

UTHSCSA Graduate Medical Education Policies

Section 4	General Policies & Procedures	Effective:	June 2013
Policy 4.7.	Transition of Care (Hand-off) Policy	Revised:	January 2022
		Responsibility:	Designated Institutional Official
Transition of Care Policy			
Purpose	<p>To establish training and operational standards to ensure the quality and safety of patient care. Transitions of care (the “hand-off”) between providers are vulnerable to error, and a careful delineation of the UT Health San Antonio (UTHSA) training programs’ and the residents’ responsibilities will help to minimize the number of errors that may occur following those transitions.</p> <p>Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system.</p>		
Definitions	<p>The “transition of care” referred to in this policy is the hand-off of responsibility for patient care between one provider to another, most commonly at the time of “check-out” to on-call teams. However, the same principles apply in other transitional settings, especially when transfers occur between levels of care (e.g., ward to or from ICU level of care), the scheduled change of providers (e.g., end-of-month team switches), or upon change of status from inpatient to outpatient or vice versa.</p>		
Policy	<p>Program Directors must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.</p> <p>Program Directors, along with the Sponsoring Institution, must ensure and monitor effective, structured hand-over processes for continuity of care and patient safety. Program Directors must ensure education regarding appropriate hand-off is provided. Program Directors and program faculty must monitor performance of hand-offs to determine the residents’</p>		

competency including communicating with team members during the hand-over process. The mechanism for such monitoring will be deferred to the Program Director's judgement. Program Directors are responsible for determining the elements necessary to be included in their structured hand-over process.

1. The following general guidelines should be followed:
 - a. The number of hand-offs, per period of time, should be minimized as much as possible.
 - b. Face-to-face hand-offs should occur if at all possible. If not possible, telephonic verbal hand-offs will occur but in either case a recorded hand-off document (written, or electronically displayed) will be available to the recipient. The hand-off must include an opportunity for the participants to ask and respond to questions. Ideally, hand-offs should occur without interruptions, and discreetly.
2. Participating sites must maintain and communicate call schedules such that the current resident(s) and attendings (i.e., even the on-call teams) are visible to all members of the health care team.

Programs must ensure continuity of patient care, consistent with the program's policies and procedures regarding circumstances in which residents may be unable to attend work such as excessive fatigue or illness, or family emergency.