

<b>UNIVERSITY OF MARYLAND MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL</b>	<b>PAGE:</b>  1 of 4	<b>PROCEDURE NO:</b>  <b>GMS - X</b>
	<b>EFFECTIVE DATE:</b> 7/1/2011 Approval: 5/24/2012	
<b>SUBJECT:</b> <b>HAND-OFFS AND TRANSITION OF CARE</b>		
<b>APPROVALS:</b> Graduate Medical Education Committee: 5/24/12		

**1. Purpose**

UMMC, in partnership and collaboration with the School, is responsible for assuring appropriate processes and work schedules are in existence to support continuity of care and patient safety, particularly during the transition of care. A transition of care is defined as the time when patient care is handed off to another qualified provider. The circumstances for transitions of care may include scheduled and unscheduled changes of assignments, at the conclusion and the commencement of assigned duty periods or call, when the patient is transferred to another site or another team of providers (e.g. transfer within in-patient settings and out-patient settings), and when it is in the best interest of the patient to transfer the care to another qualified or rested provider (e.g. duty hours or fatigue).

With the goal of providing continuity of care and patient safety, UMMC sponsored programs are required to (1) develop and distribute appropriate work schedules; (2) formally define discipline specific and situation specific processes for handoff and transitions of care; and (3) implement handoff processes; (4) monitor the effectiveness of the handoff processes; and (5) ensure that residents are competent in communication with team members in the hand-over processes.

**2. Scope**

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

**3. Responsibility**

It is the responsibility of the program directors, all teaching staff, faculty, residents/fellows, UMMC and School management and leadership to comply with this policy. Programs must assure that (1) schedules and work assignments minimize the number of transitions in patient care; (2) a structured and monitored handoff process exists; (3) resident are competent in communicating with team members; (4) readily available schedules inform all members of the healthcare team of the attending physicians and residents currently responsible for each patient's care; and (5) backup systems are provided for situations when clinical care exceeds the residents ability to provide appropriate and quality care. Residents must care for patients in an environment that maximizes effective communication. This includes the opportunity to work as a member of an effective inter-professional team.

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- 3.1 The University of Maryland Medical Center (UMMC) is the sponsoring institution for graduate medical education programs. UMMC serves the principal clinical site for graduate medical education. The University of Maryland Schools of Dentistry, Pharmacy and Medicine (Schools) provide the faculty and program direction.
- 3.2 Each program director is required to develop a program and discipline specific written Hand-off/Transition of Care policy and to provide written documentation of the policy and the applicable tools that its trainees will utilize. The policy and the approach to hand-offs based should be based on the patient care setting and the role of their trainee (e.g. consultant, primary team, team leader) in patient care activities. Examples of hand off processes include scheduled face to face handoff meetings, electronic or paper hand-over forms (stand alone or part of an electronic medical record system), direct (in person ) faculty supervision of handovers, senior resident supervision of junior residents handovers.
- 3.3 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-offs to occur in order to assure the provision of effective and quality patient care.
- 3.4 The program must provide specific training and education on handoffs. Methods of training to meet this requirement may include, but are not limited to, lecture-based hand over education program, web-based or self-directed hand over tutorials, specialty specific orientation sessions, didactics, workshops, interactive teaching tools, or simulation.
- 3.5 Each program is required to formally assess the effectiveness of its handover processes. In addition, the program must ensure that the resident/fellow is competent in communication with team members in the handover process. Methods to monitor the effectiveness of the handover processes may include, but are not limited to, formal written evaluation of handover, patient chart review, hand off CEX, direct observation of hand over processes, self or peer assessment, senior resident supervision of junior resident, interview of incoming responsible individual or team member to ensure key elements in the patients continuum of care, and direct, faculty observation of handover. In addition, each program must formally evaluate the handover training and the handover processes at least annually at the annual review of the educational effectiveness program.

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- 3.6** Each program must inform the hospital telephone operators and distribute schedules to the services to which trainees are assigned, so that the entire health care team (staff physicians, residents/fellows, medical students, and nurses) has immediate access to the information and can facilitate timely communication with the resident and attending physician responsible for a patient's care.
- 3.7** Schedules and Hand-offs must be structured to minimize the number of transitions in patient care.
- 3.8** Each program's Hand-off/Transition of Care policy, must, at a minimum, provide evidence of:
- 3.8.1** Adequate support and structure to the hand-off process;
  - 3.8.2** Assurance that qualified and well rested providers are available to provide quality patient care, and;
  - 3.8.3** 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.
- 3.9** It is recognized that hand-off policies and approaches will vary based on the specialty and in the context of patient care. With the goal of ensuring that continuity of care and patient safety, hand-offs should include a brief review of each patient by the transferring and accepting trainee with time for interactive questions. All communication and transfers of information should be provided in a manner and in a setting consistent with protecting patient confidentiality. Handoffs should occur in an environment that limits interruptions.
- 3.10** Hand-off processes, must include at a minimum, the following information:
- 3.10.1** Identifying Information: Patient Name, MRN Location, Allergies, Code Status;
  - 3.10.2** Current Patient Condition (mental status, exam findings, diagnosis);
  - 3.10.3** Active Clinical Issues;
  - 3.10.4** Anticipated issues and recommendations for what to do;
  - 3.10.5** To Do List and To Follow-up List;
  - 3.10.6** Names of responsible resident, attending physician, and back up team after hand-off, including contact information (e.g., phone # and pager #);
  - 3.10.7** Read back to ensure accuracy, greater clarity;

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- 3.10.8 Time to ask and respond to questions between the giver and the receiver of the patient information;
- 3.10.9 Family contact for patient; and
- 3.10.10 Handoff may be supplemented by electronic and printed patient medical records (e.g., Epic/Portfolio, Cerner/Powerchart, IMPAX RAD, HBP, bedside chart).

**4.0 GMEC Monitoring and Evaluation**

To evaluate the effectiveness of transitions, the program director or their designee is required to monitor its trainees' performance through regular and ongoing feedback processes that have been established in the specialty program and as described in ACGME Common Program Requirements.

- 4.1 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 hand-off policies and formats to assure adequate hand-offs/transitions of care are evident. Corrective actions may be required if any concerns are identified.
- 4.2 The GMEC monitors program compliance in providing adequate documentation of its Hand-off/Transition of Care specialty specific policy and format through summary reporting that is reviewed annually, as well as through periodic internal review reports that are presented to the GMEC for review and oversight throughout the academic year.

Sample Tools Appended:  
ANTICIPATE  
PACU TO DO  
PEDIATRIC  
SBAR  
SIGNOUT  
THELIST