UCF/HCA GME Consortium Policy for Transitions of Care

Purpose/intent: Residency programs, in partnership with consortium GMEC and sponsoring institutions, must ensure and monitor effective structured hand-over processes to facilitate both continuity of care and patient safety (CPR VI.E.3.b)

Policy Summary: Transitions of care (TOC) refers to the orderly transmittal of information that occurs when transitions in the care of the patient are occurring. Proper structure TOC should facilitate continuity of care and prevent the occurrence of errors due to failure to communicate changes in the status of a patient. The primary objective of a TOC is to provide complete and accurate information about a patients' clinical status, including current condition and recent and anticipated treatment.

Policy:

1. Each residency program must design clinical assignments to optimize transitions in patient care, including their safety, frequency and structure (CPR VI.E.3.a).
2. Each residency program and/or clinical service must have a TOC policy.
3. Each program must ensure that residents are competent in communicating with team members in the hand-over (TOC) process (CPR VI.E.3.c).
4. Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for clinical care (CPR VI.E.3.d).
5. Each program must ensure continuity of care in the event that a trainee is unable to perform their patient care responsibilities due to excess fatigue, illness, family emergency (VI.E.3.e).
6. TOC must follow a standardized approach and include the opportunity to ask and respond to questions.
7. A TOC is a verbal and/or written communication which provides information to facilitate continuity of care.
8. A TOC occurs each time any of the following situations exists for any patient:
   a) Move to a new unit
   b) Assignment to a different provider or clinical service
   c) Discharge to another institution or facility
9. Characteristics of a High Quality Transition of Care:
   a) TOCs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information.
   b) TOCs include up-to-date information regarding the patient's care, treatment condition, and any recent or anticipated changes.
   c) Interruptions and distractions during TOC should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.
   d) TOCs require a process for verification of the received information, including repeat-back or read-back, as appropriate.

e) It is suggested that TOC follow a standard protocol such as SBAR: Situation, Background, Assessment, Recommendation or IPASS: Illness severity, Patient Summary, Action List, Situation awareness and contingency planning, Synthesis by receiver.