I. PURPOSE

To ensure that sponsored residency and fellowship programs implement safe and accurate transitions of patient care procedures in accordance with the ACGME Institutional and Common Program Requirements.

II. SCOPE

This policy will apply to all sponsored residency and fellowship programs at RUTGERS Robert Wood Johnson Medical School.

III. POLICY

According to ACGME Guidelines, each program must:

1. Design clinical assignments to minimize the number of transitions in patient care.
2. Ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
3. Ensure that residents are competent in communicating with team members in the hand-off process.
4. Have schedules available that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care.

IV. RESPONSIBILITIES/REQUIREMENTS

Each program must:

- Each sponsored program will provide the Graduate Medical Education (GME) Office with a copy of its policy on transitions of care. The DIO will report to the GMEC on these policies. Once the policies have been considered appropriate by the GMEC, the programs will be required to annually report to the GME office their ongoing implementation of their policy. The DIO will report annually to the GMEC on this issue, which will take any action deemed necessary.
- Assure that scheduling of on-call shifts is optimized to ensure a minimum number of transitions, and there should be documentation of the process involved in arriving at the final schedule. The specifics of these schedules will depend upon various factors, including the size of the program, the acuity and quantity of the workload, and the level of resident education.
- Periodically monitor hand offs through attendance by program director, faculty, or chief resident.
- Implement an annual training program to ensure that residents and fellows understand the key components of each residency’s transitions of care process.
- Institute a mechanism in which resident/fellow schedules are centrally available to the residency program, nursing staff, and consulting services.

APPROVED BY GMEC ON 11/13/12