Graduate Medical Education Committee Policy No. 24

A. SUBJECT: Policy on Transitions of Care

B. EFFECTIVE DATE: October 21, 2015

C. POLICY: Policy on Transitions of Care

I. PURPOSE:

To establish a protocol and standards within the University of Virginia Graduate Medical Education (GME) programs to ensure the quality and safety of patient care when transfer of responsibility for a patient or group of patients occurs during duty hour shift changes, during transfer from one level of acuity to another, and during other scheduled or unexpected circumstances.

II. DEFINITION AND SCOPE:

A transition of care ("handoff") is defined as the communication of information to support the transfer of care and responsibility for a patient/group of patients from one service and/or team to another or from one level of care to another. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition 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.
- Inpatient admission from the Emergency Department
- Transfer of a patient to or from a critical care unit
- Transfer of a patient from the Post Anesthesia Care Unit (PACU) to an inpatient unit when a different physician will be caring for that patient
- 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 resident sign-out, inpatient consultation sign-out, and rotation changes for residents.

III. POLICY:

Individual GME programs must have a policy addressing transitions of care that is consistent with general institutional policies concerning patient safety and quality of healthcare delivery.

Individual GME programs must design clinical assignments to minimize the number of transitions in patient care.

Individual GME programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

GME programs must ensure that residents are competent in communicating with team members in the hand-over process.

Each GME program must ensure 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.

GMEC Policy Subcommittee Reviewed: September 18, 2012
GMEC Reviewed/Approved: September 19, 2012
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PROTOCOL FOR IMPLEMENTATION OF TRANSITIONS OF CARE POLICY No. 24

The transition/hand-off process should involve real-time communication, which includes both verbal and written/computerized communication, along with the opportunity for the receiver of the information to ask questions or clarify specific issues. The hand-off process may be conducted by telephone conversation. Voicemail, text message, e-mail, and/or any other unacknowledged message is **not** an acceptable form of patient hand-off. A telephonic hand-off must follow the same procedures outlined in this Section, and both parties to the hand-off must have access to the electronic medical record and an electronic or hard copy version of the sign-out evaluation. Patient confidentiality and privacy must be guarded in accordance with HIPAA guidelines and Medical Center policy 0022-Confidentiality of Patient Information.

1. The transition process should include, at a minimum, the following information in a standardized format.. Suggested formats include SBAR format (**S**ituation, **B**ackground, **A**ssessment, **R**ecommendations) or UVA IDEAL format:

    - Identification of patient, including name, medical record number, and date of birth
    - Identification of attending physician of record and contact information
    - Diagnosis and current status/condition (level of acuity) of patient
    - Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
    - Outstanding tasks – what needs to be completed in the immediate future
    - Outstanding laboratories/studies – what needs follow up or review during shift
    - Changes in patient condition that may occur requiring interventions or contingency plans

2. Each residency program must develop components ancillary to the institutional transition of care policy that integrate specifics from their specialty field. Programs are required to develop scheduling and transition/hand-off procedures to ensure that:

    - Residents comply with specialty specific/institutional duty hour requirements
    - Faculty are scheduled and available for appropriate supervision according to the requirements of the scheduled residents.

- All parties (including nursing) involved in a particular program and/or transition process have access to one another's schedules and contact information. All call schedules should be available on department-specific password-protected websites and/or distributed by hard copy to appropriate personnel and also to the hospital operators.
- Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
- All parties directly involved in the patient's care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
- Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.
- Programs should provide an opportunity for residents to both give and receive feedback from each other or faculty physicians about their handoff skills.

3. Each program must include the transition of care process in its curriculum.

4. 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 licensed independent practitioner (LIP)-level clinician familiar with the patient(s)
    - Direct observation of a handoff session by an LIP-level clinician unfamiliar with the patient(s)
    - Either of the previous, by a peer or by a more senior trainee
    - Evaluation of written handoff materials by an LIP-level clinician familiar with the patient(s)
    - Evaluation of written handoff materials by an LIP-level clinician unfamiliar with the patient(s)
    - Either of the previous, by a peer or by a more senior trainee
    - Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment
    - Assessment of handoff quality in terms of ability to predict overnight events
    - Assessment of adverse events and relationship to sign-out quality through:
        Survey
        Reporting hotline

Trigger tool
Chart review

5. Programs must develop and utilize a method of monitoring the transition of care process and update as necessary. Monitoring of handoffs by the program must ensure:

    - There is a standardized process in place that is routinely followed
    - There consistent opportunity for questions
    - The necessary materials are available to support the handoff (including, for instance, written sign-out materials, access to electronic clinical information)
    - A quiet setting free of interruptions is consistently available, for handoff processes that include face-to-face communication
    - Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines; this includes the appropriate disposal of any written material in HIPAA-compliant receptacles, and encryption of any electronic devices used during the handoff process.

6. Programs should evaluate trainees in their ability to communicate patient information clearly, accurately, and responsibly to support the safe transfer of care from one provider to another.