TRANSITIONS OF CARE/HANDOFFS

Policy Statement

To ensure that all residents and fellows participating in programs sponsored by The George Washington University School of Medicine and Health Sciences are provided with a defined process to safely and accurately convey important information about a patient’s care when transferring care responsibilities from one physician to another.

Who Needs to Know This Policy

All Accreditation Council for Graduate Medical Education (ACGME)-accredited residency and fellowship programs sponsored by the GW School of Medicine and Health Sciences (SMHS)

Policy Contact

Associate Dean for Graduate Medical Education, DIO

Who Approved This Policy

Graduate Medical Education Committee (GMEC)

History/Revision Dates

Approved by GMEC: October 21, 2013
Policy

Each residency and fellowship program is expected to develop a program-specific process addressing transitions of care that outlines the expectations for transfer of responsibility for patient care in all settings/situations in which handoffs occur. (CPR VI.B.1-4 and ACGME Common Duty Hour Requirements, Sept. 1, 2011, FAQs)

Definition
A structured handoff is the process of transferring information, authority, and responsibility for patients during transitions of care. Transitions include changes in providers (shift-to-shift, service-to-service) or when a patient is moved from one location or level of service to another level of care.

Scope
This policy applies to all graduate medical education programs sponsored by The George Washington University School of Medicine and Health Sciences.

Requirements

1. Programs must design clinical assignments to minimize the number of transitions in patient care. (CPR VI.B.1.)
2. The Sponsoring Institution and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (CPR VI.B.2)
3. Programs must ensure that residents are competent in communicating with team members in the hand-off process. (CPR V.I.B.3.) There must be a standardized approach to handoff communications, including an opportunity to ask and respond to questions. (Joint Commission 2006 National Patient Safety Goals, Requirement 2E)
4. Handoffs should be conducted in a setting that is free of interruptions to ensure a proper transfer of information.
5. Handoffs should be conducted in a setting that ensures patient confidentiality and privacy in accordance with HIPAA guidelines.
6. Programs must work with the sponsoring institution to ensure the availability of schedules that inform all members of the health care team of attending physicians and residents/fellows currently responsible for each patient’s care. (CPR VI.B.4)
7. Each program should include education regarding the transition of care/handoff process in its curriculum. (Recommendation from 2008 Institute of Medicine report, cited in New Standards for Transitions of Care: Discussion and Justification, Philibert and Riebschleger)
8. In compliance with Institutional Requirements that require the sponsoring institution to ensure that participating sites engage residents/fellows in standardized transitions of care consistent with the setting and type of patient care (III.B.3.b.), all programs are required to submit their documentation of their processes to the GMEC for review and approval.