Still OPTI

POLICY		Policy No: IS-020
Subject: Transitions of Care	Approval: June 27, 2017 Last Revision Approved: 5/22/18 Approved by GMEC: 6/27/23	Page 1 of 2

PURPOSE

The purpose of this policy is to establish training and operational standards intended to ensure the quality and safety of patient care. Transitions of care between providers are vulnerable to error, and a clear delineation of training program and provider responsibilities surrounding this activity promote and support our institutional culture of safety.

DEFINITIONS

Resident: Any physician in an accredited graduate medical education program including interns, residents and fellows

Transitions of care: The hand-off of responsibility for patient care from one resident to another, most commonly at the time of check-out to on-call teams, however the same principles apply to other transfers between one clinical care setting to another or the scheduled change of providers (e.g., end- of-month team switches)

Hand-off: Transfer of essential information and the responsibility for the care of the patient from one health care provider to another

POLICY

1. Key patient safety practices are critical to the effective transition of care:
    A. Interruptions must be limited - participate in hand-off communication only when both parties can focus attention on the patient-specific information (i.e. quiet space). Face- to-face communication should occur if at all possible
    B. Current, minimum content be conveyed
    C. The opportunity to ask and respond to questions must be provided
    D. A written or electronic hand-off document, which is HIPAA-compliant, must be used to complement the verbal communication

2. Hand-off communication must include the following information (I-PASS):
    A. Patient name, location and a second identifier (e.g., MRN or DOB)
    B. Identification of primary team or attending physician
    C. I - illness severity - stable, “watcher”, unstable; code status
    D. P - patient summary - summary statement; events leading up to admission; hospital course; assessment; plan
    E. A - action list- to do list; timeline and ownership

F. S - situation awareness and contingency planning - know what's going on; plan for what might happen
G. S - synthesis by receiver - receiving physician summarizes what they have heard, asks questions and restates key action/to do items

3. Role of the Program Director in ensuring and monitoring effective transitions of care
    A. Identify situations where the residents will participate in hand-offs and ensure that they are trained to effectively participate in the process
    B. Ensure that residents are competent in communication with team members in the process
    C. Design clinical assignments to minimize the number of transitions in patient care.

4. Role of Still OPTI
    A. Facilitate professional development for core faculty members and residents regarding effective transitions of care; and
    B. In partnership with its ACGME-accredited programs, Still OPTI will ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.