Cherokee Nation Health Services
Family Medicine Residency Program
Transitions of Care

Version: 1	Initial Approved Date: 2/24/2023
Last Revision Date:	Next Review Date: 2/24/2025

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose: To establish a protocol and standard within the residency program to ensure the quality and safety of patient care when transferring of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.

Policy:

1) Rotation, clinic, and call schedules are prepared by the chief resident with review and final approval by the program director.
    a. A copy of these schedules will be provided to the residents at least 30 days in advance of July 1, which is the start of the next training year

2) These schedules minimize transitions of care and allow for duty hour restrictions to be maintained more easily
    a. Residents will not exceed the 80-hour per week duty limit averaged over four weeks
    b. Residents are scheduled to the Inpatient Service team for four weeks at a time. Weekend coverage is provided by a subset of the Inpatient Service team on rotation that month. Overnight coverage is provided in-house by a combination of resident and hospitalist coverage. On occasion, there is rotating call.
        i. Weekend night coverage is provided in-house by a combination of resident and hospitalist coverage. Hospitalists are present in-house at all times
        ii. Hospitalists, which provide supervision for residents on the Inpatient Service team, are available in-house or by phone at all times for appropriate supervision. The hospitalist call schedule is posted each day in all hospital departments and can be obtained through the house supervisor or hospital operator.

3) Schedule over-laps are planned to provide adequate time for patient handoffs and to allow for face-to-face handoffs that ensure availability of information and an opportunity to clarify information.
    a. Patient handoff or “report” occurs at 8:00 am and 5:00 pm in the hospitalist office on the Med/Surg floor or other quiet area designated by attending faculty if the hospitalist office is unavailable for use.
    b. Faculty observe hospital handoffs to ensure that this policy and the standardized patient handoff procedure described below is followed.

4) Procedure: face-to-face interaction is required along with verbal, written, and computerized communication, with opportunity for the receiver to clarify information
    a. All on-duty residents involved in patient care will be present

b. Use of electronics will only be permitted to check on a lab or complete an action item
c. Cell phones will be silenced until after sign out is complete unless it is a CODE BLUE or other emergency situation.
d. Formalized training will be presented every year to all residents
e. The structured format will follow this example:
    i. I – Illness Severity
    ii. P – Patient summary (the standard clinical summary)
    iii. A – Action list for the next team
    iv. S – Situation awareness/contingency plans
    v. S – Synthesis – a chance for the provider being briefed to read back the information given for accuracy

f. In order to provide effective verbal handoffs, the following will be utilized:
    i. Handoffs will be given face-to-face
    ii. Handoffs will be given in a structured format, beginning with high-level overview
    iii. Handoffs will be given at an appropriate pace
    iv. Closed-loop communication will be utilized

g. A written patient care list will be provided to the receiving resident at the time of the handoff, which will supplement the verbal handoff and allow the receiving resident to follow along and take notes. The written patient care list will include the following:

    i. Patient room number, name, age/DOB, medical record number (MRN), attending physician, diagnosis, level of acuity, recent events, pending labs/studies, actions to be taken, CODE status, and current diet
    ii. Pending tasks, labs, studies, and follow-up items that will need monitoring during shift change

h. Assessment of appropriate and safe transitions will be performed in the following manner:
    i. Direct observation by faculty
    ii. Direct observation by upper level residents
    iii. Peer assessment of resident's handoff performance