

<b>Number:</b>	<b>010-001</b>
<b>Section:</b>	<b>Patient Care Responsibilities</b>
<b>Title:</b>	<b>Autopsy Responsibilities</b>

**Effective Date: 11/19/2015**

**Previous Review & Approval by GMEC: 5/24/07, 3/15/12**

**Responsible Office: NJMS Graduate Medical Education**

**Update: Every five years from effective date or as needed**

**Purpose:** Autopsies are a valuable part of a resident's training. By determining the cause of death through the autopsy process, Housestaff gain insight into disease pathology that enriches their education.

This policy serves to establish an institutional policy regarding the utilization of autopsies as a Graduate Medical Education training tool.

**Scope:** The benefits apply to all Housestaff.

**Definitions:**

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Policy:**

1. Housestaff should review all deaths and are encouraged to obtain autopsies all patients on who die on the teaching service or in the Emergency Department (ED), if deemed appropriate by the medical examiner or the in-house pathologist.
2. Housestaff must work with the supervising faculty to obtain permission for an autopsy.
3. Housestaff are encouraged to be present at the autopsy and review any gross pathologic specimens. If the autopsy is obtained off-site by the Medical Examiner, Housestaff are encouraged to follow-up on the autopsy results and cause of death.
4. When possible, in-house autopsy reports should be provided to Housestaff who are involved in the patients' care.

**Procedure:**

**A. Protocol for Autopsy Request**

1. When a patient dies, Housestaff should determine if the Medical Examiner's Office must be notified (guidelines for notifying the Medical Examiners Office are outlined in University Hospital's policy manual and in the University

Hospital Housestaff Manual). If the Medical Examiner declines the case, Housestaff may offer the family an autopsy, if appropriate.

2. It is the right of a patient's family to decline the request for an autopsy. Housestaff may request consent for a limited autopsy in this case, if appropriate.

**B. Consent for Autopsy**

1. It is the responsibility of the attending physician and/or the Housestaff to obtain consent for autopsy. The request for consent must be documented in the medical record. A note must be entered in the medical record if circumstances exist which, in the judgment of the attending physician, prohibit requesting a consent for autopsy.
2. Autopsy consent forms are available on the units. Any questions regarding prior or pending autopsies can be directed to the Autopsy Service Director.

**C. Communication with the Family**

The following points of information should/must be communicated to the family:

1. The person taking responsibility for the body, usually the next of kin may give permission for the autopsy.
2. There is no charge to the family for the autopsy service.
3. The autopsy may confirm the clinical diagnosis or uncover additional contributory causes for the patient's death.
4. The autopsy contributes toward improved patient care, research and physician education.

<b>Number:</b>	<b>010-002</b>
<b>Section:</b>	<b>Patient Care Responsibilities</b>
<b>Title:</b>	<b>Basic Life Support, Advanced Cardiovascular Life Support, Neonatal Resuscitation (Advanced Life Support) Program and Pediatric Life Support Training</b>

**Effective Date:** 11/19/2015

**Previous Review & Approval by GMEC:** 5/24/07, 3/15/12

**Responsible Office:** NJMS Graduate Medical Education

**Update:** Every five years from effective date or as needed

**Purpose:** To ensure that there is training and maintenance of certification for basic and advanced life support courses for all Housestaff so that appropriate interventions may be executed in the event of cardiopulmonary arrest.

**Scope:** All Housestaff at Rutgers New Jersey Medical School.

**Definitions:**

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Reference(s):**

1. Joint Commission Accreditation Manual for Hospitals, 2004. The Joint Commission on Healthcare Organizations.
2. Licensing Standards for Hospitals, 2000. New Jersey Department of Health and Senior Services.
3. University Hospital-American Heart Association Certification Requirements

**Policy:**

1. All Housestaff who have direct patient contact are required to be trained in appropriate cardiopulmonary resuscitation. These courses include: Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Neonatal Resuscitation Program (NRP). Although specialties may vary in their requirements for ACLS, PALS and NRP training, all specialties require certification in BLS.
2. Maintenance of certification in all required life support courses is mandatory. Recertification must be obtained prior to the expiration date of the current certification.
3. It is the responsibility of all Housestaff to be cognizant of expiration dates of all certifications.
4. Housestaff who fail to obtain current certification will not be permitted to work in the patient care areas.

5. It is the responsibility of the Program Director (PD) and the DIO to ensure that all Housestaff are compliant with this requirement. The PD's are responsible for facilitating time off for Housestaff to complete the required courses given enough advanced notice, as determined by the PD.
6. The Community Training Center (CTC) at University Hospital will ensure that there are sufficient courses with availability for attendance offered to Housestaff so that they have ample opportunity to be compliant with this policy.
7. Although there are other courses available that offer similar material and principles, only American Heart Association sponsored courses will be accepted as appropriate training and certification for BLS, ACLS, PALS and NRP.
8. Housestaff are permitted to obtain AHA certification in the required courses outside of Rutgers. Those Housestaff must provide a copy of the provider card to the GME office.

