



Graduate Medical Education Committee Policy on Transitions of Care

PURPOSE:

To establish a protocol and standards within the Graduate Medical Education programs sponsored by the University of North Dakota School of Medicine and Health Sciences 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.

POLICY:

1. Individual programs must have a policy addressing transitions of care. Faculty and trainees must be aware of their program’s policy.
2. Individual programs must provide instruction to trainees regarding transitions of care.
3. Individual programs must design schedules and clinical assignments to maximize the learning experience for residents as well as to ensure quality care and

patient safety, and adhere to general institutional policies concerning patient safety and quality of healthcare delivery.

4. Individual programs should evaluate trainees in their capacity to perform a safe, effective, and accurate handoff of care.

Approved by the full GMEC on 9/8/15

Approved by FAC on 11/2/15

Approved by Dean Wynne on 11/3/15