

## *Policies and Procedures*

<i>Section:</i> <b>School of Medicine</b>		<i>NO.</i>				
<i>Chapter:</i> <b>Department of Surgery Residency Program</b>	<i>Issued:</i> <b>10/29/2019</b>	<i>REV. A</i>	<i>REV. B</i>	<i>REV. C</i>		
<i>Policy: Transitions of Care</i>		<b><i>Page 1 of 2</i></b>				

### **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 **Department of Surgery Residents**

### **POLICY**

Transition in direct patient care is a daily occurrence and is an important aspect in providing safe patient care.

1. Post-operative observation and care
2. In addition to transitions of patients care during daily shift changes, transfer of patient information can also occur when receiving a patient from an outside facility and when moving patient's to extended care facilities. The transfer of information during these situations is important for proper patient care.

Transitions of care should be standard processes that cover the full spectrum of patients in our care. Clear concise language is important in order to minimize miscommunications.

### **Procedure**

Transitions may occur:

- Face to face / person to person
- Documentation of patient data must be via secure computer network

Information transferred must include:

- Patient name
- Date of Birth or MRN
- Room number
- Responsible attending and resident contact information
- Patient age
- Diagnosis and surgeries performed or pending
- Allergies
- Resuscitation status

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- Antibiotics
- Pending tests
- “To do” list

The document record to support the transfer of data.

All information must be transmitted in compliance with HIPAA

A Faculty and resident call schedule should be easily accessible

### **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 routing 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 residents, residents/fellows needing time off for these appointments should give the program a 45-day notice of pending routine care appointments.

### **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**

Crighton 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.*