

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Department of Family Medicine Residency	<i>Issued:</i> 7/1/2019	<i>REV. A</i>	<i>REV. B</i>	<i>REV. C</i>		
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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 **Department of Family Medicine Residents**.

POLICY

TRANSITION OF CARE RESPONSIBILITIES

Call Responsibilities

Primary Call

Each resident on the inpatient team will be assigned to day float (7AM to 7PM) and night float (7PM to 7AM) each month. The call schedule has been arranged so residents do not have clinical responsibilities the day following night float.

Residents who are asked to work more than 24 + 4 hours per shift, are approaching the 80 hour work week, or risk other potential violations are to notify the PD prior to exceeding the Duty Hour limits.

Supervisor's Role

The supervisor of the Family Medicine Inpatient Service is a senior resident whose responsibility is to supervise the management of the patients by the residents on the Inpatient Service. Responsibilities include:

- 1) Arriving no later than 7:00 am each morning.
- 2) Upon arriving, notify the on-call resident that you are in the building and assign any new admissions the on-call resident has received since 6 am to another resident.
- 3) Have a complete check-out with the night supervisory resident in the conference room.

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4) Update the patient list. Reassign patients so that there is an equitable distribution of patients for the members of the team.

5) Notify continuity residents of admissions from the Family Medicine Center or St. Joe Villa.

6) Have the team ready for rounds at 8:00.

7) Assign admitted patients to the primary team during the day. Ensure that all orders discussed during rounds are carried out.

8) Lead check-out between 4 and 5 pm.

9) Foster a team spirit among the residents.

Resident Night Supervisor

1. Hours will be: Monday-Thursday: 5 pm to 7 am
Friday: 5 pm to approximately Noon on Saturday
Saturday: 7 am to approximately Noon on Sunday
Sunday: 7 am until 7 am on Monday
2. The Night Supervisor will see patients post-call on Saturdays and Sundays.
3. The monthly inpatient supervisor, or designated supervisor, will assign inpatients to the Night Supervisors for weekend rounds. The Night Supervisors on the weekends will both write notes on patients. The Night Supervisor who is post call will need to check out his/her patients after morning rounds to the next Night Supervisor in order to ensure continuity of care.
4. To avoid undue fatigue for the primary call person, the Night Supervisor will assist with H&P admissions as necessary. However, the Night Supervisor is responsible for being present for every admission. The Night Supervisor will primarily be assigned Obstetrical patients and newborns, while the primary call person will mostly be responsible for adult and pediatric admissions. If there are no other admissions, the primary call person will accept obstetrical and newborn admission.
5. The Night Supervisor must be notified of all admissions. The Night Supervisor must go to see the patient sometime during the admission process, do a focused exam and write a short note. The primary call person is expected to do the complete H&P and dictation and follow the patient. During the 1st month an intern is on the inpatient team the Night Supervisor will need to go with the intern for the entire admit process to help with the admission.
6. The Night Supervisor is also in charge of taking calls from Family Medicine Center beginning at 4:30 pm. Log calls in EHR as necessary.

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7. If the person on primary call is a third year resident, it is up to the resident on primary call whether or not the Night Supervisor needs to come to each admit. The Night Supervisor still needs to be notified that there is an admission and should be willing to assist when asked.
8. Night Supervisors must leave their rotation at noon on post-call days and all pages must be forwarded to the supervising resident of the service on which the resident is rotating. No pages are to be answered after 11:00 A.M. on past-call days.

Emergency Back Up

In order to provide back-up support in the event a resident assigned to call is unable to fulfill his/her duties or a code victory is called for a mass casualty, each night there will be a FM Resident on Emergency Back Up.

Guidelines for Emergency Back Up:

1. Home call hours are: Monday through Friday - 5 pm to 7 am
Saturdays and Sundays - 7 am to 7 am
2. The resident on home call must be available to come to the hospital if needed within one hour
3. No duty hours are logged unless a resident is actually called in to work
4. If a resident is unable to fulfill their call, he/she must notify the inpatient team supervisor immediately so that the home call resident can be notified. The home call resident will fulfill the responsibilities of the resident who is unable to work.
5. The Supervisor will notify the Chief Resident that the home call resident is being called into service (or the PD if the Chief Resident is on vacation or post-call).
6. If a resident on night float or night supervisor misses a call, it must be made-up at a later date to replace the call of the home call resident. The Chief Resident will keep track of the makeup dates.
7. The home call resident should only be called in for an EMERGENCY situation (mass casualty, or one of the residents on call is unable to fulfill his/her duties due to a major illness, hospitalization, trauma, labor, family emergency, extreme fatigue).
8. 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.
9. 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 privacy 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 60 days notice to their program.

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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.