

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

I. Purpose of Policy

This policy identifies key transitions of care practices for Residents training in Accreditation Council for Graduate Medical Education (ACGME)-accredited Graduate Medical Education (GME) programs at Dartmouth Hitchcock (DH).

II. Policy Scope

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

III. Definitions

- **Resident:** Any physician in an ACGME-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:

1. Limit Interruptions.
 - Participate in hand-off communication when both parties can focus attention on the patient specific information (i.e. quiet space).
2. Convey current, minimally pertinent content and anticipated changes in conditions and/or treatment.
3. Provide the opportunity to ask and respond to questions.
 - Allow adequate time for Hand-over communication and maximize opportunities for face-to-face or verbal handoffs.
4. Comply with HIPAA requirements for Hand-over documentation.
 - All written or electronic Hand-over documents must be compliant with HIPAA and DH policy.
 - Programs are encouraged to utilize the Hand-over report templates in e-DH as the standard framework for patient Hand-overs.

A. Program Director Responsibilities:

- Ensure and monitor effective, structured Hand-over processes to facilitate both continuity of care and patient safety.
- Ensure that a Resident is 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

ACGME Common Program Requirements

Responsible Owner:	Graduate Medical Education (GME)	Contact(s): email	Karen Miller
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Related Policies & Procedures:			
Related Job Aids:			

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