnoses and illness severity
7. Any anticipated change in clinical status, if applicable, and a recommended plan of action (e.g. “If-then” statements)
8. A "To Do" list including follow up on any pending studies or other information (e.g. labs, imaging, procedures, consult recommendations) that require action or review
9. Resuscitation status
10. Other items depending upon the specialty

E. There must be a structured face-to-face, phone-to-phone, or secure intra-hospital electronic handoff that occurs with each patient care transition.
1. Face-to-face or phone-to-phone communication is preferable when able.
2. At a minimum this should include a brief review of each patient by the transferring and accepting trainees with time for interactive questions.
3. All communication and transfers of information should be provided in a manner consistent with protecting patient confidentiality.

F. Each training program is responsible for:
1. Identifying the specific providers responsible for an individual patient so that the entire health care team (attending physicians, trainees, medical students, nurses, and other care givers) know how to immediately reach the trainee and attending physician responsible for an individual patient's care.
2. Call schedules should be posted or clearly communicated, and
3. The electronic medical record should be updated to reflect the providers responsible for each patient.

G. Each residency training program is responsible for:
1. Assuring that its trainees are competent in communicating with all caregivers involved in the transitions of patient care.
2. This includes members of effective interprofessional teams that are appropriate to the delivery of care as
defined by their specialty residency review committee.

3. Methods of training to achieve competency may include:
   a. GME orientation sessions,
   b. Annual review of the program-specific policy by the program director with the trainees,
   c. Departmental and GME conferences, and
   d. On-line training activities

Procedure:
A. To evaluate the effectiveness of transitions, monitoring will be performed by the GMEC using information obtained from:
   1. ACGME annual surveys,
   2. Program Internal Reviews and,
   3. Review of Annual Program Evaluation (APE)
   This documentation is required in order to confirm that:
   1. Clinical assignments have been designed to minimize the number of transitions in patient care and,
   2. That trainees are serving as members of effective interprofessional teams.

B. Results of the program monitoring will be reported to the GME Committee at least annually.

C. If required 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.

D. Repeated deficiencies will result in a more detailed monitoring review, which could result in direct intervention by the GMEC.