SHARED EXPECTATIONS FOR COMMUNICATION

At Time of Patient Admission, Surgery/Change in Status, or at Discharge

This is a recommended communication algorithm that applies to the following situations: unplanned admissions, a surgery or change in patient status during the hospital course, and at patient discharge.

- **Is there an unplanned admission?**
  - Yes: The referring primary care provider (PCP) will be contacted* by Patient Access via phone.
  - No: No communication

- **Was the admission during normal business hours (7-4:30)?**
  - Yes: The referring PCP will be contacted by Patient Access who will relay admitting information* to answering service or directly to PCP on call.
  - No: No communication

- **What time did the admission occur?**
  - 4:30 - 10PM (or weekend daytime):
    - The referrign PCP will be contacted by Patient Access who will relay admitting information* to answering service or directly to PCP on call.
  - 10 PM to 7 AM:
    - The PCP will be contacted at the time of the change in status for the following:
      - Unplanned surgery
      - Unplanned transfers to the PICU
      - Significant complications
      - Death

- **Is there a change in patient status or an unplanned surgery?**
  - Yes: Medical sub-specialties/IMT/PICU/NICU
  - No: No communication

- **Which physician is responsible for managing the change in status?**
  - Surgical
  - Attending will call
  - Communication will be provided by call, fax, or immediate e-letter regarding the operation

- **Is the patient being discharged?**
  - Yes: The AVS will be faxed to the PCP
  - No: No communication

- **Who discharged the patient?**
  - IMT
  - Verbal communication to PCP by provider\(^1\) on day of discharge\(^2,3\)

- **Medical/Surgical/PICU/NICU**
  - Verbal communication by provider\(^1\) only if PCP needs to be involved in patient follow-up care
  - The AVS will be faxed to the PCP

- **If admission > 48 hours, a full discharge summary will follow**

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*Content of communication: date of admission, name of patient, location of patient, admitting physician, and admitting diagnosis

\(^1\)Provider: 1st line - resident; 2nd line - mid-level, 3rd line - attending

\(^2\)If verbal communication by resident, IMT attending to prep resident on content of communication and debrief afterward

\(^3\)For complex patients, provider to obtain input from PCP in development of discharge plan

\(^4\)AVS: After-Visit Summary (from Care Navigator)