Policies and Procedures

Section: **School of Medicine**		*NO.*				
Chapter: **Infectious Diseases Fellowship**	*Issued:* ***3/2/18***	*REV. A*	*REV. B*	*REV. C*		
Policy: Transitions of Care		***Page 1 of 3***				

PURPOSE

To promote continuity of care and patient safety in residents' learning and working environment, the Accreditation Council for Graduate Medical Education (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.

SCOPE

This policy applies to all Creighton University Infectious Diseases fellows.

POLICY

Each training program should review call schedules at least annually to minimize transitions in patient care within the context of other duty hour standards. Whenever possible, transitions in care should occur at a uniform daily time to minimize confusion. Documentation of the process involved in arriving at the final schedule should be included in the minutes of the Program Evaluation Committee meeting. However, the nature of the ID call schedule typically involves two-month rotations for ID fellows. This minimizes the number of fellow-to-fellow transitions. There is no "night float" resident. Hence, there is no need for a daily transition.

(A) Each residency training program that provides in-patient care is responsible for creating a template patient checklist (see Appendix) and is expected to have a documented process in place to assure complete and accurate resident-to-resident patient transitions. Typically, resident-to-resident patient transitions occur weekly.

At a minimum, key elements of this template should include:

a. Patient name
b. Age
c. Room number
d. ID number
e. Name and contact number of responsible resident and attending physician
f. Pertinent diagnosis
g. Pending laboratory and X-rays
h. Overnight care issues with a "to do" list including follow up on laboratory and X-rays
i. Other items depending upon the specialty.

(B) There must be a structured face-to-face, phone-to-phone, or secure intra-hospital electronic handoff that occurs with each patient care transition. At a minimum, this should include a brief review of each patient by the transferring and accepting residents with time for interactive questions. All communication and transfers of information should be provided in a manner consistent with protecting patient confidentiality.

(C) 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) know how to immediately reach the resident and attending physician responsible for an individual patient's care. ID uses Amion for this function.

(D) Each residency training program is responsible for assuring that its residents are competent in communicating with all caregivers involved in the transitions of patient care. This includes members of effective interprofessional teams that are appropriate to the delivery of care as defined by their specialty residency review committee. Methods of training to achieve competency may include GME orientation sessions, annual review of the program-specific policy by the program director with the residents, departmental and GME conferences, and on-line training activities. Because ID faculty round daily with house officers, they have an opportunity on a continuing basis to detect deficiencies in communication an develop interventions to ameliorate them.

PROCEDURE

(A) To evaluate the effectiveness of transitions, monitoring will be performed by the GMEC using information obtained from program Internal Reviews and review of annual program meeting minutes for documentation that clinical assignments have been designed to minimize the number of transitions in patient care and that residents are serving as members of effective interprofessional teams.

(B) The following items will be reviewed by the GMEC as part of the scheduled Internal Reviews and program annual reports:

a. Use of program-specific template patient lists at each hospital where residents train;
b. Interviews of 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 a minimum number. This is a function done with the PEC.

(C) Results of the program monitoring will be reported to the GME Committee at least annually. The GMEC will review elements of the hand-over process and make appropriate recommendations in order to continuously improve quality of care and patient safety. Repeated deficiencies will result in a more detailed monitoring review, which could result in direct intervention by the GMEC.

HEALTH CARE APPOINTMENTS

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 residents needing to leave due to excessive fatigue or illness or family emergency.

Process for routine health care appointments:

> It is recognized that many routine health care appointments need to occur during the work day. In recognitions of the primacy of patient welfare in these situations and the impact on the program's other residents, residents/fellows needing time off for these appointments should give the program 10 days' notice.

REFERENCES

GMEC Transition of Care Subcommittee, Draft/working document, May 2013
http://www.acgme.org/Portals/0/ResidentSurveyKeyTermsContentAreas.pdf

AMENDMENTS OR TERMINATION OF THIS POLICY

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

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.