PRISMA
HEALTH.

TRANSITION OF CARE

Approved Date: 05/24/2021	Effective Date: 07/01/2021	Review Date: 07/01/2027

Scope: (Check which locations apply to this policy)

Prisma Health-Midlands		Prisma Health–Upstate	
X	Prisma Health Baptist Hospital	X	Prisma Health Greenville Memorial Hospital
X	Prisma Health Baptist Parkridge Hospital	X	Prisma Health Greer Memorial Hospital
X	Prisma Health Richland Hospital	X	Prisma Health Hillcrest Hospital
X	Prisma Health Tuomey Hospital	X	Prisma Health Laurens County Hospital
X	Prisma Health Children's Hospital-Midlands	X	Prisma Health Oconee Memorial Hospital
X	Prisma Health Heart Hospital	X	Prisma Health North Greenville Hospital
X	PH USC Medical Group	X	Prisma Health Patewood Hospital
X	Provider based facilities associated with Prisma Health-Midlands hospitals	X	Prisma Health Surgery Center - Spartanburg
		X	Prisma Health Marshall I. Pickens Hospital
		X	Prisma Health Children's Hospital-Upstate
		X	Prisma Health Roger C. Peace Hospital
		X	Prisma Health Baptist Easley Hospital
		X	University Medical Group UMG/PIH
		X	Provider based facilities associated with Prisma Health-Upstate hospitals

Policy Statement
Prisma Health's DIO and its GMEC ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety at participating sites. The DIO ensures professional development for core faculty members and residents/fellows regarding effective transitions of care.

Responsible Parties
DIO, Program Directors, Faculty Development

Procedural Steps
1. The DIO will ensure resources for core faculty and resident professional development regarding effective transitions of care.
2. Each program's approach to hand-offs should be reviewed annually as part of the Annual Program Evaluation process.

3. Program Directors are responsible for ensuring that residents/fellows are engaged in standardized transitions of care consistent with the setting and type of patient care at all participating sites. Such transitions include admission to acute care settings, shift changes, before and after procedures, unit changes, institutional changes, or discharge from any setting.
4. Hand-off transitions should ensure patient safety with efforts to:
    a. Occur at a designated time and place each day;
    b. Use a standard verbal/written/electronic template;
    c. Be face to face, when feasible.
    d. Provide critical data that affects patient care, such as identifying concerns or issues, outstanding studies or scheduled labs; and
    e. Be conducted in a location that is conducive to transferring information with few interruptions.
5. To ensure effective hand-offs and in consideration for patient safety, at a minimum, hand-offs should cover the following:
    a. Concerns/issues;
    b. Pertinent information to the issues at hand;
    c. Resident's/fellow's or attending physician's assessment;
    d. Recommendations for managing potential problems; and
    e. Read back of above by receiving resident/fellow.
6. The transferring clinician must have at hand supporting documentation or tools used to convey information and immediate access to the patient's record.
7. All communication and transfer of information must be provided in a manner consistent with protecting patient confidentiality.
8. Clinicians must afford each other the opportunity to ask or answer questions and read/repeat back information, as needed. If the transition is not made directly (face to face or via telephone), the caregiver must provide documentation of name and contact information to provide the opportunity for follow up calls or inquiries.

References

ACGME Requirement

ACGME Sponsoring Institution Requirements III.B.3. Transitions of Care

ACGME Common Program Requirements VI.E.3. Transitions of Care