MEMORIALCARE®
LONG BEACH MEMORIAL MEDICAL CENTER

GRADUATE MEDICAL EDUCATION

POLICY: TRANSITION OF CARE

GME Policy and Procedure Manual

Department Responsible	Updated	Effective Date	Next Review/Revision Date
Graduate Medical Education	3/2/2016	July 1, 2016	April 2021
Title of Person Responsible	**Approved Council:**		**Date Approved by Council**
Designated Institutional Official	Graduate Medical Education Committee		July 1, 2016

POLICY

A responsibility of the Institution that sponsors Graduate Medical Education is to ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. LBM/MCWH GME programs strive to design clinical assignments that minimize the number of transitions in patient care, ensure that residents are competent in communicating with team members in the hand-over process, and 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.

PURPOSE

To establish training and operational standards intended to ensure the quality and safety of patient care. Transitions of care between internal providers are vulnerable to error and a clear delineation of training program and provider responsibilities surrounding this activity promote and support our institutional culture of safety.

DEFINITIONS

1. 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.

2. Hand-off communication is a real time, active process of passing patient-specific information from one caregiver to another, generally conducted face-to-face, or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care. Hand-offs should occur at a fixed time and place each day and use a standard verbal or written template.

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.

Transitions of Care (Handoffs/Sign-Outs) are an important part of medicine and a substantial source of errors in medicine. Transfers (between teams, services or individuals) are necessary but should be minimized to reduce the risk of error.

II. Transfers of care include the following situations:

- Handoff from one care provider to another on the same service.
- Transfer of a patient from one unit to another.
- Transfer of a patient from one service to another.
- Transfer of a patient from an outpatient-to-inpatient setting.
- Transfer of a patient from an inpatient-to-outpatient setting.
- Transfer of a patient from one facility to another.

III. For all care transitions:

- The primary responsibility rests with the transferring service/provider to initiate the sign-out process and share information with the accepting service for all types of care transfers.
- It is the also the responsibility of the receiving service/provider to ensure that they have sufficient and adequate information to provide optimal patient care.

IV. Sign-outs should include the following elements:

- Sign outs between providers should be interactive with discussion among the provider(s) and receiver(s) of information.
- Sign-outs should include sufficient time allotted for questions and interaction. There should always be enough time to discuss all patients fully and allow for all questions to be answered.
- Sign-outs may be in paper, verbal and/or electronic form and should be updated daily.
- Sign-outs must comply with all MemorialCare HIPAA and Protected Health Information (PHI) policies.
- Electronic sign-out documentation must occur via approved, secure channels and must not occur via personal email or other, non-secure means.
- Individual services may customize their sign-out process to suit their needs.
- Any sign-out on active patient issues should ideally contain the following information:
    - Identifying information
    - Primary and relevant consulting physicians
    - Diagnoses, including overall picture of health or decline
    - Relevant active and held medications
    - Relevant laboratory and ancillary data
    - Code status

- Issues to follow up and/or monitor
- Supervising physician and contact information

V. GME Monitoring and Evaluation

The DIO and GMEC will review each department's approach to hand-offs at the Annual Program Internal Review as well as annually when the department submits its annual report.