

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Psychiatry	<i>Issued:</i> 10/28/2019	<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 Psychiatry residents and fellows.

POLICY

Transition of patient care in the practice of psychiatry is unique compared to other medical specialties, primarily due to the different settings in which patients are seen. Often, the provider who is taking care of patients in the hospital, will also be the assigned physician for their patient's care overnight or during weekend days. In addition, our program generally will have one resident/attending who acts as the assigned physician for patients being treated at multiple hospitals on an overnight basis. This creates an environment where few patient care transitions occur. The needs of the system changes during weekend days, where there are a great deal of patient care transitions occurring. Thus, there exists complicated system where a traditional hand-off procedure is often not necessary on a day to day basis. However, a key part of patient safety and resident competency is being able to provide quality transitions of care.

GOALS

1. Identify the importance of residents being competent to provide consistent and structured transitions of patient care (hand-offs).
2. Identify the need for faculty to supervise the quality of resident hand-offs to encourage an environment of patient safety.
3. Explain the procedure for providing structured transitions in patient care at various sites across the Creighton University Psychiatry Residency System.
4. Provide a clear communication process to reduce errors in patient care by providing high quality transitions in patient care.

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IPASS:

According to the Creighton University Graduate Medical Education office guidelines, all patient transitions of care, or “hand-offs” will be performed utilizing the IPASS model of communication. This is a peer reviewed and validated method of performing patient transitions of care that has been shown to reduce errors in patient care, patient morbidity and patient mortality. All new residents and new faculty will attend a work shop on IPASS and its proper implication to ensure they are able to utilize this system properly.

PATIENT HAND-OFF SECTION OF THE ELETRONIC HEALTH RECORD (EHR)

Both Creighton University and Nebraska Medicine has a section of the Electronic Health Record (EHR) that is dedicated to authoring patient hand-offs. This portion of each patient’s chart is readily accessible for all providers. Instructions for reaching and filling out the hand-off portion for both CU and NMC can be found in the resident orientation packet.

Workflow:

- Weekdays (Mon.-Fri. 7AM-5 PM)
- Included sites:
 - Nebraska Medicine Adult Crisis Unit (ACU)
 - Lasting Hope Recovery Center Inpatient Unit (LHRC)
 - Immanuel Medical Center Child and Adolescent Inpatient Unit (IMC)
 - Immanuel Psychiatry Residential Treatment Facility (IMC PRTF)
 - Nebraska Medicine Consult Liaison Service

Every patient who is admitted will have the transition of care portion of their electronic health record (EHR), located in the chart under “patient hand-off”, completed and up to date every day prior to the weekday resident team leaving their site. This will provide the covering physician’s access to a brief summary of the patient, the treatment that has been provided since being admitted to the hospital, and any other information that the day team of physicians deems practical. This section should be monitored by the day time attending physician on a daily basis to ensure accuracy and that it is updated. This section of the patient’s chart will be available to all providers and will easily be accessed by the physicians covering overnight. The day time team should contact the covering physicians and perform a verbal hand-off for any patient whom they deem it is necessary based upon each individual circumstance.

- Weekends (Fri. 5PM- Mon. 7AM) and Holidays

Prior to leaving their assigned site on Friday, the weekday team of residents has the responsibility of filling out the patient hand-off portion of the EHR for each patient under their care. The senior resident who is on the weekday team is then to set up a meeting (either in person or over the phone) with the covering weekend resident, in order to provide a verbal hand-off for every patient whose care is transitioning. This verbal handoff should also follow the IPASS format. The receiving physician should

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be reviewing the EHR portion of the patient's charts while this verbal hand-off is occurring. It is the expectation that faculty are performing their own hand-offs that are not covered in this policy. The faculty are expected to be observing the resident to resident hand-off until they are comfortable that the residents can do them competently. The faculty and senior resident should communicate every Friday that both the verbal and non-verbal portions of the hand-off were completed.

The weekend resident is expected to print the hand-off list that is available in the EHR and provide it to the weekend attending. The weekend resident is responsible for completing the hand-off portion in the EHR of each new patient that is admitted over the weekend and for updating the hand-off portion for every existing patient that they round on. Prior to the end of the weekend, the covering resident will arrange a meeting with the weekday resident. During this meeting, the weekend resident will provide a verbal hand-off, utilizing the IPASS format, for every patient whose care will be transferred back to the weekday team. This hand-off should be supervised by the covering physician to ensure accuracy and completeness.

- Other sites (All outpatient sites, Creighton University Medical Center Consult Liaison Service, Geriatric Psychiatry, Inpatient Substance Use Program, Veteran's Hospital Inpatient Psychiatry)

These sites do not feature transitions of care over night or during the weekends.

RESIDENT ILLNESS/FATIGUE TRANSITION OF CARE

- All inpatient sites

In the event a resident is ill or is suffering from fatigue and is unable to safely perform patient duties, they will report to their attending physician and the most senior resident at their respected sites. The resident who is coming off duty should complete the patient hand-off portion of the EHR for all patients they are responsible for. They should then provide a verbal hand-off to the most senior resident and attending physician at their site. The attending physician and senior resident will be responsible for delegating and covering the care of these patients after hand-off is provided.

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 30 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.