**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 Pulmonary and Critical Care Medicine fellows.

**DEFINITIONS**

- **Faculty**: Defined as individuals with a formal assignment by the fellowship program to teach resident/fellow physicians.
- **Transition of care**: The process of relaying complete and accurate patient information between individuals or teams when transferring responsibility for patient care in the healthcare setting.
- **Interprofessional team**: A team made up of physicians and other health professionals appropriate to delivery of care within the specialty. A team made up solely of physicians is not an interprofessional team. Teams may include residents, fellows, faculty, and other clinical support personnel such as nurses, respiratory therapists, pharmacists, case workers, and dieticians.

**POLICY**

The Pulmonary and Critical Care Medicine Fellowship Program (the Program) will review the call schedule at least annually to minimize transitions in patient care within the context of the other duty hour standards. The transition of care should occur at the end/start of each shift to minimize confusion.

The Program has a patient checklist template which provides a documented process to assure complete and accurate fellow-to-fellow patient transitions. This template includes the following information:

- Patient name
- Patient age
- Room number
- Patient ID number
- Name and contact number of responsible fellow and attending physician
- Pertinent diagnoses
• Pending laboratory and X-rays
• Overnight care issues with a “to do” list including follow up on laboratory and X-rays
• Code status
• Additional patient-specific items

The Program will use e-Handoff for each patient care transition in the ICU. In addition to e-Handoff, there will be face-to-face or phone-to-phone handoff communication as necessary. All communication and transfers of information must include a brief review of each patient by the transferring and accepting fellows with adequate time for interactive questions. All communication and transfer of information must be done so in a manner that protects patient confidentiality.

The Program, in conjunction with the Pulmonary, Critical Care, and Sleep Medicine Division (the Division) will use Amion for the fellow and faculty call schedules.

Although it is anticipated that all fellows in the Program will have mastered communications and handoff skills during their residency training, the Program will require all fellows to attend GME orientation sessions, annual GME conferences, annual Program conferences, and other training determined necessary by the Program Director in order that each fellow will achieve competency in effective communication with all caregivers. The Program expects that all fellows will consistently provide effective communication with all caregivers, including the interprofessional team, involved in the transitions of patient care.

Process for Routine Health Care Appointments:
The Program recognizes the importance of healthcare appointments for fellows. It is recognized that many routine healthcare appointments need to occur during the work day. In recognition of the primacy of patient welfare in these situations, as well as respecting the impact on the program’s other fellows, fellows needing time off for routine healthcare appointments should give the program a minimum notice of 30 days. Notice should be provided via email to both the Program Director and the Program Coordinator.

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 fellows needing to leave due to excessive fatigue or illness or family emergency.

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.