



David Geffen  
School of Medicine



## **OLIVE VIEW-UCLA MEDICAL CENTER GRADUATE MEDICAL EDUCATION COMMITTEE TRANSITION OF CARE POLICY**

### **PURPOSE**

To establish protocol and standards in order to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes as well as when other scheduled or unexpected circumstances occur.

### **SCOPE**

This policy applies to all Olive View-UCLA sponsored ACGME and non-ACGME accredited residency and fellowship programs in all clinical learning environments.

### **DEFINITIONS**

Transition of care is an interactive process involving the communication of specific and essential patient information from one caregiver to another.

### **POLICY**

- I. Each training program must create a specific policy for transitions of care. This policy must clearly articulate an effective, structured handover process designed to facilitate both the continuity of care and patient safety. The specific policy for handoffs must be readily available and accessible for use by the program's trainees.
- II. All residents/fellows and faculty members must know and be trained in the use of the transition of care policy.
- III. Clinical assignments should be designed to minimize the number of transitions in patient care.
- IV. 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. All call schedules must be provided to the hospital operators.
- V. All patients for whom a resident or fellow is responsible must be included in the handoff.



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### PROCEDURE

#### I. Required components for handoff (NOTE: PLEASE MODIFY AS NEEDED):

- A. Identifying data
- B. Overall health status, history and diagnosis
- C. Code status and advance directives
- D. Reason for admission/visit/call and active problem list
- E. Allergies, medications, fluids, diet, labs vitals, cultures
- F. Selected specific therapeutics: oxygen or ventilator settings, dietary restrictions, NPO status, etc.
- G. Past and planned significant procedures
- H. Specific protocols/resources/treatments/consults
- I. Pending tests and studies which require follow up
- J. Family or communication issues
- K. Plan for the next 24+ hours

#### II. Characteristics of a high quality handoff:

- A. There is a standardized process in place that is routinely followed
- B. Handoffs are interactive communications allowing the opportunity for face-to-face questions and discussion between the giver and receiver of patient information
- C. Necessary materials are available to support the handoff
- D. Handoffs include accurate and current information regarding the patient's care, treatment and services, condition and any recent or anticipated changes
- E. Interruptions during handoffs should be limited in order to minimize the possibility that information would go un-conveyed or would be forgotten
- F. Handoffs require a process for verification of received information, including repeat back or read back, as appropriate.
- G. Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines.
- H. As appropriate, handoffs involve interprofessional staff members and/or patients and/or families

### REFERENCES

#### ACGME REQUIREMENTS (Common Program Requirements VI.B):

- Programs must design clinical assignments to minimize the number of transitions in patient care. (CR VI.B.1)
- Sponsoring institutions and programs must ensure and monitor effective, structured handover processes to facilitate both the continuity of care and patient safety. (CR VI.B.2)
- Programs must ensure that residents are competent in communicating with team



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members in the handover process. (CR VI.B.3)

- The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care. (CR VI.B.4)

### **REVISION HISTORY**

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### **CONTACT**

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### **APPROVAL**

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