



**UCLA EMERGENCY MEDICINE RESIDENCY PROGRAM  
TRANSITIONS OF CARE POLICY**

**ACGME Requirements (COMMON PROGRAM REQUIREMENTS VI.B):**

- Programs must design clinical assignments to minimize the number of transitions in patient care. (CR VI.B1)
- Sponsoring institutions and programs must ensure and monitor effective, structured handover processes to facilitate both the continuity of care and patient safety. (CR VI.B2)
- Programs must ensure that residents are competent in communicating with team members in the handover process. (CR VI.B3)
- The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care. (CR VI.B4)

**Policy:**

- 1) All residents and attending physicians will be able to perform safe and effective transitions of care in accord with the Emergency Medicine Residency Program Transitions of Care policy. Training will be provided to ensure understanding of, and compliance with, the policy.
- 2) Clinical assignments will be designed to minimize the number of transitions in patient care.
- 3) Transitions of care should only be interrupted for actions immediately necessary for patient safety and comfort.
- 4) All transitions of care from one member of the emergency department health care team of attending physicians and residents currently responsible for each patient's care to another member of the emergency department assuming responsibility for that patient's care must take place face to face in the Emergency Department (ED). For critical patients, hand-off at the bedside is recommended. Supplemental use of written or computerized communication is recommended.
- 5) Transitions of care from the (ED) health care team to an admitting service team may take place in a face to face meeting or by telephone. Supplemental use of written or computerized communication is recommended.
- 6) All patients for whom a resident or attending physician is responsible must be included in the handoff.
- 7) ED transitions of care must be performed in an effective, structured handover process designed to facilitate both the continuity of care and patient safety. The information included in each transition of care must be tailored to the individual circumstances of the patient. Depending on the status of the individual patient the following components are appropriate for a transition of care in the ED. Components in bold must be included.
  - a) **Identifying data**
  - b) **Reason for ED visit including chief complaint or diagnosis**
  - c) **Overall health status (stability)**

- d) Code status and advance directives
  - e) Active problem list
  - f) Pertinent history including present illness and physical findings
  - g) Pertinent past history, medications and allergies
  - h) Diagnostic test completed and in progress that will require follow up
  - i) Specific therapeutics, for example analgesia, intravenous fluids, oxygen or ventilator settings, antibiotics, NPO status, etc.
  - j) Recent and planned significant procedures
  - k) Specific protocols/consults
  - l) Family or communication issues
  - m) Plan for the remainder of the ED visit including anticipated disposition.**
- 8) The specialty specific policy for handoffs will be readily available and accessible for use by the program's trainees.
- 9) Transitions of care performed by emergency medicine residents while assigned to non-emergency medicine rotations (off-service rotations) must be completed in accord with the policies and procedures of those services.