**Policies and Procedures**

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<thead>
<tr>
<th>Section:</th>
<th>NO.</th>
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<tbody>
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<tr>
<th>Chapter:</th>
<th>Issued:</th>
<th>REV. A</th>
<th>REV. B</th>
<th>REV. C</th>
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<tr>
<td>Surgery Residency – St. Joseph’s Hospital and Medical Center</td>
<td>07/01/2017</td>
<td>06/04/2018</td>
<td>01/29/2020</td>
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**Policy: Transitions of Care**

**PURPOSE**
To facilitate safe, efficient and effective transitions in patient care (also known as hand-offs or sign-outs). The goal is to prevent errors during transitions of care and to minimize the number of transitions between care providers.

**SCOPE**
This policy applies to all surgery residents under the sponsorship of Creighton University School of Medicine/St. Joseph’s Medical Center (Phoenix) Program.

**POLICY**
1. All clinical assignments limit transitions of patient care to a maximum of two in a 24-hour period.
2. All sign-outs are conducted in a direct communication between the residents responsible for each surgical service (Trauma, Blue, Gold, Green, White, Breast) and the on-call resident.

**PROCEDURE**
1. All patient sign-outs are conducted in the Trauma Bay Area to ensure patient confidentiality and lack of distraction. No transitions are performed in public areas where patient confidentiality may be compromised.
   a. Hand-offs can be conducted over the phone as long as both parties have access to an electronic or hard copy version of the sign-out sheet. Additionally, all attempts to preserve patient confidentiality are observed.
2. Critical thinking and analysis during the sign-out process is performed with analysis of the sign-out data, discussion of contingency plans and discussion of previous problems and solutions. **Ample time is provided to ask and answer all questions.**
3. The sign-out for each service is included in the list for each service. This list is kept updated, with input and revision of information at least twice per day. This list is username/password protected and accessible at any on campus terminal.
4. The use of an electronic or hard copy sign-out sheet are always referred to during the hand over process. They are used to facilitate the transition of care as well as to provide visibility of the sign-out process to senior residents and attendings.
5. During the first month, all hand-offs are conducted in the presence of a senior level resident (PGY 4-5) to ensure that all sign-outs are thorough with appropriate levels of communication between members of the hand over process. Supervised Sign-outs with the Chief Residents will occur each Friday afternoon following the Basic Science Conference.
6. Senior level residents monitor the electronic and hard copy sign-out lists to ensure the accurate transmission of patient information during the daily hand over process.
7. Key elements on the checklist are:
   a. Patient identifiers: name, age, medical record number, and location

*In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.*
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Page 2 of 2

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- b. Name of attending physician and upper level residents including their contact information
- c. Schedule of the Senior resident/attending physician available for back-up
- d. Admission date and admitting diagnosis
- e. Important elements of history and physical examination

8. Relevant social information including contacts, code status, advance directives
9. Dates and titles of operative procedures
10. Relevant medication list
11. Key information on current condition and care plan (diet, activity, planned operations, pending discharge, significant events during the previous shift, changes in medications etc.)
12. Specific tasks that need to be accomplished by the receiving resident (e.g. following up on laboratory and imaging studies, wound care, clinical monitoring, pending communication with consultants, etc.)
13. An established pager number is kept for the in-house residents. The nursing staff can consistently contact all members of the care staff using these pager numbers. These numbers are provided on all posted call schedules.
14. The current call schedule is available to all services and staff via the surgery shared drive.
15. Health Care appointments

  a. 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 needing time off for these appointments should give the program 7 days’ notice.

  b. 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.

**REFERENCES**

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.