

**MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE**

**GME TRANSITION OF CARE POLICY**

Appropriate communication for the exchange of information is critical for the safety of patients during Transitions of Care (Hand-off) between in-coming and out-coming physicians or during transfer to and from other services. Good communication will help ensure optimum patient care and prevent delay of care during transition periods. This policy is to help standardize the elements of information exchange during transitions of care to improve quality of care and help ensure good patient outcomes.

Trainees going off duty MUST directly communicate with the trainee coming on duty, either in person or by telephone, in order to provide detailed information on each patient being covered by their Service. There must be an opportunity for questions and discussion of care to be provided. Trainees must also communicate directly with other services when care is being transferred including appropriate information exchange with other residents/fellows, Attending Physicians and Emergency Room physicians.

Complete and accurate information must be transmitted with minimum requirements as follows:

- 1) Patient name and location
- 2) Admitting diagnosis and relevant active problems and co-morbidities
- 3) Current clinical status including appropriate clinical (exam), lab, radiology findings and critical clinical care issues
- 4) Pending issues with plan of action outlined
- 5) Code status, other specialized social issues including family contact information
- 6) Attending physician responsible for patient and attending physician responsible for trainee supervision (if multiple attending physicians are involved)

**There will be monitoring of this process by the Attending Physicians, Program Directors and periodically by the Senior Associate Dean for Graduate Medical Education and Designated Institutional Officer.**

**Effective July 26, 2011**

**GME approval: July 26, 2011.**