

Transitions of Care Policy

Updated July 2017

PURPOSE

To establish an orderly protocol for transitions in patient care

PERSONS INVOLVED

Residents, Faculty, Program Director, and Night Float TEC.

PROCEDURES

Every day of the year, there will be a formal hand-off process between the day teams and the night team. This process will start at 6am in the morning and anytime after 6pm in the evening.

General Surgery and Specialty Services

Monday – Friday: The sign out process between the daytime resident teams and night float teams will take place each day between 6:00 am –7:00 am, and 6:00 pm –7:00 pm on weekdays. Tasks and issues to be signed out to the night team must be reviewed with the senior resident prior to signing out. Senior residents should ensure that tasks left for the night service are appropriate and all predictable major issues have been highlighted including action plans. The floor and consult pagers for the primary services will be signed out to the covering night float intern.

Saturday – Sunday, Holidays: On weekends and holidays, the morning sign out process from the night float team to the weekend rounding residents from the primary team will take place between 6:00 am – 7:00 am Saturday morning. The weekend/holiday rounding residents will complete all rounding and patient care activities then sign out to the Saturday coverage team. The Saturday coverage team will sign back out to the weekend/holiday rounding residents for the primary services between 6:00 am- 7:00 am Sunday morning. The weekend rounding residents will complete all rounding and patient care activities then sign out to the Sunday coverage team. The Sunday day coverage team will sign out to the night float team between 6:00 pm-7:00 pm Sunday evening.

Residents are generally required to be physically present for the sign-out process. Handoffs should occur in a separate quiet space. For night time and morning sign-out at Northwestern Memorial Hospital the sign out process will occur in the Surgical Resident Library, Feinberg 6-275. Residents must sign out patients to the night float residents before they are free to leave for the day. Surgical ICU sign-out occurs in the SICU. At Lurie Children’s Hospital, the sign out process will occur at the 21st floor conference room. At the VA Hospital

the sign out process will occur in Room 4637 on 4E. At MacNeal Hospital the sign out process will occur in Room 4-2 on unit 42 south.

Transitions in level of care

In addition to hands-offs between night and day teams, a formal hand-off process will occur when patients are transitioning between the operating room and ICU as well as between the ICU and floor. On arrival to the ICU the operative residents must directly communicate pertinent sign out information to either the intern receiving the patient, the PGY2 in the SICU or the critical care fellow. Sign out information must include at a minimum attending surgeon responsible, operation, current monitoring/access, airway/ventilator plan, any operative issues, and potential issues to watch for based on operative findings.

When a patient transitions from the ICU to the floor, it is the responsibility of the resident directly caring for the patient to contact the receiving team to provide sign out.

Training

Residents should utilize the I-PASS BATON framework for hand-offs. No resident is permitted to participate in sign-out until they have completed formal hand-off training and have been assessed and approved to sign-out by an attending. This training and assessment occurs during intern boot camp. Actions discussed at sign-out must be reviewed by a senior resident for appropriateness.

I-PASS BATON
<p>I: Intro - Identify your role and job</p> <p>P: Patient - Patient name, identifies, age, sex, location</p> <p>A: Assessment - chief complaint, vital signs, symptoms, & diagnosis</p> <p>S: Situation - Communicate current status & circumstances</p> <p>S: Safety Concerns - Critical lab values & reports? Social economic factors? Allergies or alerts?</p> <p>B: Background - identify comorbidities, previous episodes, current meds and family history</p> <p>A: Actions - What actions were taken/required; provide rationale</p> <p>T: Timing - Level of urgency; include timing & priority of actions</p> <p>O: Ownership - Who is responsible, including patient & family</p> <p>N: Next - Plan of action; any time critical actions needed?</p>