CarilionClinic | VTC School of Medicine
Graduate Medical Education

Medical Education Policy: Transitions of Care

Facility: CMC
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Sponsor: GMEC

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1. PURPOSE:
   The transitioning of a patient's care from one medical provider to another is an important event in the progress of a patient through the medical system. Because information can be lost during these transitions, it is important that the handover process be done in a consistent and structured format that minimizes the probability of miscommunication. Programs must provide appropriate education and faculty supervision of the patient handover process to ensure that residents gain competency in the performance of safe and effective transitions of care.

2. SCOPE:
   This Policy applies to all ACGME, Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited post-graduate training programs sponsored by Carilion Medical Center (CMC), as well as to visiting residents participating in an approved educational program rotating at Carilion Clinic through institutional agreements.

3. DEFINITIONS:
   3.1 Patient Handovers: The structured process by which one medical provider conveys important patient information to another medical provider to allow the receiving provider to assume the care of a patient either for a brief period of time, such as an overnight shift, or to assume the care of the patient for the remainder of that patient's hospital stay.

4. PROCEDURE;
   4.1 Programs should develop resident and fellow schedules so that the number of patient handovers will be minimized.

   4.2 Programs must develop specific Transitions of Care policies that define a structured patient handover process that, at a minimum, will:

   4.2.1 Define the minimum clinical / psychosocial data to be communicated to the receiving resident / team.

   4.2.2 Allow for the receiving resident / team to ask clarifying questions.

   4.2.3 Occur in settings that afford minimal interruptions and distractions.

4.2.4 Identify when transitions should occur with a face-to-face meeting between the providers and when the Program will allow transitions to occur via telephone or other non-face-to-face communication methods.

4.2.5 Provide the receiving resident / team with privacy protected written information that the can be referred to at a later time, if needed.

4.3 Programs will use the I-PASS tool, or a similar tool, to facilitate information transfer during transitions of care. I-PASS stands for:

I-Illness severity

P-Patient Information/Summary

A- Action List

S-Situational Awareness

S-Synthesis by the receiver.

4.4 The handover process will be monitored by the Program faculty to assure accuracy of patient information and fidelity of the communication process in order to ensure continuity of care and patient safety.

4.5 Schedules that identify the residents and attending physicians who are responsible for the care of patients on a given teaching service will be available to residents, attending physicians, nursing staff, and paging operators through the appropriate program-defined process.

4.6 Programs must provide feedback and develop an evaluation process using direct observation to ensure residents achieve competency in performing transitions of care. This competency assessment will be part of the resident's record.

4.7 All new residents will be trained in the use of the standardized process for transitioning patient care. This training will consist of both lecture and simulation-based education.

4.8 The GMEC will review each Program's Transition of Care Process on an annual basis as part of the Annual Program Evaluation.

Name	Title	Dept./Committee	Date
Daniel Harrington, MD	DIO	GMEC	October 16, 2012
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Donald W. Kees, MD	DIO	GMEC	July 16, 2019