

Policies and Procedures

<i>Section:</i> School of Medicine (Phoenix)		<i>NO.</i>				
<i>Chapter:</i> Psychiatry Residency	<i>Issued:</i> 6/1/07	<i>REV. A</i> 7/1/11	<i>REV. B</i> 11/1/12	<i>REV. C</i> 6/1/14	<i>REV. D</i> 5/30/16	<i>REV. E</i> 10/20/20
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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 hand-off process, train residents for competency in hand-offs, 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 School of Medicine (Phoenix) Psychiatry Residency Program residents.

POLICY

A consistent procedure whereby salient information about specific patient needs and concerns identified by residents/attendings/clinicians will be reliably and comprehensively transmitted when care of the patient is transitioned to another resident/attending/clinician.

Purpose: In accord with CU Policy, physician sign-out and transition of care communication is critical to assure appropriate and timely care for patients. Sign out procedures will include person to person contact and discussion of patient needs and at times written communication of information critical to continued appropriate patient care.

Procedure:

A. On-call Procedures:

1. Transfer of the on-call pager at Valleywise Behavioral Health Center (VBHC)-Mesa will occur by face to face meeting of the person going on-call with the person coming off-call. It is the joint responsibility of both parties to make this meeting occur on time for the change of call.
2. The person going off-call will tell the person coming on-call of specific patients having unusual medical or psychiatric problems, patients who require special attention, necessary work which remains undone or other conditions which may be salient to the on-call person carrying out duties.
3. Attendings who are aware of a patient situation which may require attention by the Resident On-Call (ROC) after hours or night float resident will use the ROC Transition of Care telephone line (ext. 42222) to leave information about the patient, the issue possibly needing attention and any suggestions the attending has for the resident.
4. Residents coming on after hours call will call into the ROC Transition of Care telephone line to pick up messages regarding any possible patient problems. Residents will document the messages on the form in the Handoff Log, located in the resident call room and erase the message on the telephone line. Subsequent residents on-call can review the form to see patient issues which may still be current.

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

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4. The ROC shall document any significant patient problems encountered during the call shift in a note in the record, along with notification of any follow up needed.
 5. Night float residents going off-duty on weekday mornings will attend the morning meeting at VBHC-Mesa in order to report significant events occurring in the hospital overnight. In addition, under the supervision of an attending psychiatrist, they will communicate as above with the person on-call during the day at VBHC-Mesa and, if it has not already occurred in the morning meeting, will notify the appropriate attending of any problems or significant concerns that have come up about any of the attending's patients during the period of call.
 6. All transition of care interactions will be documented by the signature in the Handoff Log of the attending or resident going off-call, the attending or resident coming on-call and, as it occurs, the attending psychiatrist supervising the transition of care.
- B. Transition of Care
1. When attending staff sign-out care of inpatients to another attending or covering attending:
 - a. Transferring attending will send a list of patients being transferred to the receiving attending, the Director of Inpatient Services and the Department Chair.
 - b. Transferring attending will discuss the patients with the receiving attending.
 - c. Receiving attending will review information available in EPIC and make notation in the record of having done so and having discussed the patient with the transferring attending.
 - d. Exceptions to this process may occur when:
 - If due to illness or other unexpected reasons for absence the transferring attending is unable to create a patient list or talk to the receiving attending, then the transferring attending will describe any urgent patient care issues to the Inpatient Director or Chair, who will communicate the information to the Attending assigned care for those patients that day.
 2. At the end of inpatient rotation, the resident going off-service will communicate with the incoming resident coming on the service. Sign out will be created on EPIC/email and communicated with primary attending and resident. Because inpatient attendings are ultimately responsible for the care and treatment of all patients on the inpatient services and supervise the care provided by residents, it is not necessary for a resident to follow this transition of care procedure if another resident is not coming on to the service.
 3. When resident sign-out care of a patient to another resident in the VBHC-Mesa Outpatient Clinic:
 - a. The resident will write an off service/transfer note which will include:
 - patient name
 - diagnoses
 - medications
 - risk issues
 - major psychosocial/treatment issues

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- labs and other issues requiring follow up
 - plans and rationale for further treatment/discharge
 - a list of issues for further focus which has been developed with patient.
- b. The resident will conduct a structured discussion in a quiet and private location or on a telephone about the patient directly with the person who will be caring for the patient.
- c. In some cases, the resident should arrange for an in-person introduction to the new resident for the patient to meet briefly with the new resident.
4. Health Care appointments:
- a. Process for routine health care appointments. It is recognized that many routine health care appointments need to occur during the workday. In recognition of the primacy of patient welfare in these situations and the impact on the program's other residents, when needing time off for these appointments, residents should give the program 30 days' notice.
- b. 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.

REFERENCES

Creighton University GME Policy link:
https://medschool.creighton.edu/sites/medschool.creighton.edu/files/toc_policy_gmec_approved_8.13.2020.pdf

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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