

Policies and Procedures

Section: School of Medicine		NO.				
Chapter: Endocrinology Fellowship	Issued: 04/29/16	REV. A 12/14/17	REV. B 8/16/18	REV. C 10/17/19		
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PURPOSE

To promote continuity of care and patient safety in residents' learning and working environment, the Accreditation Council for Graduate Medical Education (ACGME) requires that programs and sponsoring institutions minimize the number of patient care transitions, implement a structured and monitored handoff process, train residents for competency in handoffs, and make schedules readily available that list residents and attending physicians responsible for each patient's care. In addition to resident-to-resident patient transitions, residents must care for patients in an environment that maximizes effective communication among all individuals or teams with responsibility for patient care in the healthcare setting.

SCOPE

This policy applies to all Creighton University **Endocrinology Fellows**.

POLICY

Transition-of-care/Handoff policy at CUMC:

With new duty hour regulations, the transition of care of patients from fellow to fellow and fellow to resident (handoff) assumes a greater importance than ever before. Poor communication represents a very important root cause of sentinel events, medical misses, and near-misses. As a result, the handoff process is critical and indeed represents the "glue" of healthcare. The joint commission requires a standardized approach to handoff communications. As part of the new common program requirements established by the ACGME, the program must design clinical assignments to minimize the number of transitions in patient care, and must ensure and monitor effective structured handover processes to facilitate both continuity of care and patient safety.

At Creighton University Medical Center, the Endocrinology Fellowship's handoff process occurs on a weekly basis between the fellows and the residents who are rotating on the service. The sign-out process is done in an area which allows limited interruptions as well as secured access of patient information. The process involves both oral and written communication and is meant to be interactive. Patient lists are maintained in the e-handoff system (<https://www.e-handoff.net>) and may be updated from any computer with internet access.

This process occurs weekly because of the following:

1. Ordinarily a fellow participates in regular rounds daily with the attending physician and resident. The resident can change every 2 weeks, and the fellows change every month.
2. The handoffs can occur on weekdays and weekends between fellow and resident, and at the end of a rotation from an out-going fellow to the incoming fellow.

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The patient information that should be discussed at hand off are:

1. Patient demographics
2. Concise past medical history
3. Hospital course and current problem list
4. Pending labs/radiographic studies and other pending results
5. Anticipatory guidance and upcoming possibilities with clinical rationale when available
6. To do list with clinical rationale when available
7. Other important patient information not listed above that affects the patient's well-being.

Hand-off and rotating Endocrine Fellow processes at the VA:

1. The labs which are ordered in the process of e-consult or regular face-to-face consult is meant only to be discussed at the time of the actual face-to-face consult, unless any of them are thought to be of urgent or emergent nature.
2. If the lab orders/imaging are done close to the end of the month and the results and or visit are expected to come in the next month (when a new fellow will be coming in), then the fellow will "alert" the incoming fellow using CPRS (menu bar "Action Alert" when results are available select incoming fellow).
3. If the e-consult is about a thyroid nodule, it is left to the discretion of the fellow or supervising attending as to whether an FNA is ordered at the time of face-to-face visit or prior to visit (especially if patient lives very far away or cannot do too many visits due to fragility, etc.)
4. Hand-offs: any lab or follow-up that might be lost in the change from one fellow to the next is handled with a CPRS note identifying any pending issue for the patient attributed results and information.
5. Transition of care: make lists in CPRS for all the patients who require follow-up by next f/u (lab orders and or imaging).
6. Discuss all consults with supervising attending.
7. Entering notes for consults:
 - a. For full, regular consults, these can only be completed at the time of the face-to-face visit in the clinic and are signed by both the fellow and the attending. These will be divided between UNMC and CUMC Fellows as we do now. Sheri Lloyd will forward each full consult once the pre-requisite labs and orders have been completed. The time at which all labs and studies are available will become the CID (Clinically Indicated Date).
The note must end with a sentence to the PCP as co-signer or service requesting the consult to say, "Thank you for the consultation request. Sheri works very hard to make sure the fellow who did an e-consult (or at least UNMC or CUMC because of the rotation changes) will see the patient. We also clarified the fact that at the full consult visit, it would be permissible to copy and paste your full E-consult note if it was extensive and state the fact that this note was copied for use in the formal consult. No need to do double work.
 - b. Standard E-consults are done by the CUMC Fellow as usual and are labelled and signed by both the Fellow and attending to complete them. Many of these are also put forward as full consults, and we will track them as such.

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- c. Consult clean-up for both UNMC and CUMC services is done weekly with the Endocrine Nurses, Anne Dworak and Sheri Lloyd, and the Diabetes Case Managers reviewing any wait list outliers, and any incomplete consults. These are forwarded to the Section Chief who review sand requests completion of any outstanding consults.
- 8. Rotation change or prolonged absence: The Fellow must designate the surrogate in CPRS.

Health Care Appointments:

Process for urgent/emergent health care appointments:

The process for ensuring patients safety and continuity of care for urgent/emergent health care appointments should follow the same hand off process as for residents needing to leave due to excessive fatigue or illness or family emergency.

Process for routing health care appointments:

It is recognized that many routine health care appointments need to occur during the work day. In recognition of the primacy of patient welfare in these situations and the impact on the program's other residents, residents/fellows needing time off for these appointments should give the program 7 days' notice to their program.

REFERENCES

GMEC Transition of Care Subcommittee, Draft/working document, May 2013

<http://www.acgme.org/Portals/0/ResidentSurveyKeyTermsContentAreas.pdf>

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.