Transitions of Care

Scope:
The policy applies to the residency and applicable fellowship programs at CCHS in the inpatient environment.

Purpose:
The Sponsoring Institution must maintain a policy on transitions of care. The following applies to transitions by residents/fellows in applicable programs:

Policy and Guidelines:

- Residents and fellows receive educational material on transitions during orientation.

In any instance where care of a patient is transferred to another member of the health care team, an adequate transition must be used. Although transitions may require additional reporting than in this policy, a minimum standard for transitions should include the following information:
  - Demographics
    - Patient Name
    - Unit/room number
    - Age
    - Attending physician
    - Date of birth
    - Gender
    - Other unique identifier
    - Allergies
    - Admit date
  - History and Problem List
    - Primary diagnosis(es)
    - Chronic problems (pertinent to this admission/shift)
  - Current Condition/Status
  - System Based
    - Pertinent medications and treatments
    - IV fluids
    - Blood products
    - Oxygen
    - Respiratory therapy interventions
  - Pertinent Lab Data
  - To do list: Check x-ray, labs, wean treatments, etc-rationale
  - Contingency Planning-What may go wrong and what to do
o ANTICIPATE what will happen to your patient. Ex. “If patient seizes > 5 minutes, give him Ativan 0.05mg/kg. If he seizes load him with 5mg/kg of fosphenytoin.”

o Family or Psychosocial Situations

o Code Status, especially recent changes or family discussions.

- We encourage residents and fellows to use the **I-PASS** hand-off tool that is provided to residents during orientation.

- Faculty are required to answer a question on effectiveness of witnessed transitions on each evaluation. Each monthly evaluation form in New Innovations contains the following language: “I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.” The institution and program will monitor transitions by periodic review of transitions, as part of the Annual Program Evaluation. Transitions will occur between the outgoing and incoming teams, all upper level residents and interns will be present for this transition. An upper level resident must be present at every transition and is responsible for monitoring the transitions. Any deviations in this policy are to be reported to the attending on call that day.

- In addition, promotion of patient safety is further ensured by:
  o Provision of complete and accurate rotational schedules in New Innovations (Residency only).
  o Presence of a backup call schedule for those cases where a resident is unable to complete their duties due to fatigue, illness or an emergency.
  o The ability of any residents and fellows to be able to, freely and without fear of retribution, report their inability to carry out their clinical responsibilities due to fatigue or other causes.