Section:		NO.			
School of Medicine					
Chapter:	Issued:	REV. A	REV. B	REV. C	
Emergency Medicine	3/11/20				
Residency					
Policy: Transitions of Care		Page 1 of	<i>3</i>		

PURPOSE

In compliance with the ACGME Institutional and Common Program Requirements, it is the goal ...

Overview

The program will design clinical assignments to minimize the number of transitions in patient care and monitor an effective, structured hand-over processes to facilitate both continuity of care and patient safety.

The programs will ensure that residents are competent in communicating with team members in the transition/hand-over process.

The program will 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.

SCOPE

This policy applies to all Creighton University Arizona Health Education Alliance residents in the Emergency Medicine Residency Program based at Valleywise Health Medical Center.

POLICY

The Emergency Medicine Residency Program policy on Transitions of Care is outlined below, along with a link to access Creighton University policy.

TRANSITIONS OF CARE POLICY

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.

Section:		NO.				
School of Medicine						
Chapter:	Issued:	REV. A	REV. B	REV. C		
Emergency Medicine	3/11/20					
Residency						
Policy: Transitions of Care		Page 2 of 3				

Overview:

A transition/hand-off is defined as the communication of information to support the transfer of care and responsibility for a patient/group of patients from one provider to another. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Effective communication during these transition/hand-off events is critical, in order to provide the highest quality patient care, and help prevent medical errors — poor transitions of care can lead to adverse patient outcomes.

Institutional and program policy requires that the transition/hand-off process must involve face-to-face interaction with both verbal and written/computerized communication, with opportunity for the receiver of the information to ask questions or clarify specific issues.

To ensure patient safety and quality care, transition of care rounds should include the following elements:

- there is a standardized process in place that is routinely followed
- 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 hand-off processes that include face-to-face communication
- patient confidentiality and privacy are ensured in accordance with HIPAA guidelines
- monitoring checklists including these items are attached to the end of this policy

Section:		NO.				
School of Medicine						
Chapter:	Issued:	REV. A	REV. B	REV. C		
Emergency Medicine	3/11/20					
Residency						
Policy: Transitions of Care		Page 3 of 3				

From the perspective of residents in the Emergency Department, a transition of care occurs regularly whenever there is a change in provider, including change of resident shift and associated transition of care rounds (sign-out).

EM Resident transition of care rounds will occur every day at 7am, 330pm, and 1130pm, and will be announced overhead. All residents are required to be present for these rounds, and actively participate. The ED attending is directly responsible for performance and supervision of transition of care rounds.

- The residents in the FRONT ROOM side will "run the board" for those patients in the BACK and then (if time allows) will walk the remainder of the FRONT ROOM beds (FR 1-5 + TRAUMA). If there is not the ability to perform walk rounds, sign-out will proceed in the usual fashion of "running the board".
 - Walking rounds are to be focused especially on those patients where sign-out occurs, since transition of care is a major initiative for the Accreditation Council of Graduate Medical Education and will be closely monitored.
- Similarly, the residents in the BACK ROOM will "run the board" for those patients.
- Resident performance in transition of care rounds will be assessed in the daily shift evaluation.
- Residents are required to document a transitions of care note using the standardized template in EPIC.

Health Care appointments

- Process for routine health care appointments. It is recognized that many routine health care appointments need to occur during the work day. In recognition of the primacy of patient welfare in these situations and the impact on the program's other fellows needing time off for these appointments should give the program 10 days' notice to their program.
- Process for urgent/emergent health care appointments. The process for ensuring patients safety and continuity of care for urgent/emergent health care appointments should follow the same hand off process as for fellows needing to leave due to excessive fatigue or illness or family emergency.

REFERENCES

ENTER YOUR REFERENCES HERE:

Boards, ACGME, Resident Employment Contract, etc.

Creighton University GME Policy link:

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.

Section:		NO.				
School of Medicine						
Chapter:	Issued:	REV. A	REV. B	REV. C		
Emergency Medicine	3/11/20					
Residency						
Policy: Transitions of Care		Page 4 of 3				

https://alliance.creighton.edu/sites/g/files/indaly966/files/2019-05/transition of care 2 .pdf

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.