


Subject HANDOFFS AND TRANSITIONS OF CARE		Policy Number GME 017	Effective Date July 10, 2017
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HANDOFFS AND TRANSITIONS OF CARE, GME 017

1. Purpose

University of Maryland Medical Center Midtown Campus (UMMC Midtown Campus) is responsible for assuring that appropriate processes and work schedules exist to support continuity of care and patient safety, particularly during transitions of care, when patient care is handed-off to others due to circumstances when it is in the best interest of the patient to transfer the care to another qualified or rested provider or when other requirements (e.g., Duty Hours), as outlined in the ACGME Common Program Requirements are at risk of violation. With this goal of the need to provide quality and safe patient care, UMMC Midtown Campus sponsored programs are required to develop appropriate work schedules and formally define the criteria for information that is required to assure a structured hand-over facilitates continuity of care and patient safety for its enrolled Residents/Fellows.

2. Scope

This policy applies to all graduate medical education training programs sponsored by UMMC Midtown Campus.

3. Responsibility

It is the responsibility of the program directors, and all teaching staff/faculty, Residents UMMC Midtown Campus management and leadership to comply with this policy. To assure 1) a minimum number of patient care transitions, 2) a structured and monitored handoff process exists that documents resident competence in communicating with team members, 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.

4. Responsibilities

- 4.1. The University of Maryland Medical Center Midtown Campus (UMMC Midtown Campus) is the sponsoring institution for graduate medical education programs. UMMC Midtown Campus serves the principal clinical site for graduate medical education.
- 4.2. All members of the health care team, including Residents and faculty, must demonstrate a responsiveness to patient needs that supersedes self-interest and must be able to recognize those circumstances when the best interests of the patient may be better served by transitioning or handing over the care to another qualified and rested provider.
- 4.3. Each program director is required to develop a program specific written Hand-over/Transition of Care policy and provide documentation of the specialty specific hand-over format (e.g., checklist) that its enrolled trainees will use as they rotate on clinical services.
- 4.4. The program must provide its trainees with required training on its specialty specific policy and format. Methods of training to achieve this requirement include, but are not limited to, specialty specific orientation sessions developed by the program, annual review of the program-specific policy and format by the program director, faculty member, and the enrolled trainees during the annual program self-assessment. Evidence of training should be documented in the program's annual self-assessment of the program (meeting minutes). Program self-assessment meetings must document the participation of the program director, program faculty and at least one enrolled program trainee at least annually in meeting minutes that are provided to the GMEC.
- 4.5. Each program is responsible for notifying the hospital telephone operators and the services to which enrolled trainees are assigned, about its duty and call schedules, so that the entire health care team (staff physicians, residents/fellows, medical students, and nurses) know how to immediately reach the resident and attending physician responsible for an individual patient's care.
- 4.6. Each program is responsible for documenting its trainees are competent in communicating with all caregivers involved in the transitions of patient care, through formal evaluations and informal feedback from multiple evaluators using various methods (e.g., review of completed format/checklist; feedback from team/provider receiving hand-over).

5. Specialty Specific Policy and Format

- 5.1. The Hand-over/Transition of Care policy and Hand-Over format must adhere to the following minimum requirements:

- 5.1.1 The specialty specific format must be readily available and accessible for use by the program's enrolled trainees and must define the minimum requirements for hand-overs to occur in order to assure the provision of effective and quality patient care.
- 5.1.2 Each program's Hand-over/Transition of Care policy must minimize the number of hand-over's occurring.
- 5.1.3 Provide, at a minimum, evidence of:
 - a) adequate support and structure to the hand-over process,
 - b) assurance that qualified and well rested providers are available to provide quality patient care, and
 - c) adherence to any existing regulatory, accreditation, and oversight requirements, including but not limited to, fulfillment of the Accreditation Council for Graduate Medical Education and The Joint Commission requirements on Resident Supervision and Resident Duty Hours, where defined.
- 5.1.4 Hand-Over's, where possible, should occur at a uniform daily time
- 5.1.5 Hand-Over's must be conducted face to face; written hand-offs are considered insufficient when used alone 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.

6. Hand-Over Formats

Hand-over formats (e.g., checklists) must identify at a minimum the following:

- 7.1.7.1 Patient Name
- 7.1.7.2 Date of Birth
- 7.1.7.3 Room #
- 7.1.7.4 Name and contact number of responsible resident and attending physician
- 7.1.7.5 Date of admission and general course of treatment and/or surgery
- 7.1.7.6 Current medications (including prn)
- 7.1.7.7 Chief complaint
- 7.1.7.8 Current Status (e.g., to what extent is patient stable/unstable)
- 7.1.7.9 Previous Medical History, including Allergies
- 7.1.7.10 To do list for patient's care
- 7.1.7.11 Anticipated events and plan of care for the events
- 7.1.7.12 Studies or test results pending
- 7.1.7.13 Specialty specific aspects (e.g., Access lines placed/date; Creatinine)
- 7.1.7.14 Full Code or DNR status
- 7.1.7.15 Next of kin and contact information
- 7.1.7.16 Questions about hand-over?

7. GMEC Monitoring and Evaluation

- 7.1. To evaluate the effectiveness of transitions, the program director or their designee is required to monitor its trainee's performance through regular and ongoing feedback processes that have been established in the specialty program and as described in ACGME Common Program Requirements.
- 7.2. The program director must provide the GMEC with annual meeting minutes that document the program's self-assessment of its effective implementation of specialty specific policies and formats to assure adequate hand-over's/transitions of care are evident, and must provide corrective actions if any concerns are identified.
- 7.3. The GMEC will monitor program compliance in providing adequate documentation of its Hand-Over/Transition of Care specialty specific policy and format through summary reporting that is reviewed no less frequently than quarterly during the academic year, as well as through periodic annual reports that are presented to the GMEC for review and oversight throughout the academic year.