# Dartmouth-Hitchcock

| Departmental Policy Title: | Transitions of Care Policy - GME | Policy ID: | 11280 |
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| Keywords | Transitions Hand-off Hand-over | | |
| Department | Graduate Medical Education (GME) | | |

## I. Purpose of Policy

This policy establishes standards for transitions of care for Residents training in Accreditation Council for Graduate Medical Education (ACGME)-accredited Graduate Medical Education (GME) programs at Dartmouth-Hitchcock (D-H).

## II. Policy Scope

This policy applies to all Residents training in ACGME-accredited GME programs D-H.

## III. Definitions

- **Resident**: Any physician in an ACMGE-accredited graduate medical education program including Residents and Fellows.

- **Transitions of Care:** The hand-over of responsibility for patient care from one provider to another, most commonly at the time of check-out to on-call teams but also applicable in other transitional settings, including transfers between one clinical care setting to another or the scheduled change of providers (e.g. end-of-month team switches).

- **Hand-over:** Transfer of essential information and the responsibility for care of the patient from one health care provider to another.

- **Patient Safety Practices:** Habits and routines that reduce the risk of adverse events related to exposure to medical care across a range of diagnoses or conditions.

- **HIPPA:** Health Insurance Portability and Accountability Act, a 1996 federal law that restricts access to an individual's private medical information.

- **eD-H:** Dartmouth-Hitchcock's Electronic Medical Record (EMR).

## IV. Policy Statement

All Residents and faculty members must demonstrate responsiveness to patient needs and supersede self-interest. This includes the recognition that under certain circumstances the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.
The following key Patient Safety Practices are critical to effective Transitions of Care:

- o Interruptions must be limited
- o Current, minimum content must be conveyed
- o The opportunity to ask and respond to questions must be provided
- o Hand-over documents must be HIPAA compliant.

### A. Hand-over Participants:

- **Minimize Interruptions -** Participate in hand-off communication only when both parties can focus attention on the patient specific information (i.e. quiet space).

- **Current, Minimum Content** - Hand-over communication must include the following information:
  - o Patient name, location and a second chart-based identifier (e.g. Medical Record Number [MRN] or Date of Birth [DOB])
  - o Identification of primary team or attending physician
  - o Pertinent medical history including:
    - ▪ Diagnosis
    - ▪ Current condition
    - ▪ Pertinent labs
    - ▪ DNR status

- **Anticipated Changes in Condition or Treatment** – Hand-overs should include:
  - o Suggested actions to take in the event of a change in the clinical condition (i.e. "if-then" discussion).
  - o Any elements that the receiving provider must perform (i.e., a "to-do" list).

- **Opportunity to Ask & Respond to Questions** - Allow adequate time for Hand-over communication and maximize opportunities for face-to-face or verbal handoffs:
  - o In person, face-to-face Hand-overs are preferred
  - o If not possible, telephone verbal Hand-overs may occur
  - o In either case, a recorded Hand-over document (written or electronic) must be available to the receiving provider
  - o The Hand-over must include an opportunity for the participants to ask and respond to questions

- **HIPAA Compliant Hand-Over Documents**
  - o All written or electronic Hand-over documents must be compliant with HIPAA and D-H policy.
  - o Programs are encouraged to utilize the Hand-over report templates in e-DH as the standard framework for patient Hand-overs.

### B. Program Director Responsibilities:
- Ensure and monitor effective, structured Hand-over processes to facilitate both continuity of care and patient safety.
- Ensure that residents are competent in communicating with team members in the Hand-over process.
- Design clinical assignments to minimize the number of transitions in patient care.

# V. References

*Common Program Requirements*. (2018). Retrieved from ACGME.org: www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements

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