MERCYHEALTH

Regional Academic Affairs

TITLE: Transitions of Care	POLICY NUMBER:	S/P-43
DEPARTMENT: Graduate Medical Education	Effective Date:	08/11
	Revised:	08/23
	Reviewed:	08/23
	Date of next Review:	08/25

POLICY:
The Graduate Medical Education training program must have a transition of care process that contains the following:

- designed clinical assignments that optimize transitions in patient care, including their safety, frequency, and structure
- in partnership with their Sponsoring Institutions, a process to ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety
- a process to ensure that residents are competent in communicating with team members in the hand-off process.

PURPOSE
This policy will assist programs in defining a safe process to convey important information about a patient's care when transferring care responsibility from one resident/physician to another. The ultimate goals are enhanced resident education, improved patient outcomes and increased patient safety.

PROCEDURE:

1. Definitions:

   Transitions of care include the following:
   - Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or Emergency Department and transfer to or from a critical care unit
   - Temporary transfer of care to other health care professionals within procedure or diagnostic areas
   - Change in provider of service change, including resident hand-off and rotation changes for residents.
   - Discharge, including discharge to home or another facility such as skilled nursing care
   - Others deemed appropriate per individual program

2. Process:

   The transition/hand-off process must involve face-to-face interaction with both verbal and written communication. The transition process should include, at a minimum, the following information in a standardized format/tool:

   Identification of patient, including name, medical record number, date of birth, allergies and current CODE status

- Identification of admitting/primary physician and responsible resident/service
- Diagnosis and current status/condition of patient to include resuscitation status
- Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken (IF this, THEN that approach)
- Outstanding tasks – what needs to be completed in the immediate future
- Outstanding laboratories/studies what needs follow-up during shift.
- Changes in patient condition that may occur requiring interventions or contingency plans as well as any advance directives regarding code status
- Include synthesis of information by the provider being briefed, such as "read-back" or asking questions to confirm understanding.

Verbal handovers, without a standard checklist/tool, are not allowed for transitions of care. Programs must provide orientation of their system to all off-service residents.

The Sponsoring Institution will provide core faculty, residents and fellows professional education on effective transitions of care. This will occur through annual completion of the handoff GCEP module.

- Residents must demonstrate competency in performance of this task. There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These include:
- Direct observation of a handoff session by a supervising faculty, chief resident or supervising resident
- Evaluation of written handoff materials by supervising faculty, chief resident or supervising resident
- Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment.

Programs must evaluate the resident hand-off process on a monthly basis.

Approved by:

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