**PURPOSE**

To promote continuity of care and patient safety in residents’ learning and working environment, the Accreditation Council for Graduate Medical Education (ACGME) requires that programs and sponsoring institutions minimize the number of patient care transitions, implement a structured and monitored handoff process, train residents for competency in handoffs, and make schedules readily available that list residents and attending physicians responsible for each patient's care. In addition to resident-to-resident patient transitions, residents must care for patients in an environment that maximizes effective communication among all individuals or teams with responsibility for patient care in the healthcare setting.

**SCOPE**

This policy applies to all Creighton University Child & Adolescent Psychiatry Fellows.

**POLICY AND PROCEDURE**

**Consult Call:**

There will be a weekly hand-off meeting between the fellow coming off his/her week of consult call service and the fellow who is beginning their week of consult call service. This meeting will be held on a predetermined day and time. All fellows are expected to be present, including the fellows not on call. This hand-off will be supervised by at least one faculty member. Ideally, both the faculty member who was on call supervision the week prior and the faculty member beginning their week of call supervision will be present for the hand-off; although this is not a requirement.

In addition to the weekly handoff meeting the fellow and attending on call will maintain a consult list with ongoing handoff notes for each patient. These notes should detail the reason for consult, date(s) seen, recommendations, need for follow up and any other pertinent information. This list is maintained through Epic, the EMR.
Outpatient Clinic Services:

For those who are giving up/handing off the patients (usually current 3rd, 4th, and 5th year residents, including those going to the child fellowship):

On the last clinic progress note for each patient, the resident will include a short hand off note. This handoff note will include the following:

1. Important medication trials/failures (not all -- just any important ones!)
2. Treatment direction (are there meds you were tapering on/off? Did you have a specific plan for future treatment?)
3. Treatment target/baseline (is patient at about baseline? What are our realistic treatment expectations?)
4. Obstacles (med compliance, drugs/alcohol, etc.)
5. Important psychosocial supports (friends, family, therapist, AA group, etc.)
6. Risk (How worried are you about this patient? Low, med or high) There is a dot phrase for this (handoff) at both UNMC and CUMC.

Notes should be short and quick -- we’re not asking for anything long or time consuming!

For those who are getting new patients (mainly current PGY2 Residents and 1st year Child Fellows):

You will get a checklist (hard copy) to fill out during the first 6 weeks of clinic. You'll just need to check whether the patient was seen by a previous resident at your clinic in the past 6 weeks, (if yes) then whether there was a handoff note written by the resident, (if yes, again) then whether you thought the note was helpful (rated 1-5) and whether you thought the handoff note positively impacted patient care.

Inpatient Services:

The Fellow at both the PRTF and inpatient psychiatric unit will maintain ongoing handoff notes on each patient through EPIC. Like the consult notes, these notes should include reason for admission, medication changes, recommendations, any safety concerns or and any other pertinent information. These notes should be updated on a regular basis or every time a patient is seen by a fellow, resident, or attending.
HEALTH CARE APPOINTMENTS

Process for urgent/emergent health care appointments

The process for ensuring patients safety and continuity of care for urgent/emergent health care appointments should follow the same hand off process as for residents needing to leave due to excessive fatigue or illness or family emergency.

Process for routine health care appointments

It is recognized that many routine health care appointments need to occur during the work day. In recognition of the primacy of patient welfare in these situations and the impact on the program's other residents, residents/fellows needing time off for these appointments should give the program 30 days’ notice to their program.

REFERENCES

GMEC Transition of Care Subcommittee, Draft/working document, May 2013
http://www.acgme.org/Portals/0/ResidentSurveyKeyTermsContentAreas.pdf

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.