THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

# 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**
**Reviewed and approved by GMEC:  July 16, 2018**

## 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.

*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 optimize transitions in patient care, including their safety, frequency, and structure.
2. The Sponsoring Institution and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
3. Programs must ensure that residents are competent in communicating with team members in the hand-off process. There must be a standardized approach to handoff communications, including an opportunity to ask and respond to questions.
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 maintain and communicate schedules of attending physicians and residents/fellows currently responsible for each patient's care.
7. Each program should include education regarding the the transition of care/handoff process in its curriculum.
8. Each program must have policies and procedures to ensure continuity of patient care in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. These policies must be implemented without fear or negative consequences for the resident who is unable to provide the clinical work.
9. In compliance with Institutional Requirements that require the sponsoring institution to ensure that participating sites engage residents/fellows in structured hand-over processes to facilitate continuity of care and patient safety at participating sites, all programs are required to submit their documentation of their processes to the GMEC for review and approval.