

Transitions of Care

Clinical assignments are designed to minimize the number of transitions in patient care for all rotations. The program director along with other faculty/attendings are be responsible for monitoring effective, structured hand-over processes to facilitate both continuity of care and patient safety.

Residents shall be required to:

- Keep a secured list of in-patients within their current rotation to included:
 - Patient name
 - Medical Record Number
 - Current Orders
 - Attending – including contact information
 - Other information for care
- Maintain a list contact information of all core plastic surgery faculty/attendings
- Maintain contact information for specific rotation core clinical staff/attendings

Residents are responsible for the care of all in-patients under the supervision of the faculty/attendings. When the resident becomes “off-call” they are required to communicate with the “on-call” resident via direct communication. A face-to-face meeting is required, however when rotation schedules to not provide for a face-to-face meeting a phone conference may be acceptable along with an electronic (email) list of patients. The emailed list is provided as a back-up for communicating the transition of care but does not replace the requirement for direct verbal communication between residents. Email communication will be conducted using the UNMC secured email network or the hospital’s electronic patient information chart (EPIC) messaging. Use of personal email or text messaging patient information is a violation of HIPPA rules and therefore prohibited. Text messaging is not an acceptable form of communication and therefore should never be used as a form of direct communication between residents for patient care.

Any questions arising regarding care of any in-patients, residents are required to contact the clinical staff and/or their attending directly.