

IOWA LUTHERAN HOSPITAL FAMILY MEDICINE RESIDENCY PROGRAM

Policy: Transition of Care

Purpose: The purpose of the ILH policy on Transitions of Care is to facilitate safe, efficient, effective and HIPAA-compliant transfer of patient care from one physician to another. This occurs at change of work shifts and at the end of resident rotations.

Work Shift Transitions

- Daily check in and checkout occurs twice daily at 7:00 am and 5:30 pm in the resident lounge.
- All residents working that day on the inpatient family medicine and obstetrical services and the residents on that overnight or weekend shift are required to attend. Weekend morning sign out is at 7:30 am.
- Each resident finishing duty will complete the patient checkout “Med A” grid that is found on the residency’s shared computer drive. This includes the following information at the minimum:
 - Patient room number, name, personal physician and code status
 - Admitting diagnosis and pertinent medical diagnoses
 - Pertinent medications and therapies
 - Allergies
 - Pertinent findings and results
 - Pending and overnight concerns
- Face-to-face verbal checkout will be done for each patient on our services using the interactive SAIF-IR communication tool.
- Checkout communication is taught during orientation for all first year residents with a didactic lecture and a role-playing exercise.
- The house officer beepers are exchanged at the time of face-to-face checkout.
- Effectiveness of the checkout process is accomplished by intermittent faculty presence for supervision and evaluation.
- Work/call schedules are published and distributed monthly. They are available electronically on the residency shared drive and the UnityPoint website clinical tab and in hard copy in the resident lounge and on all nursing stations. They are also available through the hospital operators.

Resident Rotation Transitions

- At the end of inpatient rotations each resident will communicate with the resident coming on service to assume care of his or her patients.
- Communication may occur at the scheduled check in on the first morning of the rotation. If the outgoing resident is not available to attend that session he/she is responsible to ensure a communication in the 24 hours prior.

- End of rotation communications may be face-to-face or by telephone. They will always be verbal and never just written. They will always be done in a manner that maintains patient confidentiality.

End of Residency Transitions

- Three months before graduation, all residents' patient lists are printed.
- Graduating residents will read through their lists and make corrections for moved and deceased patients.
- Graduating residents will designate, when appropriate, any preferred junior resident for specific patient reassignment based on a patient's prior contact with that junior resident, stated preferences or level of medical complexity.
- New patient lists for the subsequent year are then developed with the patient numbers apportioned according to the resident's level of training.
- All patients whose physician is reassigned are sent a letter informing them that their physician is graduating and a new physician is available for them.
- Graduating residents will relay unfinished processes for their patients to the newly assigned junior resident.
- On the last day of residency the graduating residents will complete a check off list of functions that demonstrate completion of patient-related tasks.
- Electronic medical record access is cut off two weeks after graduation when all tasks in process should be finalized.
- The office manager reviews all incomplete tasks one month after graduation and reassigns any for a graduated resident to the newly assigned resident.