THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, NEW YORK STANDARD: CHOOSE: POLICY	
DEPARTMENT: Internal Medicine Residency Program SUBJECT: Transitions of Care Policy (Adapted from MS-BI Policy)	

1. Appropriate handoff must be given to or accepted from other providers whenever there is a change in the provider who is responsible for a patient. Examples of this include but are not limited to: transfers from night medicine to the daytime teams in the morning; transfer of care from daytime teams residents to cross-covering residents overnight; transfers of patients between units or to different levels of care; transfers to other services, and discharges of patients to home or other facilities. Residents must always ensure that they provide appropriate handoff before leaving work, and must make themselves available to receive handoffs at the appropriate times.

2. Residents coming on service and those going off service must make special efforts to ensure proper handoffs. On service notes and off service notes that adequately summarize the patient's hospital stay and current problem list and plan are required.

3. Medical House Staff must use the electronic modalities for handoff in use by the program or institution (for example, a specific computer program or application.) House staff must be careful never to store or otherwise keep protected health information or any patient information that violates the Health Insurance Portability and Accountability Act ("HIPAA") on any non-institutionally approved electronic or other storage modality (e-mail, cloud service, personal hard drive or similar.)

4. Transfer of patients between hospitals must follow current hospital regulations and administrative guidelines. Residents must ensure the proper forms have been completed, and verbal handoff to a receiving provider should be given whenever possible. Guidance from the attending physician of record or chief medical resident should be sought as appropriate.

5. Medication reconciliation must be completed upon admission to the hospital and reviewed as appropriate in the ambulatory setting.

6. Residents must always make their best effort to contact a patient's primary care provider upon admission and discharge and gather or communicate appropriate information.

7. A patient may not be discharged without the approval of the primary attending of record or their designee (for example, a physician covering for the primary attending of record).

8. Residents are responsible for creating discharge summaries and plans that conform to the

following standards and principles:

a. Use of an electronic discharge summary
b. Inclusion of a brief and accurate summary of the hospital stay, including the reason for admission and a brief chronological summary of hospital course that includes relevant events, results of relevant tests, procedures and consultations (including specifying which require follow-up), a summary of therapeutic interventions, the condition in which the patient was discharged, discharge destination, and other relevant information to ensure the highest quality and safe transition of care.
c. Inclusion of appropriate follow-up appointments with primary care providers and specialists as needed.
d. Residents must ensure that patients understand their discharge and transition of care plan.
e. Faculty are responsible for reviewing resident discharge summaries and correcting errors where possible and for providing feedback to residents on how they can improve their discharge summaries.

2. A handoff should:

a. Be as brief and concise as possible.
b. Include at least two approved patient identifiers—name and date of birth (not room number).
c. Include the attending physician of record and the DNR status of the patient.
d. Include relevant aspects of the patient's hospital course, PMH and other findings in a very brief format.
e. Take place in a setting that is as quiet as possible and that minimizes interruptions.
f. Take place at the bedside for patients who are "sick" or for whom important exam or other clinical changes are anticipated (includes acuity level in the electronic record).
g. Provide anticipatory guidance for likely issues to be encountered.
h. Include very clear guidance instructions for any tasks to be completed, including the reasons for any tests whose results require an overnight check.
i. Provide the person receiving the handoff the opportunity to ask questions and have them answered.
j. Include a "read back", in which the sender asks the receiver to repeat back what was communicated for critical parts of a handoff communication.