

Augusta University
House Staff Policies and Procedures

| | |
|--|---|
| Policy HS 24.0 Transition of Care (TOC) | Source Graduate Medical Education Office |
|--|---|

1.0 Purpose

The purpose of this policy is to define a safe process to convey important information about a patient's care when transferring care from one physician to another.

2.0 Background

2.1 In the course of patient care, it is often necessary to transfer responsibility for a patient's care from one physician to another. Transition of care (TOC) refers to the orderly transmittal of information, verbal and/ or written, that occurs when transitions in the care of the patient are occurring.

2.2 Proper TOC should prevent the occurrence of errors due to failure to communicate the status of a patient. In summary, the primary objective of this policy is to ensure complete and accurate information is communicated during a TOC so to ensure safe and effective continuity of care.

3.0 Scope

These procedures apply to all GME House Staff (interns/residents/fellows).

4.0 Characteristic of a High-Quality TOC:

4.1 TOC must follow a standardized approach.

4.2 TOC must include up to date information regarding the patient to include at least:

- Patient name, location, MRN, date of birth
- Patient clinical status: diagnosis (including differential), other demographics, vital signs, code status and advance directive, social issues, religious/other care issues
- Allergies: medication and other type allergies (food, latex, etc.)
- Precautions: safety-isolation status, fall status, risk of skin breakdown
- Important prior medical history
- Medications (current, last given, precautions needed prior to next dose), fluids, diet
- Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
- Equipment and other special needs: vent dependent, oxygen, pacemaker, drains, traction, etc.
- Important current labs/cultures
- Past and planned significant procedures - NPO status, consents signed, pre-operative checklist done, blood availability/consent
- Plan for the next 24+ hours
- Pending tests and studies which require follow-up
- Important items planned between now and discharge
- Recommendations of provider transferring care to new provider

4.3 TOC are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information. House Staff must thoroughly review a written TOC form or receive a verbal TOC and take notes. House Staff must resolve any unclear issues with the transferring physician prior to acceptance of a patient. A process for verification of the received information, including repeat-back as appropriate, must be used.

4.4 Interruptions during TOC should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.

4.5 Each TOC process ideally includes an upper-level House Staff and/or attending physician as appropriate per service.

| | | | |
|-------------------------|---|--------------------|---|
| Effective Date: 7/05 | Revision/Review Date: 12/05,10/07,12/09,10/10,2/11 1/13,10/14,9/15,1/16, 2/17, 6/19, 5/22, 4/23 | Number: HS 24.0 | 1 |
|-------------------------|---|--------------------|---|

Augusta University
House Staff Policies and Procedures

Policy
HS 24.0 Transition of Care (TOC)

Source
Graduate Medical Education Office

Transition of Care (TOC) Document

Shift Date: ____/____/____

Shift Time: _____

By my signature below, I acknowledge that the following events have occurred:

1. Interactive communications allowed for the opportunity for questioning between the giver and receiver about patient information.
2. Up to date information regarding the patient's care, treatment and services, condition, and any recent or anticipated changes were communicated.
3. A process for verification of the received information, including repeat-back as appropriate, was used.
4. An opportunity was given for the receiver of the TOC information to review relevant patient historical information, which may include previous care and/or treatment and services.
5. Interruptions during TOC were limited in order to minimize the possibility that information would fail to be conveyed, not be heard, or forgotten.

Receiving Physician's Name and Signature

Date/Time

Departing Physician's Name and Signature

Date/Time

Effective Date:
7/05

Revision/Review Date:
12/05,10/07,12/09,10/10,2/11
1/13,10/14,9/15,1/16, 2/17, 6/19, 5/22, 4/23

Number:
HS 24.0

3