

<b>Title:</b> Transitions of Care	<b>Policy Number:</b> GME-34
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**PURPOSE:** To establish a policy for all HealthPartners Institute-sponsored post-graduate medical/dental training programs (“Sponsored Programs”) to promote patient safety through accurate and timely communication when transfer of responsibility occurs from one caregiver to another.

This policy applies to all Sponsored Programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Council on Podiatric Medical Education (CPME) and the Commission on Dental Accreditation (CODA).

**DEFINITIONS:**

Transition of Care (Hand-Off): The communication of information to support the transfer of care and responsibility for a patient/group of patients from one caregiver/team to another. The transition/hand-off process is an interactive process of communicating essential, timely patient information. This includes transfer of responsibility during shift changes, transfer of the patient from one level of acuity to another, transfer from one service to another and/or other scheduled or unexpected circumstances.

**POLICY:**

**A. Mode of Communication**

- The transition/hand-off process should involve face-to-face interaction with both verbal and written/computerized communication, with opportunity for the receiver of the information to ask questions or clarify specific issues.
- If face-to-face communication is not possible, the hand-off process may be conducted by telephone/videoconference conversation. A telephonic or videoconference hand-off must follow the same procedures outlined in this policy, and both parties involved in the hand-off should have access to the electronic medical record or hard copy version of the sign-out evaluation.
- For EMS fellowship, two-way radio communication is acceptable in lieu of a telephone conversation.
- Voicemail, text message, or any other unacknowledged message is not an acceptable form of patient hand-off.
- Patient confidentiality and privacy must be guarded in accordance with HIPAA guidelines.

**B. Patient Information**

The transition process should include, at a minimum, the following 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 attending physician/dentist of record and contact information.
- Diagnosis and current status/condition (level of acuity) of patient.
- Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures, and actions to be taken.
- Outstanding tasks – what needs to be completed in immediate future.
- Outstanding laboratories/studies – what needs follow-up during shift.
- Changes in patient condition that may occur requiring interventions or contingency plans.

**C. Program Requirements**

To assure continuity of care and patient safety, programs must:

- Include transition of care process in its curriculum.
- Ensure trainees are competent in communicating with team members in the hand-over process.
- Ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety.
- Design clinical assignments to minimize the number of transitions in patient care.
- Maintain schedules that inform all members of the health care team of attending physicians/dentists and trainees currently responsible for each patient's care.
- Ensure that the necessary materials are available to support the hand-off (including, for instance, written sign-out materials, access to electronic clinical information).
- Provide a quiet setting free of interruptions for the hand-off processes.
- Ensure that patient confidentiality and privacy are ensured in accordance with HIPAA guidelines; this includes the appropriate disposal of any written material in HIPAA-compliant receptacles, and encryption of any electronic devices used during the hand-off process.

**PROCEDURE:** See above.

**RELATED DOCUMENTS:** Not Applicable

**REFERENCE MATERIALS:** Not Applicable

**ADDITIONAL INFORMATION:** Not Applicable

**COMMITTEE/POLICY SPONSOR AND OWNER:** Graduate Medical Education Committee