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POLICY:

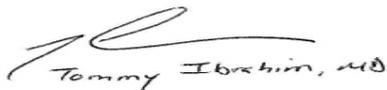
Mercy Medical Center Residency Programs recognize that the transition of care (also known as hand-off”) is a vital part of the overall quality of care patients receive at Mercy. In an effort to ensure that detailed, pertinent medical information is conveyed between house staff, numerous protocols for transition of care have been created. In addition, patient information will be updated and transferred daily amongst the residents in the form of patient lists and via the electronic medical record in the form of problem lists. There will be daily meetings (Junior Resident Conference or Hand-Off Conference) monitored by faculty to ensure the completeness and accuracy of the hand-off of patient information. The residents in attendance receive immediate evaluation through direct feedback at the conference. The level of supervision is vital to assuring quality patient care.

As always, all care will be overseen by attending physicians at all times. Residents have access to the attending staff at all times via personal interaction, phone, or pager.

PROCEDURES:

1. General guidelines for the transition of care process:
 - The time set aside for hand-offs is considered protected time and non-urgent interruptions are discouraged.
 - Encourage note taking during handoffs.
 - Report begins with the sickest or more complex patient cases for adequate allocation of time.
 - Data is presented in the same order for each patient team. Utilizing a consistent process in order to increase awareness of missing data.
 - Encourage the discussion of the patient care rationale and hypothesize potential issues that may arise (anticipatory process).
 - Encourage read backs for clarification.
 - All residents are encouraged to ask questions. If no questions are generated, the senior resident is responsible for utilizing this opportunity to ask questions to test the understanding and rationale for the current treatment plan or ask for additional differential diagnoses.
 - Tasks are to be assigned specifically to each resident. Junior residents are expected to confirm the status, result, and completion of these tasks with more senior residents as soon as appropriate and at minimum prior to upcoming shift change hand-off report.
2. Improving hand-offs will be discussed in monthly chief meetings and revisited no less than once a year.
3. Each residency program develops their own specialty-specific protocols for transition of care:

Attachment A: Family Medicine, Attachment B: General Surgery, and Attachment C: Internal Medicine



Signature

CMO/DIO

Title

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Attachment A

**Family Medicine Residency Program
Protocols for Transition of Care**

Family Medicine Inpatient Service

1. Morning transfer occurs with the night float residents transitioning at 7:00 a.m. daily with the day medicine team. The attending faculty for the week is in attendance. The inpatient list of all patients along with the new admissions are discussed.
2. Evening transfer occurs with the day time residents transitioning at 6:00 p.m. daily with the night float team. The attending faculty may attend this session. If not in attendance, the faculty will have previously reviewed the list that afternoon with the senior resident on the team. The inpatient list along with the new admissions are again discussed along with treatment/diagnostic plans.
3. On Saturday and Sunday, the evening transition occurs at 7:00 p.m.
4. The patient list is kept up-to-date throughout the 24 hours via electronic input. A paper form of the patient list is generated for each transition of care at least twice a day.

Pediatric Inpatient Service

1. Morning transfer occurs at 7:00 a.m. with the night resident reviewing the patient list with pediatric day team. All new admissions overnight are reviewed along with changes in the current pediatric inpatients. A pediatric hospitalist rounds with the day team at 10:00 a.m. on each patient.
2. Evening transfer occurs at 5:00 p.m. with the day team checking out to the residents responsible for the night coverage.
3. The patient list is kept up-to-date throughout the 24 hours on electronic format. A paper form of the patient list is generated for each transition of care.

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Attachment B

General Surgery Residency Program Protocols for Transition of Care

Intern (PGY-1)

- Daily conference at 5:30 p.m. in the checkout room. This is a structured session where the service interns discuss the patients and the actions of the day with the Night Float team. Plans for care are passed along, and pitfalls are discussed. The sessions are moderated by attending faculty or the supervising senior resident for night float. In this setting, the interns receive direct feedback on their presentation skills, and learning points are discussed. The emphasis is placed on concise, accurate hand-off of information.
- Daily morning transition of care. All surgical teams and night float residents are in same location to optimize sharing of information. The sessions are independently run by the residents. Again emphasis is placed on concise, accurate hand-off of information.
- Emergency room/trauma/outpatient clinic. Most patients admitted from these locations to the floor or step-down are initially evaluated by the intern or intermediate resident that will be responsible for the patient's care in the hospital. Therefore during the weekdays, there is no specific transition of care required. However, when patients are admitted during the night shift, or on weekends, the covering intern or intermediate resident provides transition of care via the morning or afternoon hand-off described above.
- Admission to the SICU. Interns or intermediate residents are required to call the ICU/Trauma resident prior to the arrival of the patient to the unit. Here the general information related to the reason for admission to the unit is discussed. Upon arrival of the patient to the ICU, the admitting resident and the ICU/Trauma resident are required to have a face-to-face conversation about the patient. The ICU/Trauma resident is expected to complete an ICU acceptance note, documenting the information.

