



**USF Health - Morsani College of Medicine
GME POLICY & PROCEDURE**

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Scope: Applies to all University of South Florida Morsani College of Medicine (“USF MCOM”) residents and fellows (“Residents”) in Accreditation Council for Graduate Medical Education (“ACGME”) accredited and non-accredited/non-standard programs as appointed through the House Officer Contract issued by the USF MCOM Graduate Medical Education Office (“GME Office”).

Background: As required by Section III.B.3 of the ACGME Institutional Requirements, the Sponsoring Institution must facilitate professional development for core faculty members and Residents regarding effective transitions of care. Additionally, the Sponsoring Institution, in partnership with its ACGME-accredited programs, must ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

Definition: Transitions of care are defined as the relaying of comprehensive and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting. Transitions include changes in providers, whether from shift to shift, service to service, or from hospital/clinic to another institution or home. Transitions also occur when a patient is moved from one location or level of service to another.

Hand-off (Hand-over): A hand-off is the process of transferring information, authority, and responsibility for a patient during transitions of care. It is an active and iterative process of passing patient specific information from one caregiver to another or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient’s care.

Interprofessional team: A team made up of physicians and other health professionals appropriate to delivery of care in the specialty. A team made up solely of physicians is not an interprofessional team. Teams may include residents, faculty, and other personnel such as nurses, pharmacists, case workers, physical therapists, caregivers, and family etc., as appropriate, assigned to the delivery of care for an individual patient.

Policy: 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 develop and utilize a method of monitoring the transition of care process and update as necessary. Monitoring of hand-offs by the program must ensure the following:

- There is a standardized process in place that is routinely followed.

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- There is consistent opportunity for the receiver of the information to ask questions or clarify specific issues questions.
- The necessary materials are available to support the hand-off (including, for instance, written sign-out materials, access to electronic clinical information).
- An environment in which distractions are minimized is consistently available for hand-off processes that include face-to-face communication, where possible.
- Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines.

Each training program must design clinical assignments that optimize transitions in patient care with respect to safety, frequency, and structure.

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes 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.

Each program must ensure continuity of patient care, consistent with the program’s policies and procedures, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. The procedure for residents to transfer their patient care responsibilities under such circumstances must be solidified in the programs work hour policy and be implemented without fear of negative consequences for the Resident who is unable to provide the clinical work.

Each training program must maintain, communicate, and make accessible schedules of attending physicians and Residents responsible for patient care. All members of the health care team of attending physicians and Residents currently responsible for each patient's care must have access to one another's schedules and contact information.

Programs must ensure that residents are competent in communicating with team members in the hand-over process. This includes communication with members of interprofessional teams that are appropriate to the delivery of care as defined by their specialty residency review committee.

USF MCOM GME facilitates professional development for core faculty members and Residents regarding effective transitions of care

Procedure

Responsible Party
Residents and Faculty

Action
Key safety practices for hand-overs include:

- Providing up-to-date information regarding the patient's care, treatment and services, condition, and any recent or anticipated changes.

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- Using clear language and avoiding the use of abbreviations or terms that can be misinterpreted.
- Using interactive communication, which provides the opportunity for the receiver of the information to ask questions or clarify specific issues.
- Utilizing effective communication techniques. Implement and utilize read-back and check-back techniques. Limit interruptions.
- Utilizing technology, such as electronic records, to enhance communication and support the timely and efficient transmission of patient information.

Program Director

Programs must develop and utilize a method of monitoring the transition of care process and update as necessary.

GME Office

Facilitates professional development for core faculty members and Residents regarding effective transitions of care.
Ensures and monitors effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

APPROVED:



Senior Associate Dean, Graduate Medical Education/DIO

Date of Origin	Effective	Revision/GMEC Approval:	Originally Policy #
09/2014	2/2023	09/2014; 04/2019; 2/2023	N/A