SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Policy Number:	**26-05**
Policy Name:	**Graduate Medical Education: Transitions of Care**
Authority:	ACGME Institutional Requirements effective September 3, 2025, section 3.2.c; ACGME Core Program Requirements (Residency), effective September 3, 2025, sections 4.9.b., 6.12, 6.19.; ACGME Core Program Requirements (Fellowship), section 6.12, 6.19
Original Policy Date:	February 27, 2026 Effective Date: 02/27/26
Supersedes:	24-01
Policy Last Revised:	N/A
Attachments:	N/A

PURPOSE

This policy describes the expectations for and processes of handling transitions of patient care in the course of clinical work by residents and fellows (hereafter referred to as "trainees") at Behavioral Health and Recovery Services, San Mateo County (BHRS-SMC), to ensure the quality and safety of patient care when transfer of responsibility occurs during work hour shift changes, during transfer of the patient from one level of acuity to another, and during other scheduled or unexpected circumstances.

BACKGROUND

Transitions of care are critical elements in patient care. Standardized transitions of care are associated with a reduction in preventable adverse events. To assure patient safety and continuity of care in trainees' learning and working environment, the Accreditation Council for Graduate Medical Education (ACGME) requires that programs and sponsoring institutions have a documented, structured, and monitored hand-off process in place for ensuring the effectiveness of transitions of care and that trainees learn in an environment that fosters clear and effective communication including opportunities to engage as integral members of interprofessional teams. Compliance with this policy is the shared responsibility of program directors, teaching staff, faculty, trainees, and leadership from BHRS-SMC GME Institution. Programs must ensure that:

1. Schedules and work assignments are designed to minimize transitions in patient care.
2. A structured, consistently monitored handoff process is in place.
3. Trainees demonstrate competency in effective communication with interprofessional team members.

4. Up-to-date schedules are readily available to inform all members of the healthcare team of the attending physicians and trainees responsible for each patient's care.
5. Back-up systems are accessible when clinical demands exceed a trainee's ability to provide safe, high-quality care.

DEFINITIONS

Transitions of Care: the relaying of comprehensive and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting. Transitions of care can occur as a result of shift changes, patient transfers between teams, levels of care, of institutions, or as a result of current care team members being unable to continue patient care responsibilities due to unexpected circumstances. Transitions include:

1. Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ED and transfer to or from a critical care unit.
2. Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas.
3. Discharge, including discharge to home or another facility such as skilled nursing care.
4. Change of provider or service change, including change of shift for nurses, trainee sign-out, and rotation changes for trainees.

Handoff: the process of transferring information, authority, and responsibility for a patient during transitions of care. It is an active and iterative process of passing patient specific information from one caregiver to another or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care.

Interprofessional Team: made up of physicians and other health professionals appropriate to delivery of care in the specialty. A team made up of solely physicians is not an interprofessional team. Teams may include trainees, faculty, and other personnel such as nurses, pharmacists, case managers, therapists, caregivers, family, etc., as appropriate, assigned to the delivery of care for an individual patient.

POLICY

I. Each program must include the transition of care process in its curriculum.

II. Programs, in partnership with BHRS-SMC, must ensure and monitor effective, structured processes for transitions of care to facilitate both continuity of care and patient safety.

1. Each program must supplement this institutional transition of care policy with specialty-specific procedures which optimize transitions in patient care, including their safety frequency, and structure. These program-level policies should establish scheduling and handoff practices that ensure:
    a. Trainees remain in compliance with both institutional and specialty-specific duty hour requirements.

b. Faculty is available for appropriate supervision according to the training level of scheduled trainees.

c. Clinical schedules are built to include time for transition of care process, including the opportunity to ask questions and clarify issues.

d. Clinical schedules are often complex. Programs and clinical sites should maintain and communicate schedules of attending physicians and trainees currently responsible for care, including their contact information. These schedules should be readily available to relevant staff, both within the training program and the sponsoring clinical site.

e. The process should vary as little as possible between different times of day or between weekdays and weekends.

f. Safeguards are in place to provide coverage when unexpected circumstances arise, such as illness, fatigue, or emergencies that could impact a trainee's ability to provide care.

g. Trainees are given structured opportunities to both receive and provide feedback regarding their handoff performance, with faculty input incorporated to reinforce quality and skill development.

