

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO**  
**Paul L. Foster School of Medicine**  
**GRADUATE MEDICAL EDUCATION**  
**Standard Policy and/or Procedure**

**TITLE:** Transitions of Care Policy

**APPROVED:** 12/9/2011; 2/8/2017

**REVISED:** 2/8/2017

**EFFECTIVE:** 12/9/2011; 2/8/2017

**PURPOSE:** To assure that training programs develop a structured process in the transition of patient care in residency and fellowship training programs.

**POLICY STATEMENT:** It is essential for patient safety and resident education that effective transitions in care occur. However, since this element of care is prone to errors, programs must design clinical assignments to minimize the number of transitions in patient care.

Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

Programs must ensure that residents are competent in communicating with team members in the hand-over process.

Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care.

Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in the Common Program Requirements – VI.C.2, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

**Guidelines**

1. Handoff Recommendations
  - a. A formally recognized handoff plan should be instituted at the end of a shift or change in service.

2. Program Recommendations
  - a. Hospitalist programs or groups should specify the following for those clinicians engaged in handoffs:
    - i. Time during shift dedicated for verbal exchange of information.
    - ii. Template OR technology solution to be used for accessing and recording patient information.
    - iii. Training for new users on handoff expectations.
3. Verbal exchange recommendations
  - a. Handoffs should include a verbal exchange of patient information that is characterized by the following:
    - i. Interactive process is used during the verbal exchange.
    - ii. Ill patients are given priority during the verbal exchange.
    - iii. Insight on what to anticipate or what to do is the focus of the verbal exchange
4. Content exchange recommendations
  - a. Handoffs should use a content exchange summary (i.e. sign-out or patient list) which is characterized by the following:
    - i. All patients that are handed off are included.
    - ii. Available in a centralized location.
    - iii. All data kept up-to-date.
    - iv. Anticipated events for incoming hospitalist are clearly labeled.
    - v. Action items for incoming hospitalist are highlighted.