

LOYOLA MEDICINE  
RESIDENT HANDBOOK  
III. POLICIES AND PROCEDURES

**III.R. TRANSITIONS IN CARE**

R. 1. Introduction:

Transition of Care refers to the movement of patients from one health care practitioner or setting to another. Transitions of care are critical elements in patient safety and must be organized such that complete and accurate clinical information on all involved patients is transmitted between the outgoing and incoming teams/individuals responsible for that specific patient or group of patients.

R.2. Purpose:

The purpose of this policy is to establish protocol and standards to ensure the quality and safety of patient care when the transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.

R.3. Requirements:

1. Individual programs must design schedules and clinical assignments to maximize the learning experience for residents as well as ensure quality care and patient safety, and adhere to general institutional policies concerning transitions of patient care.
2. It is recognized that transitions of care are necessary in the hospital setting for various reasons. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:
  - (a) Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit.
  - (b) Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas
  - (c) Discharge, including discharge to home or another facility such as skilled nursing care
  - (d) Change in provider or service change, including change of shift for nurses, resident sign-out, and rotation changes for residents.
3. The transition/hand-off process must involve verbal communication either via face-to-face encounter or telephone. All transitions also require written documentation. The transition process must include, at a minimum, the following information in a standardized format:
  - (a) Identification of patient, including name, medical record number, and date of birth
  - (b) Identification of the attending physician
  - (c) Diagnosis, pertinent co-morbidities, and current status/condition of patient
  - (d) Recent events, including changes in condition or treatment, current medications, pertinent lab tests, anticipated complications and actions to be taken.
  - (e) Changes in patient condition that may occur requiring interventions or contingency plans
  - (f) Additional elements essential to safe transitions of care that are specialty-specific

4. Programs are required to develop scheduling and transition/hand-off procedures to ensure that:
  - (a) Residents and fellows comply with the duty hours requirements.
  - (b) Faculty are scheduled and available for appropriate supervision.
  - (c) All parties involved in a particular program and/or transition process have access to one another's schedules and contact information.
  - (d) All call schedules must be made current and available on the Web on Call website and with the hospital operator.
  - (e) Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
  - (f) All parties directly involved in the patient's care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
  - (g) Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.
5. Each program must include the transition of care process in its curriculum. Residents must demonstrate competency in performance of this task.
6. Programs must develop and utilize a method of monitoring the transition of care process and update as necessary. Availability of the essential data elements alone is not adequate. One or more of the following are encouraged to be pursued and documented:
  - (a) Random audits/observation by clinical faculty and/or chief residents
  - (b) Utilization of check off forms to ensure comprehensiveness
  - (c) Evaluation of the receiving team/trainee of the quality of the sign out the morning after the sign out occurred

GMEC Approved: July 2011

Reviewed:

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