

Transitions of Care

Effective: July 1, 2018
Reviewed by GMEC: June 12, 2018
Initial Approval by GMEC: February 14, 2002

Statement

Palmetto Health ensures and monitors effective, structured hand-off processes to facilitate both continuity of care and patient safety. The institution strives for safe patient transitions by ensuring that residents are competent in communicating with team members in the hand-off process, and ensuring that all health care team staffing information is readily available. All members of the health care team should be able to access the availability of attending physicians and residents currently responsible for each patient's care.

Definitions:

Transitions of Care: The transfer of information, authority and responsibility during transitions in care across the continuum for the purpose of ensuring the continuity and safety of the patient's care.

Hand-off communication is a real time, active process of passing patient-specific information from one caregiver to another, generally conducted face-to-face, or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care. Hand-offs occur upon admission, at shift changes, before and after procedures, upon unit changes, institutional changes, and at discharge.

Associated Policy (ies)

Professionalism
Supervision of Medical Students

Responsible Positions (Title)

Residents & Fellows
applicable GMEC Subcommittees

Equipment Needed

None

Procedure Steps, Guidelines, Rules, or Reference

1. The Sponsoring Institution and each program are responsible for ensuring that residents/fellows are engaged in standardized transitions of care consistent with the setting and type of patient care, at all participating sites.
2. Hand-offs should reflect efforts to ensure patient safety to include:
 - a. Occur at a designated time and place each day;
 - b. Use a standard verbal or written template;
 - c. Be face to face, when possible;
 - d. Give critical data that affects patient care, such as identifying any concerns or issues, outstanding studies or scheduled labs; and
 - e. Be conducted in a quiet area that is conducive to transferring information with few interruptions.

3. The transferring provider will have at hand any supporting documentation or tools used to convey information and immediate access to the patient's record.
4. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality.
5. Providers will afford each other the opportunity to ask or answer questions and read or repeat back information as needed. If the contact is not made directly (face-to-face or by telephone), the caregiver must provide documentation of name and contact information (extension, pager, or email address) to provide opportunity for follow up calls or inquiries.
6. At a minimum to ensure effective hand-offs and in consideration for patient safety, hand-offs should cover the following:
 - a. The problem;
 - b. Pertinent information to the problem at hand;
 - c. Resident/fellow's or attending's assessment; and
 - d. Recommendations for managing potential problems
7. The GMEC facilitates professional development for core faculty members and residents/fellows regarding effective transitions of care.
8. The DIO and GMEC will review each department's approach to hand-offs when the department submits its annual report.

Reference

ACGME Common Program Requirements VI.E.3.

ACGME Institutional Requirements III.B.3.