

Georgia Health Sciences 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 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 Health Sciences 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.

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- 5.2. TOCs include up-to-date information regarding the patient's care, treatment and services, condition, and any recent or anticipated changes.
- 5.3. Interruptions during TOC should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.
- 5.4. TOCs require a process for verification of the received information, including repeat-back or read-back, as appropriate.

6.0 TRANSITION of CARE/TOC PROCEDURES:

- 6.1. TOC procedures will be conducted in conjunction with (not be limited to) the following physician events:
- a) Shift changes
 - b) Meal breaks
 - c) Rest breaks
 - d) Changes in on-call status
 - e) When contacting another physician when there is a change in the patient's condition
 - f) Transfer of patient from one care setting to another
- 6.2. TOC procedures and information transfer forms and guidelines for physicians are developed and implemented by each service according to the needs of that service. The TOC forms or guidelines may be in either paper or electronic format, and must include clinical information agreed upon by physicians on that service, as being integral to the provision of safe and effective patient care for that patient population.
- 6.3. Each service will develop and implement a TOC process that is in keeping with the shift or rotation change practices of its physicians and that facilitates the smooth transfer of information from physician to physician.
- 6.4. Each service TOC process must include an opportunity for the on-coming physician to ask pertinent questions and request information from the reporting physician.
- 6.5. Each TOC process must be conducted discreetly and free of interruptions to ensure a proper transfer.
- 6.6. Each TOC process ideally includes an upper-level Resident and/or Attending physician when available.
- 6.7. A Resident physician must not leave the hospital until an effective TOC has occurred.

7.0 STRUCTURED TRANSITION of CARE (TOC):

- 7.1. Within each service, TOCs will be conducted in a consistent manner, using a standardized TOC form or structured guideline.
- 7.2. TOCs, whether verbal or written, should include, at minimum, specific information listed below (as applicable):

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- 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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- e) **Equipment and other special needs:** Vent dependent, oxygen, pacemaker, drains, traction, blood administration, vascular access reconciliation.
- f) **Recommendations of care provider transferring care to new provider.**

Response from care provider taking over care of the patient (Question and Answer Time).

- 8.3. The following document is a suggested format but not required for programs to document information with their sign-out process. Other formats for documentation are permitted as developed by individual services and departments to reflect the unique aspects of individual services and/or departments.

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**Suggested
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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