Charter for SAUSHEC GMEC Sub-Committee for Transitions in Care

Charter: Develop strategies to assist GME training programs improve resident and fellow education in the handoff process, implement effective standardization and oversight of patient turnovers, and ensure trainees are competent in communicating with team members and patients during transitions in care.

Strategy 1: Assist GME programs in implementing standardized handoff processes that are tailored to meet specialty-specific needs.

Goal 1.1: Handoffs for all programs should ideally occur face-to-face, be uninterrupted, presented with both a verbal and written/electronic component, and include an opportunity for questions and feedback.

Evaluation Method 1.1: Survey programs on their current handoff processes and assist with areas of improvement. If a program does not currently use a standardized handoff instrument, there is a potential for field-testing of various standardized published handoff tools. Programs will be required to describe their respective handoff processes in a written guidance. This written guidance may be included in the program supervision policy, and it will be subject to periodic review by the Transitions in Care Sub-Committee.

Evaluation method 1.2: The Transitions in Care Sub-Committee will perform biannual spot checks of trainee performance during patient handoffs, in coordination with the respective Program Director.

Strategy 2: Ensure formal training in transitions of care for GME programs.

Goal 2.1: Methods of training may include GME orientation sessions for new interns, annual review of program-specific policy by the Program Director with the residents, departmental conferences, on-line training (APEQS), or skills based examinations such as the Observed Simulated Handoff Experience (OSHE).

Evaluation Method 2.1: The Transitions in Care Sub-Committee will perform a random audit of SAUSHEC GME program documentation to ensure that a formalized training process is occurring for patient handoffs. Training tools will be made available to the programs in electronic format.

Strategy 3: Assist GME programs in developing metrics for effectiveness of transitions.

Goal 3.1: Each GME program will have a formal evaluation process to ensure trainees are safely performing handoffs and receiving adequate feedback on their performance. Regular quality assurance should occur with specific attention to

those variables that may affect patient safety, such as adverse events related to turnovers, medication errors, and patient bouncebacks, etc.

Evaluation method 3.1: Programs should create an evaluation for residents and faculty that will monitor the effectiveness of the handoff system. This may include interviews, phone surveys, or electronic surveys (New Innovations) of healthcare team members, and/or patient surveys (Care Transitions Measure-15). Program faculty may also conduct interviews with oncoming treatment teams to ensure that an effective transition occurred. Audiotaped or videotaped recordings of handoffs for later quality assurance review are also acceptable. The Transitions in Care Sub-Committee will provide programs with various online links for commonly used handoff evaluation tools, or programs may develop their own evaluation tools to fit their needs.

Strategy 4: Ensure GME programs design clinical assignments that minimize transitions in care.

Goal 4.1: Ensure the availability of schedules for all members of the patient care team, such as with an electronic web-based format. Coordination between the Transitions in Care Sub-Committee and the Duty Hour and Excessive Sleepiness Sub-Committee should occur in order to help programs minimize turnovers in the face of duty hour limitations.

Evaluation Method 4.1: Programs will be responsible in their annual metrics to demonstrate how they minimize patient care transitions while complying with duty hour restrictions.

Strategy 5: Integrate GME faculty and housestaff in transitions of care initiatives that are currently being undertaken at the institutional level. This will ensure that their voices are heard and will also promote transitions in care education/awareness.

Goal 5.1: Project RED (Re-engineered Hospital Discharge), a SAMMC hospitalist initiative, has asked for GME input and representation, particularly from the housestaff. We will coordinate with the Housestaff Council for resident representation for this initiative.

Evaluation Method 5.1: GME faculty and housestaff members of Project RED committee to present quarterly summaries to the Transitions in Care Sub-Committee.