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 Urology Residency Program.

DEFINITIONS

Faculty: Defined as individuals with a formal assignment by the residency 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 in the specialty. A team made up solely of physicians is not an interprofessional team. Teams may include residents, fellow, faculty, and other clinical support personnel such as nurses, Pharmacists, case workers, and dieticians.

POLICY

In addition to GME Transitions of Care policy https://medschool.creighton.edu/residencies-fellowships/graduate-medical-education-office/policies, Urology residents MUST follow the following program specific policies:

Transitions may occur:

- Face to face/person to person
- Documentation of patient information must be via secure computer network

Information transferred must include:

- Patient name
- Account number
- Room number
Policies and Procedures

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- Responsible attending and resident contact information
- Patient age
- Diagnosis and surgeries performed or pending
- Allergies
- Resuscitation status
- Antibiotics
- Pending tests
- “To do” list

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 routing 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 programs other residents, residents/fellows needing time off for these appointments should give the program 45 day(s) notice to their program.

The document record to support the transfer of data.

All information must be transmitted in compliance with HIPPA

A Faculty and resident call schedule should be easily accessible

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.