Laboratory of Pathology ACGME Training Program - Anatomic Pathology Policy on Handovers and Transfers

Approved: January 4, 2012

Background: The Laboratory of Pathology is reviewing its current clinical hand over/transfer protocol for both staff and clinical fellows. The intent is to identify, develop, and improve the clinical handover communication through an approved policy that meets ACGME requirements.

Policy:

- 1. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.
- 2. Clinical assignments should be designed to minimize the number of transitions in patient care as evidenced by the following:
 - a) Residents of any given service are responsible for completion of cases assigned to them;
 - 1) Cases are to be signed out with the designated attending;
 - 2) If necessary (due to illness, transition to outside rotations, etc.), residents must first seek approval from their attending, then arrange a proper transfer of their cases to an incoming residents/alternate resident (hot seat resident or any other available resident).
- 3. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety as evidenced by the following:
 - a) If a resident is assigned to an outside rotation, he/she may arrange with the NIH attending in advance to transfer cases to incoming residents on service.
 - b) Alternatively, residents may request approval to arrange with attendings from outside institutions to have a few hours/days to complete his/her pending NIH cases.
- 4. Programs must ensure that residents are competent in communicating with other faculty, residents, and clinical fellows throughout the entire hand-over process.
 - a) Residents are required to communicate any work in progress concerning a case, preliminary diagnosis are provided (when, to whom), stains ordered and pending, etc. prior to completion of a case handover or transfer.
 - b) All communication regarding handover/transfer requests must be documented in writing.

- 5. Schedules are made available to inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.
 - a) Attending and hot seat residents should be made aware of any cases being transferred by the initiator of the handover or transfer and should be available to address any questions relating to these cases.

References:

- All current and new staff/clinical fellows/trainees will review at least once annually, LP's
 Organization of Service guidance located at:
 http://home.ccr.cancer.gov/LOP/intranet/ResidentsManual/sect4SurPath.asp#orgsrv, paying close attention to the following sections: *In-House Service, Frozen Sections, "Hot Seat" Service, Submitted Surgicals, Referral of Pathology Material to Other Centers, and LP Consultations Policy* (Section E. 1-6).
- 2. Additional policy manual sections are available on LP's Policy Manual Main Page located at: http://home.ccr.cancer.gov/LOP/intranet/PolicyManual/default.asp.
- 3. After Hours and On-Call Coverage policy is located at: http://home.ccr.cancer.gov/LOP/intranet/ResidentsManual/section1.asp#hourcov, however clinical fellows must meet all duty hours restrictions as defined by and LP's Policy on Duty Hours as dictated by the ACGME approved Duty Hours Policy (June 1, 2011), located http://intranet.cc.nih.gov/clinicalresearchtraining/gme/pdf/DutyHours.pdf.
- 4. All staff and clinical fellows will abide by LP's Emergency Plans for Clinical Services located on http://home.ccr.cancer.gov/LOP/intranet/PolicyManual/EmergencyMgmt/emergencyplans.asp;
- LIS/CRIS Downtime Policy and Emergency Coverage is located at http://home.ccr.cancer.gov/LOP/Clinical/labres/LIS_CAP/Gen43837LISCRISDowntimePolicy.doc

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Approved on behalf of the Laboratory of Pathology

J. Carl Oberholtzer, M.D., Ph.D.

Program Director, Anatomic Pathology