

LEHIGH VALLEY HEALTH NETWORK
Graduate Medical Education Manual
GME Policy - Transfer of Patient Care

I. SCOPE:

Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:

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| <input checked="" type="checkbox"/> Lehigh Valley Hospital | <input type="checkbox"/> Lehigh Valley Hospice |
| <input type="checkbox"/> Lehigh Valley Hospital – Hazleton | <input type="checkbox"/> Transitional Skilled Unit |
| <input type="checkbox"/> Lehigh Valley Hospital – Pocono | <input type="checkbox"/> Fairgrounds Surgical Center |
| <input type="checkbox"/> Lehigh Valley Hospital – Schuylkill | <input type="checkbox"/> LVHN Children’s Surgery Center |
| <input type="checkbox"/> Lehigh Valley Home Care | <input type="checkbox"/> LVHN Surgery Center – Tilghman |

Medical and Dental Resident and Fellows Physicians

Purpose:

To guide the practices of patient transfer of care to optimize patient safety and quality of care. Transfers include shift change, end of rotation team transfers, change of services, admissions and discharges as well as other transfers of patient care.

II. Policy:

- Each program may create specific policies that supplement this institutional policy to adapt it to their specific program needs that are consistent with ACGME and LVHN GME policy.
- Elements of patient care transfer include identification of the patient, attending physician, current condition, actions to be taken, and areas for heightened observation that might require intervention.
- Planning for transfer of care must incorporate adequate time to complete the transfer, allow for questions and ensure adherence to duty hour regulations.
- Programs must define specific methods to communicate this information which may include verbal sign out, written communication, or utilization of the functions within the EMR and may involve two way communication with the opportunity for clarification.
- Programs should develop methods of education to teach these skills. Faculty supervision of the handover process may be direct or indirect after the graduate trainees have been observed and deemed competent in handoff procedures.

III. DEFINITIONS: N/A

IV. PROCEDURE: N/A

- V. REFERENCES:** N/A
- VI. ATTACHMENTS:** N/A
- VII. DISCLAIMER:** N/A

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Risk Management and/or Legal Services and the Ethics Committee, as appropriate.

VIII. REVIEWS:

Origination: [December/2015]
Review / Revision: [December/2018]

Approved by the Graduate Medical Education Committee

Approved by: Margaret Hadinger (Dir Grad Med Educ / Dio)	Approval Date: 08/05/2019
Version: 2	Publication Date: 08/05/2019
Original Creation Date: 12/14/2015	Next Review Date: 08/05/2022