Policies and Procedures

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<td>Radiology</td>
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PURPOSE

To promote continuity of care and patient safety in residents’ learning and working environment, the Accreditation Council for Graduate Medical Education (ACGME) requires that programs and sponsoring institutions minimize the number of patient care transitions, implement a structured and monitored handoff process, train residents for competency in handoffs, and make schedules readily available that list residents and attending physicians responsible for each patient's care. In addition to resident-to-resident patient transitions, residents must care for patients in an environment that maximizes effective communication among all individuals or teams with responsibility for patient care in the healthcare setting.

SCOPE

This policy applies to all Creighton University Radiology Residents

POLICY

Transition in direct patient care is relatively rare in the practice of radiology, and it is generally limited to:

1. Post-procedural observation (e.g.: monitoring of patients for pneumothorax following lung biopsy, groin check after angiography, pain control of UFE patients)
2. Transfer of patient information regarding pending procedures. The transfer of this information at change of shift is important for proper protociling of the radiologic examinations, for informed interpretation of images obtained, and proper triaging and performance of imaging guided interventional procedures or fluoroscopic examinations.
3. Transfer of preliminary interpretation to the final readout providing radiologist either post-call or during the noon hour.

These transitions might span greater than a single shift

Transitions of care are minimized in order to minimize miscommunications.

PROCEDURE

**Workday 8:00 AM to 5:00 PM**

1. Resident opens study from EPIC
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- Study drops off worklist while open
2. Resident claims study in EPIC
   - Study populates the “Claimed Studies CUMC Residents” list (Under “Views” tab)
3. Resident creates Draft in PS360—this is not visible to clinicians, but radiologists can claim from each other
4. Readout with attending
5. Resident corrects report and Approves it to the attending in PS360
   - Study stays in the Claimed Studies by CUMC residents list in EPIC
   - Study now populates the attending’s signing worklist in EPIC and signing queue in PS360
   - Prelim report visible in EPIC with both the resident’s and attending’s name on it and labeled as Prelim
6. Attending signs the report
   - Report is now final in EPIC with both the resident’s and attending’s name on it.

Late Shift 5:00 to 7:00 PM, Nightfloat, 7:00 PM to 7:00 AM or Weekend

1. Resident opens study from EPIC
   - Study drops off worklist while open
2. Resident does not CLAIM study in EPIC
3. Resident creates PRELIM in PS360—this is visible to clinicians
   - Attending picks up the study once the case is closed and it re-populates the EPIC worklist. There is no readout with the attending, but indirect supervision is immediately available via phone or in person.
4. Attending corrects and signs the report
   - Report is now final in EPIC with both the resident’s and attending’s name on it.
   - Attending leaves feedback via EPIC/Interesting tab/Resident feedback. It is the resident’s responsibility to check the feedback list at the beginning of each call shift. Additional comments can be left for the resident via EPIC email.

Wet Read

1. Resident or attending creates a Wet Read in EPIC to Prelim a study that they will not finalize.
• This is NOT claimed. It stays on the worklist. No report in PS360

The post call resident is also responsible for conveyance (verbally or written) of information regarding upcoming procedures or imaging studies to the individual responsible for the relevant radiology service. This individual could include either a resident or an attending staff member.

2. At the start of the day, the radiology resident completing an overnight call shift reviews the results of all imaging studies which they have reviewed with the assigned attending staff, except non-emergent outpatient studies and non-emergent inpatient exams.

Non-dictated cases must be communicated to the final read providing residents or attending by leaving a WET READ on EPIC which should include:
• The preliminary findings
• Communication to clinician, time and date of contact.

3. At the end of the workday, radiology residents and staff covering individual services are responsible for communication of information noted above to the resident and/or attending staff covering the evening shift verbally or electronically via EPIC email.

4. Faculty covering the noon hour are responsible to either dictate the reviewed studies or communicate the findings in writing to the final read providing resident or faculty. This information can be hand written on the requisition and must contain:
• Patient history, contrast allergy
• The preliminary findings communicated to the clinician
• Name of clinician
• Time and date of contact
• Method of communication (in person, phone call, etc.)

If face to face handoff is not possible, (mainly related to IR for pending procedures or follow-ups) the resident is to send an email via EPIC to the resident picking up the next shift with all pertinent patient information.

The residents are to check their inbox at the start of each shift.

Health Care appointments

a) Process for urgent/emergent health care appointments:
The Process for ensuring patients’ safety and continuity of care for urgent/emergent health care appointments should follow the same hand off process as for residents needing to leave due to excessive fatigue or illness or family emergency.

b) Process for scheduling health care appointments

It is recognized that many routine health care appointments need to occur during the work day. In recognition of the primacy of patient welfare in these situations and the impact on the program’s other residents, resident needing time off for these appointments should give the program a one-day notice.

REFERENCES
GMEC Transition of Care Subcommittee, Draft/working document, May 2013
http://www.acgme.org/Portals/0/ResidentSurveyKeyTermsContentAreas.pdf

AMENDMENTS OR TERMINATION OF THIS POLICY
Creighton University reserves the right to modify, amend or terminate this policy at any time.

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.