

## ***Policies and Procedures***

<i>Section:</i> <b>School of Medicine (Phoenix)</b>		<i>NO.</i>				
<i>Chapter:</i> <b>Hospice and Palliative Medicine Fellowship</b>	<i>Issued:</i> 12/1/17	<i>REV. A</i> 7/1/18	<i>REV. B</i> 1/2020	<i>REV. C</i> 10/2020		
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### **PURPOSE**

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 resident 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 Hospice and Palliative Medicine Fellows of the Creighton University School of Medicine (Phoenix) Program.

### **POLICY**

The Hospice and Palliative Medicine Fellowship at Creighton University School of Medicine develops standards that provide for the safe transfer of responsibility for patient care to must 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**

Transitions of Care (TOC) or commonly known as hand-offs 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

### **PROCEDURE/RESPONSIBILITY**

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

- 1) For patients coming for hospice and palliative consult, HPM fellow will communicate with the supervising faculty about the patient's issues.  
These include:
  - a. Indication for the consult
  - b. Make available outside records, consults, and other reports
  - c. If the patient is unstable and is not able to consent, a plan should be provided as to who will consent or the consenting party contact information.

*In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.*

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- d. 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**

- 1) From 7am to 4pm on weekdays, the HPM fellow is contacted by the primary team for consults to the service. The fellow will evaluate all patients for acuity to ensure appropriate level of care after discussion with the attending.
- 2) Each patient will be seen by the fellow and the attending physician within 24 hours for non-emergent care.
- 3) For situations where need for immediate intervention is less certain, the on-call fellow should contact the on-call attending.

### **3. TRANSFER OF CARE**

- 1) At 4 pm on weekdays the on-call fellow will contact with the inpatient fellow and if there are ongoing and acute issues on census then the on-call fellow should ascertain status of patient's current management/plan.
- 2) The inpatient attending will contact the on-call attending by telephone for "hand-off." After hours, the on-call the fellow is contacted by primary team for new consults.
- 3) For transfer of care, attending to attending TOC will ideally take place "face to face" involving a comprehensive discussion of the patient's medical condition and issues surrounding their care (S-BAR format). This TOC between attendings may be done in person and/or telephonically depending upon circumstances.
- 4) 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 HPM 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.

### **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**

ACGME

Creighton University GME Policy: <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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