

**CONEMAUGH MEMORIAL MEDICAL CENTER  
GENERAL SURGERY RESIDENCY PROGRAM  
TRANSITIONS OF CARE POLICY**

**I. PURPOSE**

The purpose of this policy is to have a structured process within the MMC General Surgical Residency Program, which insures the overall safety of patients during the transitions of care periods which have become increasingly more frequent due to duty hour restrictions and other mandates which require frequent patient handovers.

The new program requirements set forth by the ACGME, which took effect in July 2011 concerning transitions of care, are as follows:

- **Programs must design clinical assignments to minimize the number of transitions in patient care.**
- **Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.**
- **Programs must ensure that residents are competent in communicating with team members in the hand-over process.**

**II. GENERAL PRINCIPLES**

There are several models in use today in the medical / surgical fields as well as many high reliability organizations such as NASA and Nuclear Power Plants, but they all have the following common characteristics:

They are structured;

The users are educated on their importance and proper application;

Their utilization is supported and mandated by the institution; and,

They are performed at a scheduled time in an environment free of distractions.

For our purposes, the structured handover will consist of, at least, the following information covered by the I-SBR model:

I - Introduction

State your name, service and who you are calling about.

S - Situation

Patient age, gender, diagnosis, procedures done or to be done, mental status, stable or unstable, code status

B - Background

Pertinent history, allergies, family location, special considerations (blind, deaf, etc).  
If post-operative: medications given, blood, component therapy and availability, tubes and drains, dressings, splints, casts, pathology, pending studies, x-rays, etc.

R - Recommendations

Specific care required, procedures to be done, pain control, family communication, operative and blood consents, pre-op or post-op notes to be completed, to-do list for the evening.

Any other pertinent information should also be included.

This communication will take place, preferably, face-to-face with a digital/written copy to the receiving physician prior to the exiting resident leaving the hospital. It should take place outside of the operating room and with sufficient time to properly convey all pertinent information and allow adequate time for the receiving resident to ask questions. Only when the receiving resident acknowledges understanding will the exiting resident leave the hospital. In situations which preclude face-to-face contact, a verbal / telephone handover is acceptable with digital / written formats as well. We utilize the e-Handoff software to accomplish the digital requirement of this program.

All residents are required to be familiar and fascicle with this process and software. Initial education will be provided during the orientation process. It is the responsibility of all residents to insure that this process is implemented at every transition of care. The program fully supports and mandates that this process is followed. Failure to do so is a direct violation of the professional conduct and standards policy and will potentially result in disciplinary actions with repeated failures.