

Care Transitions

Care Transitions are vital to patient safety care in both the inpatient and outpatient settings.

A variety of care transitions may occur within a patient's stay in the hospital and while the patient moves from the inpatient to outpatient setting.

Below are expectations for care transitions in the inpatient setting:

1. Both verbal and written sign-out should be performed at the end of your work shift.
2. Sign-out should be documented in the ORCHID handoff tool, which must be kept **up to date**.
3. All team members are responsible for the signout. Content of the sign-out should be discussed by either the attending or senior resident prior to signing out for the day, but ultimately the intern is responsible for the final printed signout.
4. For residents on Heme/Onc wards, sign-out should be reviewed with the Heme/Onc fellow or attending prior to the end of shift. Please provide special attention to contingencies regarding chemotherapy and febrile neutropenia.
5. Please use "if... then..." statements to give clear instructions to the overnight team.
6. Please ensure that your sign-out tasks (labs, diagnostics) that are urgent or actionable for patient care, and that the tasks' scope is reasonable. Complex patient-care related tasks (especially those that affect patient safety) should be done prior to sign-out, and routine tasks should be handled the following day by primary by the primary team.
7. For discharge planning, please work with Case Management, Social Work, and Home Health teams to ensure safe discharge planning. You will have daily Interdisciplinary Rounds (IDR) as well as asynchronous communication via Microsoft Teams to coordinate efforts.
8. Upon discharge, please ensure that the patient has: 1) has clear patient instructions written in the patient's native language and appropriate literacy level, 2) timely follow-up for primary care as well as any specialists, and 3) appropriate supply of discharge medications.

Required components for handoff (standardized in ORCHID handoff tool):

- A. Identifying data
- B. Succinct clinical summary ("one-liner"), updated problem list, and illness severity
- C. Code status and advance directives
- D. Selected specific therapeutics: oxygen/ventilator settings, dietary restrictions, NPO status, etc.
- E. Significant procedures
- F. Specific protocols/treatments ongoing
- G. Pending tests and studies which require urgent follow up
- H. Family or communication issues – particularly related to DPOA
- I. Plan for the next 24+ hours

If you have questions regarding sign-out, please contact your senior resident or chief residents.