Policy Statement

- Background: More than a decade ago, the Institute of Medicine released its report which set an agenda for U.S. hospitals to improve patient safety and reduce the number of patients harmed by medical errors and preventable adverse events. In response, one of the methods that has gained traction to improve performance is the development of transitions of care and the handoff/handover process. Handoff rounds affect all programs, departments, and clinical settings.

Procedure:

- Each training program (residency and fellowship) must have a program specific policy addressing transitions of care that is consistent with the ACGME and the USF GME Policy.

- Each training program must design clinical assignments to minimize the number of transitions in patient care.

- Schedules delineating all members of the health care team, including attendings residents and fellows, responsible for patient care must be accessible.

- Each program must document and monitor a structured hand off process that promotes continuity of care and patient safety.

- Each program must ensure that residents actively participate in the hand-over process and are competent in communicating with team members.

- Faculty supervision of the handover process may be direct or indirect depending on the level and experience of the trainees involved in a particular event.

APPROVED:

[Signature]

Associate Dean, Graduate Medical Education

[Signature]

Dean, College of Medicine

c/cpltransitions of care
REVIEWED, APPROVED –