

UND Family Medicine Residency, Fargo

Transitions of Care Policy

Purpose:

To ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes, during transfer of the patient from one level of acuity to another, and during other scheduled or unexpected circumstances.

Definition and scope:

A transition of care (“handoff”) is defined as the communication of information to support the transfer of care and responsibility for a patient/group of patients from one service, team, or physician to another. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:

1. Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure, or diagnostic area.
2. Inpatient admission from the Emergency Department
3. Transfer of a patient to or from a critical care unit
4. Transfer of a patient from the Post Anesthesia Care Unit (PACU) to an inpatient unit when a different physician will be caring for that patient
5. Transfer of care to other healthcare professionals within procedure or diagnostic areas
6. Discharge, including discharge to home or another facility such as skilled nursing care
7. Change in provider or service change, including resident sign-out (change of shift) and rotation changes for residents.

Desired elements:

1. Standardized process and time, depending on acuity of patient
2. Consistent opportunity for questions
3. Quiet setting, when possible
4. HIPAA guidelines are followed
5. Face to face, and if required to occur over the telephone, provider to provider
6. Code status is mentioned
7. Easy to understand language is used
8. Specifies condition of patient
9. Specifies new events
10. Up to date task list
11. Guidance is provided
12. Receiver expresses understanding

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Instruction of residents regarding transitions of care:

1. This policy is to be reviewed with the residents and faculty each July, allowing time for questions.
2. Attending family medicine physician is to give feedback and suggestions regarding appropriate transitions of care.

Evaluation:

Each resident is to be observed and evaluated regarding transitions of care while on the family medicine inpatient service. Constructive feedback is to be given as soon as there is an appropriate time. Evaluation may also occur when a transition of care occurs from the family medicine resident continuity clinic.