

**POLICIES AND  
PROCEDURES****Graduate Medical Education Policy  
for Transitions of Care at Texas Health Resources**

**PURPOSE:** To provide guidelines and define the Graduate Medical Education policy for Transitions of Care at Texas Health Resources sponsored training programs. The aim is to ensure the quality and safety of patient care when transfer of responsibility occurs during work hour shift changes, transfer of the patient from one level of acuity to another and other scheduled or unexpected circumstances. This policy is in line with the most up-to-date ACGME common program and institutional requirements.

**SCOPE:** All residents and fellows (hereafter all will be referred to as trainees) employed by Texas Health Resources.

**DEFINITIONS:** **Transitions in care:** The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting.  
(*ACGME Glossary of Terms 2018*)

**PROVISIONS:** Texas Health Resources, as the sponsoring institution, will:

- Facilitate professional development for core faculty members and trainees regarding effective transitions of care
- In partnership with its sponsored ACGME-accredited program(s), ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

Each ACGME accredited program (“Program”), sponsored by Texas Health Resources, must have a policy addressing transitions of care, that is consistent with the ACGME institutional, common, and program-specific requirements as well as the Sponsoring Institution Policy.

- Each Program must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.
- Each Program (in partnership with Texas Health Resources) must document and monitor a structured hand-over process(es) that promotes patient safety and care continuity and is consistent with the setting and type of care being transitioned.
- All trainees and faculty members must be knowledgeable of the transitions of care processes. Trainees must demonstrate competence in

communicating with team members in the hand-over process. Trainee competence may be evaluated through:

- Direct observation by supervising attending physicians attending during the handoff/transitions of care process
  - Formal evaluation by the supervising attending physicians
  - Multi-source evaluation by the other participant in the transitions of care process.
- Each Program and clinical sites must maintain and communicate schedules of attending physicians and trainees currently responsible of care.
    - Attending physicians will be scheduled in a way that ensures availability for appropriate level of supervision for the scheduled trainees.
  - Each Program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2- VI.C.2.b)\*, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.
    - *\*There are circumstances in which trainees may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each Program must allow an appropriate length of absence for trainees unable to perform their patient care responsibilities. (VI.C.2.)*
    - *Each Program must have policies and procedures in place to ensure coverage of patient care (VI.C.2.a)*
    - *These policies must be implemented without fear of negative consequences for the trainees who is or was unable to provide the clinical work. (VI.C.2.b)*

All hand over documents, written and/or electronic, must be compliant with both HIPAA and Hospital policy.