Transition of Care Policy:

**Policy on Transition of Care (Hand-off)**

**Pain Medicine**

1. Program Directors perform training on handoffs up to a level of competency before fellows are assigned responsibility for patient care. Multiple resources for such training are available. The primary mechanism of training is via lecture to the fellows during orientation. The slides from this lecture are available to fellows in New Innovations. At least one (real or simulated) hand-off will be observed early in training, to ensure competence.

2. Program Directors monitor the performance of handoffs to both ensure their ongoing performance, as well as to determine the fellows’ competency for same, after initial training is done. The primary mechanism for monitoring ongoing performance of handoffs is periodic faculty attendance during on-call pager handoff process.

3. A defined structure for the hand-off exists for our consult service. For all patients being followed by the Chronic Pain Consult Service at University Hospital, hand-off must include at least:
   
   a. The name of the patient, location, and a second, chart-based identifier (e.g., medical record number).

   b. Identification of the primary team, or attending physician.

   c. Diagnosis of the patient.

   d. As necessary, the current status or condition, including code status, of the patient.

   e. Pertinent clinical information deemed necessary for coverage for the patient (e.g., drug allergies, current medications, lab abnormalities, recent procedures or changes in condition, etc.)

   f. Any elements that the recipient must perform (the “to-do” list).

   g. As necessary, suggested actions to take in the event of a change in the clinical situation (the “if-then” list).

   h. Communication to clinic staff to schedule the patient for outpatient follow-up as needed

   i. Augmentations to the above elements are encouraged, and should match the needs of the particular training program.
4. A defined structure for continuity of care of our clinic patients exists. For all patients being followed in the Westgate Pain Clinic, a fellow is assigned to the patient’s care. This fellow is responsible for answering telephone calls regarding the patient’s chronic pain condition medication refills. A “buddy system” exists which pairs two fellows. In the event that one fellow is rotating off service, on vacation, sick, or otherwise unable to attend to their patients directly, their assigned “buddy” will manage these patients’ needs. The “buddy list” is posted in several places throughout the Westgate Pain Clinic and the clinical support staff are educated on the use of the buddy system.

5. The following general guidelines are be followed:
   
   a. The number of hand-offs, per period of time, are minimized as much as possible.

   b. Face-to-face hand-offs should occur if at all possible. If not possible, telephonic verbal hand-offs will occur, but in either case a recorded hand-off document (written, or electronically displayed) will be available to the recipient. The hand-off must include an opportunity for the participants to ask and respond to questions.

6. Call schedules is available on New Innovations and printed in Westgate Pain Clinic such that the current on-call fellow and faculty are visible to all members of the health care team. The on-call faculty member is also listed in SpinFusion.

7. In the case of complicated patients, Pain Medicine faculty communicate patient issues directly ad-hoc or on Tuesday Morning Report, which is held in the Westgate Pain Clinic. This pertains specifically to patients requiring group concern among fellows and faculty in order to coordinate continuity of care.

   a. In exceptional circumstances, especially complex or difficult cases requiring the input of other specialists are discussed in a multidisciplinary spine conference on the first Wednesday afternoon of each month. Participants include Neurosurgeons with subspecialty Spine Surgery training and Neuroradiologists. Fellows are assigned patients to be presented to the group during these conferences.

Revised on 10/27/15