III. Competency in Handoff and Transition of Care

1. Effective transitions of care are a skill that requires training, practice, and ongoing refinement. All trainees must demonstrate competency in performing patient handoffs and care transitions. Programs have flexibility in selecting the assessment methods that best fit their specialty, but competency must be confirmed through one or more of the following mechanisms:

    a. **Direct Observation**: Handoff sessions observed by a licensed independent practitioner (LIP)-level clinician, whether familiar or unfamiliar with the patient(s). These observations may also be performed by a more senior trainee.

    b. **Written Handoff Review**: Evaluation of written handoff documentation by an LIP-level clinician, peer, or senior trainee. Reviewers may be familiar or unfamiliar with the patient(s).

    c. **Educational Sessions**: Completion of didactic learning opportunities on effective communication, such as in-person instruction, web-based modules, curriculum reviews, or knowledge assessments.

    d. **Outcome-Based Measures**: Assessment of handoff quality by monitoring the accuracy of anticipated overnight events.

    e. **Quality and Safety Reviews**: Evaluation of potential links between adverse events and handoff quality, using tools such as surveys, reporting hotlines, trigger tools, or chart reviews.

2. Programs must document the methods used and incorporate feedback into trainee development to ensure continuous improvement in communication and handoff skills.

IV. Procedure Transition and Handoff Process

1. All patient transitions must include direct communication between the transferring and receiving provider. This interaction should combine both verbal and written/electronic documentation, with the receiving provider having the opportunity to ask clarifying questions.
2. At a minimum, each handoff must follow a standardized format that is applied consistently across all services and include:
    a. Patient identifiers (name, medical record number, date of birth).
    b. Admitting, primary, or supervising physician, with corresponding contact details.
    c. Patient diagnosis and current status/level of acuity.
    d. Significant recent events, including changes in condition or treatment, current medications, allergies, laboratory results, and any planned or pending procedures.
    e. Outstanding tasks requiring completion in the immediate future.
    f. Laboratories, studies, or consults pending follow-up during the shift.
    3. Anticipated changes in condition and contingency plans requiring intervention.

Note: Hand-offs conducted by phone are permissible if both parties have access to a written or electronic sign-out sheet. All efforts must be made to maintain patient confidentiality throughout the process.

V. Monitoring of Transitions of Care

Each program must implement a process for ongoing monitoring of handoffs and update procedures as needed. This monitoring is intended to ensure adherence to institutional standards and ACGME requirements, with attention to the following elements:

1. **Standardization**: A consistent, structured process is in place and routinely followed across all services.
2. **Communication**: Trainees and faculty have a clear opportunity to ask questions and clarify information during each handoff.
3. **Support Tools**: All necessary resources are available to facilitate safe and effective transitions, such as written sign-out materials and access to the electronic medical record.
4. **Environment**: Face-to-face handoffs occur in a setting that is quiet, minimizes interruptions, and supports accurate communication.
5. **Confidentiality**: Patient privacy is preserved at all times, with strict adherence to HIPAA regulations.
6. **Program Oversight**: Programs will utilize monitoring tools (e.g., checklists or audit forms) to verify these elements. Copies of such monitoring tools are appended to this policy for reference and use.

VI. REFERENCES

A. Institutional Requirements, Accreditation Council for Graduate Medical Education (ACGME), 2025.

B. Common Program Requirements, Accreditation Council for Graduate Medical Education (ACGME), 2025.

C. Program Requirements for Graduate Medical Education in Psychiatry, Accreditation Council for Graduate Medical Education (ACGME), 2025.

D. Joint Commission Comprehensive Accreditation Manual (2025).

SIGNATURES

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REVISION HISTORY

Date of Revision	Type of Revision	Revision Description