Intermediate Residents (PGY-2 and PGY-3)

- Daily transition of care during the week and on the weekends. All surgical teams and night float residents are in same location to optimize sharing of information. Here the sessions are independently run by the residents. Again emphasis is placed on concise, accurate hand-off of information. Any service-specific information is delivered to the appropriate covering intermediate resident.
- The primary responsibility of the intermediate residents during the night shift is to the ICU. Therefore, the transition of care occurs daily between the resident covering the day shift in the ICU and the resident covering the night shift in the ICU. Preferably, these are walk-arounds that occur at 5:30 p.m. in the ICU. Here the pertinent information is covered, and the care of these critical patients is as seamless as possible.
- Emergency room/trauma/outpatient clinic. Most patients admitted to the floor or step-down are initially evaluated by the intern or immediate resident that will be responsible for the patient's care in the hospital. Therefore during the weekdays, there is no specific transition of care required. However, when patients are admitted during the night shift, or on weekends, the covering intermediate resident provides transition of care via the morning or afternoon hand-offs described above.
- Admission to the SICU. Intermediate residents are required to call the ICU/Trauma resident prior to the arrival of the patient to the unit. Here the general information related to the reason for admission to the unit is discussed. Upon arrival of the patient to the ICU, the admitting resident and the ICU/Trauma resident are required to have a face-to-face conversation about the patient. The ICU/Trauma resident is expected to complete an ICU acceptance note, documenting the information.

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General Surgery Residency Program (continued)

Senior Residents (PGY-4 and PGY-5)

- Daily transition of care during the week and on the weekends. All surgical teams and night float residents are in same location to optimize sharing of information. Here the sessions are independently run by the residents. Again, emphasis is placed on concise, accurate hand-off of information. Any service-specific information is delivered to the appropriate covering senior resident.
- Admission to the SICU. Seniors are required to call the ICU/Trauma resident prior to the arrival of the patient to the unit. Here the general information related to the reason for admission to the unit is discussed. Upon arrival of the patient to the ICU, the admitting resident and the ICU/Trauma resident are required to have a face-to-face conversation about the patient. The ICU/Trauma resident is expected to complete an ICU acceptance note, documenting the information.
- Emergency room/trauma/outpatient clinic. Most patients admitted to the floor or step-down are initially evaluated by the intern or intermediate resident that will be responsible for the patient’s care in the hospital. Therefore during the weekdays, there is no specific transition of care required. However, when patients are admitted during the night shift, or on weekends, the covering chief provides transition of care via the morning or afternoon hand-offs described above.
- When an attending staff is not available to run the junior resident conferences listed above, the senior supervising resident will monitor this conference. All of the goals and expectations listed above are continued with the senior-led conference.
- Senior residents are responsible for the management of the patients on their respective services. All admissions, or upgrades in care, will always involve the senior resident and therefore not require separate transition of care during the weekday shifts. During the night and weekends, the transition of care will follow the guidelines listed above.

In order to reduce month-end service changes, the chief and intermediate residents are being scheduled on the general surgery services in two month blocks with staggered schedules. Therefore, there is never a situation where our general surgery patients are cared for by an entirely new service of residents.

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Attachment C

**Internal Medicine Residency Program
Protocols for Transition of Care**

Internal Medicine Inpatient Service

1. Morning transfer occurs with the night float residents handoff at 7:00 a.m. daily with the day medicine team. The attending faculty is in attendance except weekends and holidays when available by phone until morning rounds. The inpatient list of all patients along with the new admissions are discussed to include evaluations, treatment and diagnostic plans.
2. Evening transfer occurs with the day time residents hand off at 5:00 p.m. daily with the swing shift team. The attending faculty may attend this session. If not in attendance, the faculty will have previously reviewed the list that afternoon with the senior resident on the team. The inpatient list along with the new admissions are discussed along with treatment/diagnostic plans.
3. Swing shift team will cover from 5:00-8:00 p.m. Swing shift will hand off at 8:00 p.m. to night float team.
4. On Saturday and Sunday, the evening hand off occurs at 5:00 p.m.
5. The patient list is kept up-to-date throughout the 24 hours via electronic input. A paper form of the patient list is generated for each hand off at least twice a day.