

The University of Arizona
College of Medicine
at South Campus



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SUBJECT: GME Policies and Procedures Related Transition of Care

Effective Date: November 1, 2012

APPROVAL:

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DISTRIBUTION: Program Directors, Residents and Staff

The University of Arizona
College of Medicine at South Campus
Graduate Medical Education Committee
Policies and Procedures

Purpose:

Providing for patient safety and quality of care is one of the major tenets of Graduate Medical Education. Patients are particularly vulnerable when multiple providers are involved in managing their care. In order to comply with the ACGME Common Program Requirements and preserve patient safety during vulnerable periods, the "Transitions of Care" policy is set forth by The University of Arizona College of Medicine at South Campus Graduate Medical Education Committee (GMEC). The purpose of the Transition of Care policy is to assure that transitions of care between residents in all residency and fellowship programs at our institution prioritize patient safety.

Policy: Every program will participate in safe transitions of care in accordance with ACGME guidelines.

Procedures:

1. Programs must design clinical assignments to minimize the number of transitions in patient care.
2. Each program will be responsible for ensuring that copies of their annual rotation schedules and monthly call schedules are made available to the GME Office. The institution, via the GMEC, will confirm the distribution procedure for departmental call schedules, to ensure that all members of the healthcare team are able to determine who is responsible for the care of hospital patients at a given time.

3. Each program will institute a Transition of Care educational program for both faculty and residents that emphasizes patient safety and quality of care. Documentation of faculty/resident participation in this educational program must be maintained in the program's records and submitted to the GME Office in July of each year for presentation to the GMEC. In addition, programs must include information regarding format and standardized electronic or written tools utilized to guide sign-outs.
4. Supervising faculty should ensure that sign-outs are being done with the opportunity to ask and respond to questions. Residency programs must use a structured or checklist format for sign-out.
5. Sign-out must be supervised by faculty in a manner consistent with principles of progressive autonomy and progressive responsibility. Overall supervision of sign-out must be conducted in a manner consistent with ACGME requirements for supervision.
6. Residency programs are obligated to report any sentinel events resulting from sign-out problems by notifying the GME Office so that the issue can be addressed at the GMEC Quality meetings.
7. Each program director will be randomly assigned by GME office to observe and evaluate a different program's sign out based on a 5 item checklist of sign out requirements (see attached) and report results to GMEC.

ACGME Transitions of Care

VI.B.1. Programs must design clinical assignments to minimize the number of transitions in patient care.

VI.B.2. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

VI.B.3. Programs must ensure that residents are competent in communicating with team members in the hand-over process.

VI.B.4. 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.


 THE UNIVERSITY OF ARIZONA
MEDICAL CENTER

Sign Out Observation Check List

Program _____

Date _____ Time _____

In Person _____ Telephone _____

Mentioned clinical condition of each patient Yes _____ No _____

Mentioned recent pertinent clinical events of each patient Yes _____ No _____

Used "if/then" statements for potential problems to anticipate Yes _____ No _____

Created a task list / checklist for each patient Yes _____ No _____

Time was allowed for receiving provider to review patient data and ask questions. Yes _____ No _____

Comments:

Program Director Observer:

Name _____ Signature _____

Date presented to GMEC _____