Graduate Medical Education Policy	Transitions of Care
Facility/Sponsor	CMC/GMEC
Policy Origin Date	October 2012
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PURPOSE

Transitions of care are critical moments in a patient's clinical journey. To ensure continuity of care and patient safety, handovers must be conducted using a structured, monitored, and data-informed process. This policy outlines the expectations for transitions of care across all graduate medical education programs sponsored by Carilion Medical Center (CMC), in alignment with the ACGME Institutional and Common Program Requirements.

SCOPE

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC).

DEFINITIONS

Patient Handover: The structured communication process by which one provider transfers responsibility for patient care to another provider or health care team.

Resident: Refers to all interns, residents, and fellows participating in CMC's accredited post-graduate medical education programs.

PROCEDURE

Each program must develop a Transitions of Care policy that includes the following elements:

1. Structured Handover Process
    a. Use of I-PASS or comparable tool to ensure consistent communication
        i. I – Illness
        ii. P – Patient Summary
        iii. A – Action List
        iv. S – Situational Awareness
        v. S – Synthesis by Receiver
    b. Defines minimum clinical and psychosocial data to be communicated
        i. Ensure receiving team can ask clarifying questions
        ii. Conduct handovers in environments with minimal interruptions
        iii. Specify when face-to-face handovers are required and when remote methods are acceptable.
        iv. Provide privacy-protected written documentation for reference
2. Monitoring and Evaluation
    a. Faculty must monitor handovers for accuracy and effectiveness
    b. Programs must collect and analyze data to evaluate the quality and safety of transitions
    c. Resident competency in transitions must be assessed through direct observation and documented in their educational record.
3. Resident Education and Quality Improvement
    a. All new residents must receive training in the standardized handover process, including lectures and simulations.
    b. Residents must participate in quality improvement initiatives related to the transitions of care.

c. Programs must provide opportunities for residents to engage in root cause analysis or similar activities.

4. Communication and Scheduling
    a. Schedules identifying responsible residents and attendings must be accessible to clinical staff.
    b. Programs must ensure coverage and continuity during absences or transitions.

Annual Review and Oversight

1. The GMEC will review each program's transitions of care process annually.
2. Programs must submit summary data and improvement plans as part of the Annual Institutional review.

Designated Institutional Official	Reviewing Committee	Date Approved
Daniel Harrington, MD	GMEC	October 16, 2012
Donald W. Kees, MD	GMEC	April 2016
Donald W. Kees, MD	GMEC	July 16, 2019
Arthur Ollendorff, MD	GMEC	November 15, 2022
Arthur Ollendorff, MD	GMEC	November 18, 2025