

Written: 01/19/15
Reviewed: 07/11/18; 10/18/21
Revised: 03/11/15; 07/11/18; 10/18/21
Page: 1 of 2
APPROVALS:
GMEC: 10/18/21
Scope: X Medical Center

**GME
Transitions of Care**

I. PURPOSE / BACKGROUND

The purpose of this policy is to establish protocol and standards within City of Hope National Medical Center (“COHNMC”) residency and fellowship programs to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances. The COHNMC Graduate Medical Education Committee (GMEC) requires each residency and fellowship program to develop policies to ensure the safe transfer of responsibility for patient care.

A structured hand-off is the process of transferring information, authority, and responsibility for patients during transitions of care. Transitions include changes in providers (shift-to-shift, service-to-service) or when a patient is moved from one location or level of service to home or another level of care. Transitions may also be prompted due to caregiver fatigue.

II. POLICY

Each COHNMC Accreditation Counsel for Graduate Medical Education (ACGME) and non-ACGME residency and fellowship program must develop a Transition of Care (Structured Patient Hand-off) Policy that outlines the expectations for transfer of responsibility for patient care in all the settings/situations in which hand-offs occur. The amount of information to be included in the process will vary depending on the functional role of the resident or fellow in patient care and the requirements of the clinical setting and facility. Residents and fellows providing continuous and direct care and taking responsibility for order writing require a higher level of information exchange than those with less continuous duties.

Individual programs must design schedules and clinical assignments to maximize the learning experience for residents as well as to ensure quality care and patient safety, and to minimize the number of transitions in patient care. The format for transfer of care may vary, but program standards must ensure continuous, coordinated delivery of care in settings that are appropriate to patients’ needs. Programs must ensure that Trainees are competent in communicating with team members in the hand-over process.

Programs are required to develop scheduling and transition/hand-off procedures to ensure that:

- Residents comply with specialty specific/institutional duty hour requirements.
- Clinical assignments are designed to minimize the number of transitions in patient care.
- Faculty are scheduled and available for appropriate supervision levels according to the requirements for 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.

- 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 hand-off skills.

III. PROCEDURE

- A. When developing program policies and procedures for Transitions of Care, ACGME programs must follow the guidelines set forth by this policy, program-specialty requirements, and requirements recommended by the most recent CLER Site Visit.
- B. The GME Office will review policies and procedures annually to ensure program compliance with all requirements. The Designated Institutional Official/Director of GME and GMEC will review each training program's approach to hand-offs during the review of the Annual Program Evaluation.

Owner: Lead GME Institutional Coordinator

Collaborating Authors: Designated Institutional Official/Director, GME; GME Manager

Sponsor: Chief Medical Officer

Related Policies:

1. Hand Off Communication
2. ACGME Trainee Grievance and Due Process

Appendix One – Acronyms, Terms and Definitions Applicable to this Policy

1. **Accreditation Counsel for Graduate Medical Education (ACGME)** – The ACGME is responsible for the accreditation of specialty and sub-specialty medical training programs within the United States.
2. **City of Hope National Medical Center (COHNMC)** – The ACGME-accredited Sponsoring Institution and refers to all facilities covered by City of Hope National Medical Center's hospital license.
3. **Designated Institutional Official (DIO)** – The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs.
4. **Graduate Medical Education Committee (GMEC)** – Graduate Medical Education Committee at City of Hope.
5. **Hand-off** – The communication of information to support the transfer of care and responsibility for a patient/group of patients from one provider to another.
6. **New Innovations** – An online Trainee management system designed to assist with managing postgraduate and medical training including tools for scheduling, case logging, evaluations, monitoring conference attendance, monitoring duty hours and general personnel tracking.
7. **Program** – The unit of specialty or subspecialty education, comprising a series of graduated learning experiences in graduate medical education, designed to conform to the ACGME Program Requirements of a particular specialty or other accrediting body.
8. **Program Director** – The designated person accountable for the Program; this person must be selected by the Designated Institutional Official and possess qualifications acceptable to the appropriate Residency Review Committee (RRC) of the ACGME or other accrediting body.
9. **Sponsoring Institution** – The institution that assumes the ultimate responsibility for a GME Program.
10. **Transitions of Care** – The transfer of information, authority and responsibility during transitions in care across the continuum for the purpose of ensuring the continuity and safety of the patient's care.