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 responsibility 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 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 changes in the status of a patient that have occurred during that shift. In summary, the primary objective of a TOC is to provide complete and accurate information about a patient’s clinical status, including current condition and recent and anticipated treatment. The information communicated during a transition of care (TOC) must be complete and accurate to ensure safe and effective continuity of care.

3.0 SCOPE:

These procedures apply to all Georgia Regents University physicians who are teachers or learners in a clinical environment and have responsibility for patient care in that environment.

4.0 POLICY:

4.1. TOC must follow a standardized approach and include the opportunity to ask and respond to questions.

4.2. A TOC is a verbal and/or written communication which provides information to facilitate continuity of care. A TOC occurs each time any of the following situations exists for an inpatient, emergency room patient, clinic patient, observation patient, or any other patient:

a) Move to a new unit

b) Transport to or from a different area of the hospital for care (e.g. diagnostic/treatment area)

c) Assignment to a different physician temporarily (e.g. overnight/weekend coverage) or longer (e.g. rotation change)

d) Discharge to another institution or facility

4.3. Each of the situations above requires a structured TOC with appropriate communication.

5.0 CHARACTERISTICS OF A HIGH QUALITY TRANSITION OF CARE:

5.1. TOCs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information.
The term House Officer is use as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at Georgia Regents University
a) Patient name, location, age/date of birth
b) Patient diagnosis/problems, impression
c) Important prior medical history
d) DNR status and advance directives
e) Identified allergies
f) Medications, fluids, diet
g) Important current labs, vital signs, cultures
h) Past and planned significant procedures
i) Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
j) Plan for the next 24+ hours
k) Pending tests and studies which require follow up
l) Important items planned between now and discharge

8.0 FORMATTED PROCEDURE:

8.1. A receiving physician shall:
   a) Thoroughly review a written TOC form or receive a verbal TOC and take notes
   b) Resolve any unclear issues with the transferring physician prior to acceptance of a patient

8.2. In addition, the PAMPER method can be used to deliver or receive the information:
   a) **Patient Clinical Status:** Diagnosis, demographics, vital signs, DNR status, social issues, religious/care issues
   b) **Allergies:** Medication and other type allergies (food, latex, etc.)
   c) **Medications:** Current medications, last given, precautions needed prior to next dose
   d) **Precautions:** Safety-Isolation status, fall status, risk of skin breakdown

   **Procedures:** Surgery-NPO status, consents signed, preoperative checklist done, blood availability
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TRANSITION of CARE (TOC) DOCUMENT

Shift Date: __/__/________  Shift Time (24 hour): ____________________

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 was communicated.
3. A process for verification of the received information, including repeat-back or read-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 Resident’s Name and Signature   Date/Time

__________________________________________  _____________________
Departing Resident’s Name and Signature   Date/Time

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