

<p align="center">The University of Alabama Hospital Graduate Medical Education Policy and Procedure</p>	<p align="center">GMEC Approved Date: May 7, 2024</p>
<p align="center">Transitions of Care Policy</p>	<p align="center">Next Review Date: Spring 2025</p>

Purpose:

A responsibility of the Institution that sponsors Graduate Medical Education in partnership with its programs is to ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety (Common Program Requirement VI.E.3). The ACGME has charged the institution and the programs with designing clinical assignments to optimize the transitions in patient care, including their safety, frequency, and structure (CPR VI.E.3.c.), ensuring that residents/fellows are competent in communicating with team members in the hand-off process.

Each program must ensure continuity of patient care, consistent with the program’s policies and procedures in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

See Scope:

This policy applies to all graduate medical education training programs sponsored by the University of Alabama Hospital

Definitions:

1. Transitions of care constitute 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.
2. 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 should occur at a fixed time and place each day and use a standard verbal or written template.

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. clinical experience and education hours or fatigue).

Policy:

1. Hand-off communication entails direct communication between the off-going provider / team member currently caring for the patient and the upcoming provider / team taking over the care of the patient; face-to-face and phone-to-phone are two such methods of direct communication. We strongly encourage residents/fellows and faculty to identify a quiet area to give a report that is conducive to transferring information with few interruptions.
2. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality and privacy.
3. Providers will afford each other the opportunity to ask answer questions and read or repeat back

information as needed.

1. The off-going provider will have at hand any required supporting documentation or tools used to convey information and immediate access to the patient's record.
2. The Sponsoring Institution has provided access to a care transition tool (CORES) embedded within the electronic health record (EHR). All training programs are required to use this tool on all services that care for inpatients at University of Alabama Hospital. (Exempt Programs- Appendix 11)
3. For those training programs that are not required to use the CORES platform, or for whom it is not available, they are responsible for determining a standardized process to conduct hand-offs of patient care.
4. Each training program will be responsible for developing a formal policy for hand-offs and transitions of care. This policy must be distributed to all trainees and faculty.
5. The patient will be informed of any transfer of care or responsibility, when possible.
6. The effectiveness of the program's hand-off process will be monitored through direct observation and multi-perspective surveys of resident/fellow performance. The program will review hand-off effectiveness at least annually during the annual program evaluation meeting.

Minimal Elements of a Template:

Each residency training program that provides in-patient care is responsible for creating a patient checklist template. At a minimum, key elements of this template should include, but are not limited to:

1. Patient information (name, age, room number, medical id number, important elements of medical history, allergies, resuscitation status, family contacts)
2. Current condition and care plan (pertinent diagnoses, diet, activity, planned operations, significant events during previous shift, current medications)
3. Active issues (pending laboratory tests, x-rays, discharge or communication with consultant, changes in medication, overnight care issues, "to-do" list)
4. Contingency plans (if/then statements)
5. Synthesis of information ("read-back" by receiver to verify)
6. Opportunity to ask questions and review historical information
7. Name and contact number of responsible resident/fellow and attending physician
8. Name and contact number of resident/fellow/attending physician for back-up