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

- Lehigh Valley Hospital
- Lehigh Valley Hospice
- Lehigh Valley Hospital – Hazleton
- Transitional Skilled Unit
- Lehigh Valley Hospital – Pocono
- Fairgrounds Surgical Center
- Lehigh Valley Hospital – Schuylkill
- LVHN Children’s Surgery Center
- Lehigh Valley Home Care
- 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

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