

TEMPLE UNIVERSITY HOSPITAL GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

NUMBER: TUH GMEC – 309
TITLE: Transitions of Care
EFFECTIVE DATE: 12/4/2013
LAST REVIEWED: 11/5/14
REFERENCES:

PURPOSE

Temple University Hospital is committed to providing high quality and safe care to patients. The purpose of this policy is to establish requirements within its Graduate Medical Education programs to ensure the quality and safety of patient care when transfer of responsibility occurs during the duty hour shift changes and other scheduled or unexpected circumstances. It is consistent with Accreditation Council for Graduate Medical Education (ACGME) requirements designed to promote continuity of care and patient safety in residents' learning and working environment. The ACGME requires that programs and sponsoring institutions:

- minimize the number of patient care transitions
- implement a structured and monitored handoff process
- train residents for competency in handoffs and
- make schedules readily available that list 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.

POLICY

- A. Each training program must review call schedules at least annually to minimize transitions in patient care within the context of established duty hour standards. Whenever possible, transitions in care should occur at a uniform daily time to ensure understanding and consistency of the care required by each patient . Documentation of the process must be included in the minutes of the annual program review meeting.

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- B. Each training program is expected to have a documented process in place to assure complete and accurate resident-to-resident patient transitions. At a minimum, key elements included in the exchange of information should include:
 - a. Patient identification:
 - i. Name
 - ii. Date of Birth
 - iii. Age
 - iv. Room Number
 - b. Name and contact number of responsible resident and attending physician
 - c. Pertinent diagnoses
 - d. Allergies
 - e. A brief summary of the patient’s clinical course to date
 - f. Pending diagnostic studies including laboratory and X-rays
 - g. Overnight care issues with a “to do” list including follow up on laboratory and X-rays
 - h. Resuscitation status
 - i. Other items identified by the program
- C. The transition process may be structured face-to-face, phone-to-phone, or by secure intra-hospital electronic communication. Sufficient time must be allocated for questions by all parties involved in the transition. All communications and transfers of information must be provided in a manner that protects patient confidentiality.
- D. Each training program is responsible for posting or clearly communicating its call schedule so that the entire health care team (attending physicians, residents, medical students, nurses, and other care givers) can immediately reach the resident and attending physician primarily responsible for an individual patient’s care.
- E. Each training program is responsible for assuring that its residents are competent in communicating with all caregivers involved in the transitions of patient care including members of defined interprofessional teams that are appropriate to the delivery of care of each patient.

PROCEDURE

- A. To evaluate the effectiveness of transitions, monitoring will be performed by the Graduate Medical Education Committee (GMEC) using information obtained from the annual program reports.
- B. The following items will be reviewed by the GMEC as part of the annual report of each residency program to the GMEC:

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- a. Use of program specific template patient lists at each hospital where residents train;
 - b. Interviews with residents, nurses, and others to determine their knowledge of compliance with patient care transitions; and
 - c. Monitoring by the program director to ensure that the number of daily patient care transitions is minimized to the extent possible.
- C. Results of the program monitoring will be reported to the GMEC at least annually. The GMEC will review elements of the care transition process and make recommendations that may make the process more efficient and improve the quality of patient care and patient safety. Recurring problems will result in a more detailed monitoring review and possible direct intervention by the GMEC.

APPROVALS

Note: The signed original of this policy is on file with the Office of Graduate Medical Education.

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