

**CONEMAUGH MEMORIAL MEDICAL CENTER
GRADUATE MEDICAL EDUCATION POLICY**

RESIDENT/FELLOW TRANSITIONS OF CARE AND HANDOFFS POLICY

Purpose

Each training program must have a program-specific policy addressing the transitions of care that is consistent with the ACGME and Conemaugh Memorial Medical Center (CMMC) Graduate Medical Education (GME) policy. With heightened awareness of the effects of handoffs (hand-overs) on patient safety and education, the ACGME common program requirements include specific mandates to design systems, ensure competency for residents and fellows, and monitor efficacy of handoffs. These, along with the Joint Commission patient safety goal regarding handoffs, affect all programs, departments, and clinical settings.

Applies To

All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy

Each training program must design clinical assignments to minimize the number of transitions in patient care. Programs and their faculty must be aware of the hazards of discontinuity and new regulations and best practices to ensure patient safety and to role model effective handoffs. Duty hours requirements shorten the length of shifts for many trainees, particularly PGY1 residents (interns), and this will require careful attention to clinical assignments. As there is currently no single gold standard for clinical scheduling assignments, all training programs must design call and shift schedules to minimize transitions in patient care. Schedule overlaps should include time to allow for face-to-face handoffs to ensure availability of information and an opportunity to clarify issues.

Procedure

- A. The institution and each program must ensure and monitor effective, structured hand-over processes that facilitate both continuity of care and patient safety. Handoffs vary considerably across programs and clinical settings. They may include temporary transitions of direct patient care, complete transitions of direct patient care, or transitions of indirect patient care.
- B. Each training programs must develop handoff procedures that are structured, and that reflect best practices (in-person whenever possible, occur at a time and place with minimal interruptions, etc.)
- C. Handoffs should include pertinent clinical information.
- D. Faculty oversight of the handoff process may occur directly or indirectly, depending on trainee level and experience. All programs should use the applicable tools (written or computerized) to assist them in this structured process.
- E. Each program must ensure that residents and clinical fellows are competent in communicating with team members in the handoff process. Each training program must assess Interpersonal and Communication Skills competency. Handoff skills are a specific skill within this competency. Programs must deliver focused and relevant

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training to build these skills, use clear assessment strategies, and document this competency.

References

CR: VI.E.3 (Transitions of Care)

IR: III.B.3 (Transitions of Care)

GMEC Revised: 1/2016, 3/2018

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