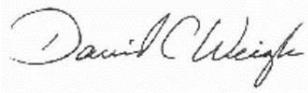

Policy Title: Transitions of Care



Original Date: May 2011
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Next Revision Date: April 2022

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PURPOSE

A responsibility of the Institution that sponsors Graduate Medical Education is to ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. UT Southwestern GME programs design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Programs must ensure that residents are competent in communicating with team members in the hand-over process, and maintain and communicate schedules of attending physicians and residents currently responsible for each patient's care. Each program must 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.

DEFINITIONS

Transitions of Care - 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.

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.

PROCEDURE

1. Each program will be responsible for developing a standardized approach to hand-offs and a hand-off template.
2. When possible, residents and faculty will identify a quiet area to give report that is conducive to transferring information with few interruptions.
3. Off going provider will have at hand any supporting documentation or tools used to convey information and immediate access to the patient's record.
4. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality.
5. Providers will afford each other the opportunity to ask or answer questions and read or repeat back information as needed. If the contact is not made directly (face-to-face or by telephone), the caregiver must provide documentation of name and contact information (extension, pager, or email address) to provide opportunity for follow up calls or inquiries.
6. The patient will be informed of any transfer of care or responsibility, when possible.

Sample Hand-off Communication Tools:

1. SAIF-IR
2. SBAR
3. I PASS THE BATON
4. I-SWITCH
5. 5 P's

The DIO, GMEC, and the Clinical Learning Environment subcommittee will review each department’s approach to hand-offs at least annually.