Transitions of Care Handover Process

Implementation and measurement

• What is the process (when/how will information be transferred)?
  o Hospitalist will email clinic distribution list (including MD email, MD pager, Medical Records) with agreed upon core information set (outlined below) at time of D/C
  o Clinic MD or nurse will reply back to notify that information was received (within 30 minutes)
  o Clinic MD will call hospitalist if additional information is needed

• Core information to be transferred
  o MD name and pager #
  o Patient name, date of birth, disposition
  o New problems/reason for admission
  o Medications: new, eliminated, dose (including oxygen)
  o Pending tests/lab results
  o Recommended tests/specialty follow-up
  o Home health ordered (y/n)
  o Pressure ulcers (y/n)

• How do you know when transfer is completed?
  o PCP emails/texts back or asks nurse to email back within 30 minutes

• How will success be measured?
  o Proportion of discharged patients for which clinic received email with core information set
  o Proportion of the time hospitalist received reply back from clinic
  o Feedback from clinic and hospitalist
Hospital to Clinic Handover Process
March 2008

Patient to be D/C

Hospitalist completes D/C orders

Patient discharged

Hospitalist dictates D/C summary

Hospitalist sends text to PCP at time of D/C with core information set*

Weekend?

Yes

PCP sends confirmation text/email back to hospitalist within 30 minutes

PCP or hospitalist needs more information?

Yes

PCP/hospitalist contact for more information

NO

PCP/nurse sends confirmation text/email back to hospitalist within 30 minutes

PCP has D/C info the need; Hospitalist knows that PCP received information

Core Information Set
- MD name and pager #
- Patient name, dob, disposition
- New problems/reason for admission
- Medications: new, eliminated, dose (including O2)
- Pending tests/lab results
- Recommended tests/specialty follow-up
- Home health ordered (y/n)
- Pressure ulcers (y/n)