IV.A.4.a).(2)

HANDOFFS AND TRANSITIONS OF CARE

I. Rationale

To assure continuity of care and patient safety, ACGME requires a minimum number of patient care transitions, a structured and monitored handoff process, training for competency by residents in handoffs, and readily available schedules listing residents and attending physicians responsible for each patient's care. In addition to resident-to-resident patient transitions, residents 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.

II. 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. Whenever possible, transitions in care should occur at a uniform daily time to minimize confusion. Should changes in the call schedule be necessary, documentation of the process involved in arriving at the final schedule should be included in the minutes of the annual program review.

B. Each residency training program that provides in-patient care is responsible for creating an electronic patient checklist utilizing an appropriate template and is expected to have a documented process in place to assure complete and accurate resident-to-resident 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 resident and attending physician
- Pertinent diagnoses
- Allergies
- Pending laboratory and X-rays
- Overnight care issues with a "to do" list including follow up on laboratory and X-rays
- Code status
- Other items may be added depending upon the specialty.

C. 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 residents with time for interactive questions. All communication and transfers of information should be provided in a manner consistent with protecting patient confidentiality.

D. Each training program is responsible for notifying the hospital telephone operators about its call schedule so that the entire health care team (staff physicians, residents, medical students, and nurses) know how to immediately reach the resident and attending physician responsible for an individual patient's care.

E. Each training program is responsible for assuring its trainees are competent in communicating with all caregivers involved in the transitions of patient care. This includes members of effective inter-professional 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 annual review of the program-specific policy by the program director with the residents, departmental or GME conferences, or review of available on-line resources. Programs must include the transition of care process in its curriculum. Residents must demonstrate competency in performance of this task. Programs must develop and utilize a method of monitoring the transition of care process including evaluation of the residents, as well as the process, using E*Value, and must update this method as necessary.

III. GME Monitoring and Evaluation

A. To evaluate the effectiveness of transitions, monitoring will be performed using information obtained from electronic surveys in E*value. Each resident must be evaluated, at minimum, once per year, to assess their ability to effectively and safely hand off their patients. For the first year resident, best practice would necessitate this evaluation to occur early in the academic year so problem areas may be addressed quickly.

B. Programs must have residents and faculty complete an evaluation, at least annually, on the effectiveness of the handoff system. This will be done via questions on the standard program evaluation for both residents and faculty. In addition, programs may choose to add specialty specific questions to gain more detailed information.

C. Monitoring and assessment of the Handoff process by the program must be documented in the Annual Program Review. In addition, during the annual meeting between the Program Director, the Department Chair, and the DIO, this documentation will be reviewed to confirm the Transition of Patient Care process is in place and being effectively taught, monitored, and evaluated by the program. Deficiencies in this area will result in an in-depth special program review of your program.

GMEC approved: September 9, 2011
GMEC modified: September 13, 2013