

## ***Policies and Procedures***

<i>Section:</i> <b>School of Medicine (Phoenix)</b>		<i>NO.</i>				
<i>Chapter:</i> <b>Gastroenterology Fellowship</b>	<i>Issued:</i> 7/1/16	<i>REV. A</i> 7/1/19	<i>REV. B</i> 12/2019	<i>REV. C</i> 10/2020		
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### **PURPOSE**

In compliance with the ACGME Institutional and Common Program Requirements, it is the goal of Creighton University to outline the transition of care process for the fellows at Creighton University School of Medicine (Phoenix) Gastroenterology Fellowship Program. This policy is instituted to assure continuity of care and patient safety, to involve fellows to a structured and monitored hand-off process, and train fellows on competency in hand-offs and patient care transition. This also enables the fellow to 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 the Gastroenterology Fellows of Creighton University School of Medicine (Phoenix) Program.

### **POLICY**

This Transitions of Care (TOC) policy outlines the standards that provide for the safe transfer of responsibility for patient care to ensure continuous, coordinated delivery of care in settings that are appropriate to patients' needs, including arrangements that extend beyond the inpatient setting, into the community, and the home.

### **DEFINITION**

Transition of Care is commonly known as "hand-off." It is the process of transferring information and authority and responsibility for a patient during transitions of care. Transitions include changes in providers, whether from shift to shift, service to service, or hospital or clinic to home. Transitions also occur when a patient is moved from one location or level of service to another.

Both written and verbal hand-offs are important, and each has a different purpose. Written hand-offs can provide detailed information that serves as a reference for the receiving provider. Verbal hand-offs allow discussion and cross-checking with the receiving provider to be certain that he/she has understood the information being provided.

The patient's information that should be sent and discussed at hand-off includes (but is not limited to):

- Patient demographics
- Concise summary of past medical history
- The reason for the admission, reason for the consult, hospital course, the anticipated clinical course and plans of care
- Pending labs/radiographic studies and other pending results
- Other important patient information not listed above that affects the patient's well-being

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### **PROCEDURE/RESPONSIBILITY:**

#### 1. PRE-PROCEDURE HAND OFF:

- a. For patients coming for an endoscopy procedure from an in-patient service that has gastroenterology fellows, the fellow or the attending will communicate with the fellow or attending about issues pertinent to the procedure. These include:
  - i. Indication for the procedure
  - ii. Make available outside endoscopy records including endoscopy report, imaging reports
  - iii. Review and communicate patient medical/surgical history and medications pertinent to the procedure being requested.
  - iv. If necessary, anticoagulation issue addressed
  - v. If recommended and necessary, antibiotic prophylaxis administered.
  - vi. If the patient of a child-bearing age, then a pregnancy test result will be available
  - vii. Other allergies and clinical conditions pertinent to the case such as compliance and bleeding history
  - viii. In patients not able to consent, plan will be provided as to who will consent and the consenting party contact information will be provided.
  - ix. Other issues pertinent to the successful and safe completion of the case will be provided in a face to face, written or over the phone communication

#### 2. INPATIENT COVERAGE

- a. From 7am to 5pm on weekdays, the gastroenterology fellow is contacted by the emergency rooms for inpatient consultation. The gastroenterology fellow will evaluate all of these patients for acuity to ensure appropriate level of care after discussion with the attending.
- b. Each patient will be seen by the fellow and the attending physician the same day for non-emergent care.
- c. Transfers from outside facilities are coordinated through the fellow and attending physician. After hours and weekend service is provided by the on-call attending and fellow. A listing of call schedule is available and sent out at the beginning of each month.
- d. All critically ill patients admitted after hours to the ICU will be discussed between the fellow and the on-call attending physician for review and determination of timing of patient evaluation. The on-call fellow and the on-call attending physician will be in constant communication as needed to review status of the patient. In the event of a patient needing prompt medical/endoscopic intervention, the on-call fellow will coordinate with endoscopy team/anesthesia, contact the on-call attending, and mobilize the endoscopy lab.
- e. For situations where need for immediate intervention is less certain, the on-call fellow must always contact the on-call attending to review and discuss the patient.

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### 3. TRANSFER OF CARE (TOC)

- a. At 5 pm on weekdays the on-call fellow will meet with the inpatient fellow and if there are patients on “inpatient GI consultative service” these respective fellows will also participate in “hand-off.” If there is ongoing activity in the endo lab, the on-call fellow should ascertain status of patients in procedures and ensure that the labs do not require their support prior to leaving the hospital while on-call.
- b. The inpatient attending will contact the on-call attending by telephone for “hand-off” for critical or acute patients.
- c. At 7 am, the on-call attending will contact the service attending for “hand-off” and the on-call fellow will contact the service fellow for “hand-off” for acute or critical patients or any clinical changes with chronic patients. For weekends, there is one on-call attending for Friday, Saturday and Sunday and “hand-offs” between attendings will occur at 5pm on Friday and 7am on Monday. The hand-off procedure for the fellows would be similar to the attending hand-off.
- d. For TOC, verbal communications will involve comprehensive discussion of the patient’s medical condition and issues surrounding their care. This TOC between attendings may be done in person and/or telephonically depending upon circumstances.
- e. Additionally, a secure patient list is kept within the electronic medical record (EMR) and is available via proxy to all faculty and fellows. This forms the basis for transition of care. Since notes/consults are written within the EMR, this information is electronically available at the bedside or remotely at the time of the transition of care.

### 4. HEALTH CARE APPOINTMENTS:

- a. Process for urgent/emergent health care appointments:
  - o 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 fellows needing to leave due to excessive fatigue or illness or family emergency.
- b. Process for routing health care appointments:
  - o 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 fellow; fellows needing time off for these appointments should give the program 7 days’ notice to their program.

### **REFERENCES:**

Creighton University GME Policy link: <https://medschool.creighton.edu/residencies-fellowships/residencies-fellowships-omaha/graduate-medical-education-office/policies>

### **AMENDMENTS OR TERMINATION OF THIS POLICY**

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

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