VCU Health System

Graduate Medical Education Policy

Transitions of Care

Purpose

To establish protocol and standards within the Graduate Medical Education Committee at the Virginia Commonwealth University Health System to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.

Standards

Individual programs must design schedules and clinical assignments in an attempt 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.

Transitions of care are necessary in the hospital setting for various reasons. Transitions in care should aim to enhance continuity of care and patient safety.

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:

- 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.
- Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas
- Discharge, including discharge to home or another facility such as skilled nursing care
- Change in provider or service change, including change of shift for nurses, resident sign-out, and rotation changes for residents.

The transition/hand-off process must involve either verbal or written communication and may include both in certain circumstances. The transition process should include, at a minimum, certain required information in a standardized format that is universal across all services:

- Identification of patient, including name, medical record number, and date of birth
- Identification of admitting/primary physician
- Diagnosis and current status/condition of patient

- Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken.
- Changes in patient condition that may occur requiring interventions or contingency plans

Procedure

Each program must develop a policy which is ancillary to the institutional transition of care policy and that integrates specifics from their specialty field. Programs are required to develop scheduling and transition/hand-off procedures to ensure that:

- Residents do not exceed the 80-hour per week duty limit averaged over 4 weeks.
- Faculty members are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents.
- All parties involved in a particular program and/or transition process have access to one another's schedules and contact information. All call schedules are available on the VCUHS website and with the hospital operator.
- All parties directly involved in the patient's care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
- Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.

Each program must include the transition of care process in its curriculum for residents. Specifically defined faculty development sessions should also be included in the policy. Both residents and faculty members must demonstrate competency in performance of this task.

In addition to the curriculum for residents and faculty members, the program must also develop and utilize a method of monitoring the transition of care process and update as necessary.

Approved, GMEC: September 11, 2012
Revised, GMEC: December 9, 2014

TRANSITIONS OF CARE POLICY

_____
Name of Residency/Fellowship Program

The Department of _____ and the _____ Residency/Fellowship Program wholly agrees to and adheres to the most recent VCUHS GME Policy Transitions of Care (reviewed and updated 12/09/14) and those regulations provided by the ACGME.

The Department of _____ is committed to providing its housestaff with an educational experience of the highest quality and to train future pediatricians to have a personal sense of responsibility for patient care and safety. As such, the development of policies to ensure seamless and effective transfers of care is important in all aspects of care within the hospital.

Therefore, we have developed the following policy for Transitions of Care at VCUHS.

Purpose:

1. To establish procedures for the following transitions of care including the use of specific tools to assist and improve this vital function.
2. To develop a specific training for residents within our residency / fellowship program and to ensure that each resident has received such training and has been deemed competent within this key Entrustable Professional Activity.
3. To develop a specific faculty development program to ensure that all faculty members are aware of Departmental Policies around Transition of Care and have demonstrated knowledge and competence.
4. To develop and utilize a method of monitoring the transition of care process and develop updates as required

Specific Procedures for Transitions of Care within the _____ Residency / Fellowship:

(Here you should review each type of transition of care that occurs within your specialty department. This section should include processes and tools utilized within the department / residency. They should all transitions within your specialty and may include the following but based on your specialty may include more or less:

1) Transition from ED to Floor / OR / ICU
2) Transition from Clinic to Floor / OR / ICU / ED
3) Transition from lower level of care to higher level of care (i.e. ICU)
4) Transition from Floor / ICU to OR
5) Transition from OR / PACU to ICU/Floor
6) Transition from one team/service to another service
7) Transition from one resident to another within the same level of service (i.e. night service, weekend service)
8) Transition from inpatient to outpatient (how will you involve the providers in the outpatient arena)
9) Transitions of care between faculty members on services

10) Others

Transition of Care Training

Resident / Fellows:

Here you should designate when and how often you will provide resident training on transition of care and your policies (i.e. during intern orientation, during fellowship orientation, annually at a retreat, etc.). You should also include how you propose to designate a resident/fellow as "competent" in transitions of care and you should include this in your development of procedural competence on NI.

Faculty Members:

You should designate when and how often you will provide faculty development on transition of care (will this be an annual lecture, will it be part of a new faculty member orientation and what will be your reasons for reviewing / repeating this training (i.e changes in policies, development of training modules, etc.)

Monitoring

Here you should include any details you have about how and when you will monitor the transitions of care. This may include annual, in-person supervision by faculty members, development of an ad hoc assessment upon a PSN report or in response to PSN.