**A. Procedure:**

1. Housestaff are encouraged to schedule his/her training in the required courses well in advance and to request time off with their respective PD's. Scheduling of required courses should be done through the CTC. The CTC will notify Housestaff that they are registered for the class, the cancellation policy and availability of course manuals.
2. Housestaff who fail to attend their scheduled BLS/CPR class and who fail to cancel 48 hours prior to the class will be subject to a \$25.00 administrative fee upon rescheduling. Housestaff who fail to show for their ACLS, NRP & PALS classes will be charged a \$75.00 administrative fee upon rescheduling.
3. **Tracking and record keeping.** The CTC communicates directly with the Housestaff and will provide them with a provider card. It is the responsibility of the Housestaff to provide a copy of this provider card to the Program Director or program coordinator who will keep a record of this in the electronic residency maintenance system.

<b>Number:</b>	<b>010-003</b>
<b>Section:</b>	<b>Patient Care Responsibilities</b>
<b>Title:</b>	<b>Transitions of Care/Handoffs</b>

**Effective Date: 12/21/2017**

**Previous Review & Approval by GMEC: 12/18/14**

**Responsible Office: NJMS Graduate Medical Education**

**Update: Every five years from effective date or as needed**

**Purpose:** To establish protocol and standards within Rutgers New Jersey Medical School and University Hospital and Clinics residency and fellowship programs to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.

**Definition:** A handoff is defined as the communication of information to support the transfer of care and responsibility for a patient/group of patients from one provider to another. Transitions of care are necessary in the hospital setting for various reasons. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:

- Change in level of patient care, including but not limited to inpatient admission from an outpatient procedure, diagnostic area or Emergency Department and transfer to or from a critical care unit.
- Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas
- Discharge, including discharge to home or another facility such as skilled nursing care
- Change in provider or service change, including change of shift for nurses, resident sign-out, and rotation changes for residents.

**Scope:** This policy will apply to all postgraduate training programs at Rutgers NJMS

**Reference(s):**

1. ACGME Common Program Requirements VI.E.3
2. ACGME Institutional Requirements III.B.3

**Policy:**

Individual programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure as well as adhere to general institutional policies concerning transitions of patient care.

**Procedure:**

1. The transition/hand-off process must involve face-to-face interaction\* with both verbal and written/computerized communication, with opportunity for the receiver of the information to ask questions or clarify specific issues. The transition process should include, at a minimum, the following information in a standardized format that is universal across all services:  
Identification of patient, including name, medical record number, and age
  - Identification of admitting/primary/supervising physician and contact information
  - Diagnosis and current status/condition (level of acuity) of patient
  - Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
  - Outstanding tasks – what needs to be completed in immediate future

- Outstanding laboratories/studies – what needs follow up during shift
- Changes in patient condition that may occur requiring interventions or contingency plans

\*Hand-offs can be conducted over the phone provided both parties have access to an electronic or hard copy version of the sign-out sheet. Additionally, all attempts to preserve patient confidentiality are observed.

2. Each residency program must develop components ancillary to the institutional transition of care policy that integrate specifics from their specialty field. Programs are required to develop scheduling and transition/hand-off procedures to ensure that:
  - Residents comply with specialty specific/institutional duty hour requirements
  - Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents.
  - All parties (including nursing) involved in a particular program and/or transition process have access to one another's schedules and contact information. All call schedules should be available on department-specific password-protected websites and also with the hospital operators.
  - Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
  - All parties directly involved in the patient's care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
  - Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.
  - Programs should provide an opportunity for residents to both give and receive feedback from each other or faculty physicians about their handoff skills.
3. Programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
4. Programs must ensure that residents are competent in communicating with team members in the hand-over process. There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These include:
  - Direct observation of a handoff session by a licensed independent practitioner (LIP)-level clinician familiar with the patient(s)
  - Direct observation of a handoff session by an LIP-level clinician unfamiliar with the patient(s)
  - Either of the previous, by a peer or by a more senior trainee
  - Evaluation of written handoff materials by an LIP-level clinician familiar with the patient(s)
  - Evaluation of written handoff materials by an LIP-level clinician unfamiliar with the patient(s)
  - Either of the previous, by a peer or by a more senior trainee
  - Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment
  - Assessment of handoff quality in terms of ability to predict overnight events
  - Assessment of adverse events and relationship to sign-out quality through:
    - Survey
    - Reporting hotline
    - Trigger tool
    - Chart review
5. Programs must develop and utilize a method of monitoring the transition of care process and update as necessary. Monitoring of handoffs by the program to ensure:

- There is a standardized process in place that is routinely followed
  - There is consistent opportunity for questions
  - The necessary materials are available to support the handoff (including, for instance, written sign out materials, access to electronic clinical information)
  - A quiet setting free of interruptions is consistently available, for handoff processes that include face-to-face communication
  - Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines
  - Monitoring checklists including these items are attached to the end of the policy
6. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2, 495 in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.