

POLICY ON TRANSITION OF CARE

Updated: June 2011

OBJECTIVE: To facilitate safe, efficient and effective transitions in patient care. The goal is to prevent errors during transitions of care and to minimize the number of transitions between care providers. In addition, the policies aim to meet all requirements established by the Accreditation Council for Graduate Medical Education (ACGME).

1. All clinical assignments limit transitions of patient care to a maximum of two in a 24 hour period.
2. All sign-outs are conducted in a direct communication between the resident directly responsible for said patients and the resident to cover. Intermediaries are prohibited.
3. All patient sign-outs are conducted in the resident lounge to ensure patient confidentiality and lack of distraction. No transitions are performed in public areas where patient confidentiality may be compromised.
 - a. Hand-offs can be conducted over the phone as long as both parties have access to an electronic or hard copy version of the sign-out sheet. Additionally, all attempts to preserve patient confidentiality are observed.
4. Critical thinking and analysis during the sign-out process is performed with analysis of the sign-out data, discussion of contingency plans and discussion of previous problems and solutions. Ample time is provided to ask and answer all questions.
5. An electronic version of the sign-out sheet is maintained on each services electronic Web/Vs list. This list is kept updated, with input and revision of information at least twice per day. This list is username/password protected and accessible at any on campus terminal. The passwords are changed on a periodic basis with active surveillance to prevent any violations of patient privacy.
6. The use of an electronic or hand copy sign-out sheet are always referred to during the hand over process. They are used to facilitate the transition of care as well as to provide visibility of the sign-out process to senior residents, fellows and attendings.
7. During the first month, all hand-offs are conducted in the presence of a senior level resident (R4/5) to ensure that all sign-outs are thorough with appropriate levels of communication between members of the hand over process.
8. Senior level residents monitor the electronic and hard copy sign-out lists to ensure the accurate transmission of patient information during the daily hand over process.

9. The basic structures of the sign-out lists are periodically audited and can not be changed without the approval of the administrative chief's, senior fellows or program director.
10. Key elements on the checklist are:
 - a. Patient identifiers: name, age, medical record number, and location
 - b. Name of attending physician and upper level residents including their contact information
 - c. Schedule of the Senior resident/attending physician available for back-up
 - d. Admission date and admitting diagnosis
 - e. Important elements of history and physical examination
 - f. Relevant social information including contacts, code status, advance directives
 - g. Dates and titles of operative procedures
 - h. Relevant medication list
 - i. Key information on current condition and care plan (diet, activity, planned operations, pending discharge, significant events during the previous shift, changes in medications etc.)
 - j. Specific tasks that need to be accomplished by the receiving resident (e.g. following up on laboratory and imaging studies, wound care clinical monitoring, pending communication with consultants etc)
11. An established pager number is kept for the ward covering (night float) residents. The nursing staff can consistently contact all members of the care staff using these pager numbers. These numbers are provided on all posted call schedules.
12. The current call schedule is available to all services and staff via the surgery website at: <http://web.csmc.edu/clinical/clinical-workstation-and-resources/call-schedules/surgery.aspx>. Additionally, the call schedule is available through the hospital exchange and at all surgical nursing stations.