

Department of Medicine  
Division of Pulmonary and Critical Care Medicine

### **Pulmonary/Critical Care Transition of Care Policy**

#### Purpose:

To describe the process of conveying important patient information during the transfer of responsibility from one pulmonary/critical care provider to another in order to provide complete, quality, and seamless patient care.

The Pulmonary/Critical Care Division has five services for which they are responsible at University Hospital (UH) and the Audie L Murphy Veterans Administration Hospital (VA). These include the inpatient pulmonary consult service for patients at the VA and UH, the lung transplant service (patients are at UH only), a VA MICU service, and two UH MICU services. Two fellows are on the inpatient consult service each month, one fellow is on the transplant service, and one fellow is on each of the three MICU services. There are three key periods of transition of care for our services as follows:

1. Every Monday through Thursday evening at 5pm and every Tuesday through Friday morning at 8am. The two UH MICU fellows alternate covering both MICU services at night and provide written and verbal handoff to each other.
2. Friday 5pm and Monday 8am. The weekly teams of all services provide written and verbal handoff to the weekend fellows on Friday who in turn provide written and verbal handoff back to the primary teams on Monday.
3. Last day of the month at 5pm. Written and verbal handoff is provided by all the services to the new incoming fellows.

The Pulmonary and Critical Care services often have a large census, therefore both written and verbal handoffs are important.

The written handoff or transition of care provides detailed information regarding the patient that may not be necessary to mention in the verbal handoff. The written handoff will serve as a reference to the receiving provider. Verbal handoffs are designed to supplement the written handoff and will be conducted on all MICU patients nightly, and for weekends and at the end of the month, and as needed on more acute inpatient consults and transplant patients. Verbal hand-offs review the information in the written hand-offs including the global summary of the patient, and allow the providers to highlight and discuss the most important aspects of the patient history, and immediate plans.

#### Expectations:

- A. All fellows will receive training in transition of care during the fellowship orientation. Training will include the following:

- a. Program Director or Chief Fellows will provide a brief power point highlighting the importance and expectations regarding transition of care, including review of the Pulmonary/Critical Care Transition of Care Tool- please see attachments.
  - b. Chief Fellows will ensure that all fellows have access to the secure computerized handoff list (directions for access are reviewed verbally as part of the new fellow orientation, are handed out in the written Curriculum and Policies, and are available on the division intranet site).
- B. Program director and/or other Pulmonary/Critical Care Faculty will verify competency in transition of care at the beginning of training by directly observing at least one face-to-face hand-off. All fellows have completed a 3-year ACGME Internal Medicine Residency program prior to fellowship, and therefore should be experienced in effective transition of care.
- C. Program Director and/or other Pulmonary/Critical Care Faculty will verify continued competency in transition of care by directly observing face-to-face handoffs periodically throughout the fellowship and on the different services.
- D. The Program Director and other Pulmonary/Critical Care Faculty have access to the written handoff to ensure information conveyed is accurate.

SAMPLE

Attachment 1: Pulmonary/Critical Care Consult and Transplant Service Written Hand-off sample

Attachment 2: Pulmonary/Critical Care ICU Written Hand-off sample

## UTHSCSA Department of Pulmonary and Critical Care Medicine Transition of Care Templates

### Attachment 1:

Pulmonary or Transplant Inpatient Consult Service			
Patient Info	HPI/Hospital Course	Active Issues	Plans
Name MRN#/Last 4 SSN# Room# Primary Team/#  Code status	Age Reason for admission Reason for consult/transplant Pertinent past medical/surgical history Pertinent labs Procedure results- if any Impression	Major problems Status of each	-Procedures planned -Overnight/weekend concerns/tasks/to do list e.g. f/u radiology results, f/u path results, chest tube management, tacrolimus levels for transplant patients -Contingency plans

### Attachment 2:

MICU Service			
Patient Info	HPI/MICU Course	Active Issues	Plans
Name MRN#/Last 4SSN# Room#  Code status	Age Reason for admission Pertinent past medical/surgical history Pertinent labs Procedure results- if any Impression	Major Problems Status of each	-Procedures planned -Overnight/weekend concerns/tasks/to do list e.g. f/u radiology results, f/u path results -Contingency plans