Title: Obstetric Anesthesia Fellowship Transitions of Care Policy

Policy #: Transitions of Care Policy – Obstetric Anesthesia Fellowship

Purpose: To define and ensure adherence to ACGME and BIDMC GME policies on transitions of care.

Our program seeks to minimize the number of transitions in inpatient care and assure safe, high quality handoffs of care. This is accomplished through the following mechanisms:

Reduction in number of handoffs required in the Operating Room:

1. Case assignments are made by the Director of Clinical Operations (East/West campuses) or their designee. Note is made of fellow(s) on late call assignments and efforts are made to place these individuals into cases which are anticipated to run past 5:00 pm.

2. Non-call fellows are relieved by staff when deemed appropriate by the daily floor manager. Relief is based on the operating room case statuses. Relief should be by the staff covering the case whenever possible to reduce the number of handoffs and transitions of care. If the attending staff is still covering two locations, efforts are made to allocate call team resources to relieve the fellow as expediently as possible and with the minimum number of handoffs.

3. If a case is near completion and is complex in nature, the daytime care provider(s) may elect to stay with the patient to facilitate care and reduce the number of transitions.

Assurance of Appropriate Communication:

1. The Anesthesia team caring for the patient is listed on PIMS, our electronic perioperative information management system, and is available to all health care team members. This listing is updated in real time to reflect changes in coverage and identifies fellow(s), CRNAs, and attending staff responsible for the care of the patient.

2. Fellow(s) receive training and feedback on communication skills Crisis Resource Management at the Center for Medical Simulation and daily feedback comments from faculty. These processes ensure that the fellow(s) are competent communicators.

3. Fellow(s) meet with their Program Director for a formal evaluation of their communication skills at least twice during their fellowship performance evaluations.

4. Faculty members receive training on providing feedback on communication skills via a live or web based training module.
5. Handoffs are conducted by a detailed structured oral and written report. Fellows are oriented to this process at the beginning of their fellowship in Obstetric Anesthesia. The nursing staff participates in the handoff to ensure that all appropriate information is transferred.

6. Intraoperative handoffs are conducted via oral report and review of the anesthetic preoperative assessment, intraoperative record, and plans for patient disposition. The surgical and nursing staff is made aware when these transitions are occurring so that they may be involved in the reporting process as appropriate. The staff or trainee assuming care signs into the anesthetic record following report to indicate the transfer of care.

**Assurance of Quality and Safety of Care:**

1. If a fellow is fatigued, relief will be made available expeditiously per the anesthesia sleep and fatigue policy.

2. Fellows and staff should be involved in the handoff of all complex or unstable patients to ensure physician to physician communication as part of the handoff process.

**Policy owner:** Anesthesia Education Division  
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