### Curricular Components for PHM EPA

<table>
<thead>
<tr>
<th>1. EPA Title</th>
<th>Anticipate, facilitate and lead comprehensive, coordinated, and safe transitions of care</th>
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| 2. Description of the activity | Description: Pediatric hospitalists are routinely involved in patient transfers and lead institutional efforts to promote optimal patient handoffs and transitions of care. A comprehensive set of skills is needed to proactively plan and execute transitions in collaboration with patients, families, and key providers.  

The specific functions which define this EPA include:  
- Identifying, communicating and addressing transition needs early in the care plan to optimize patient care and hospital throughput  
- Taking responsibility for the coordination of an interprofessional approach to transitions of care  
- Demonstrating respect for all members of the health care team  
- Recognizing the inherent risks involved in patient transport and other transitions of care and using a systems-approach to mitigate them |
| 3. Judicious mapping to domains of competence | 
| | _X_ Patient Care  
| | ____ Medical Knowledge  
| | _X_ Practice-based Learning and Improvement  
| | ____ Interpersonal and Communication Skills  
| | ____ Professionalism  
| | _X_ Systems-based Practice  
| | _X_ Personal/Professional Development |
| 4. Competencies within each domain critical to entrustment decisions | PC 12: Providing role modeling  
| | PC 13: Providing supervision  
| | PBLI 5: Incorporating feedback into practice  
| | PBLI 9: Educating others  
| | SBP1: Working in care delivery settings and systems  
| | SBP2: Coordinating Care  
| | PPD 6: Providing leadership to improve care |
| 5. Curricular Components that support the functions of the EPA (knowledge, skills and attitudes needed to execute this EPA safely): | 

**Rationale:** Ineffective transitions of care may result in adverse events, increased health care utilization, and patient/family stress. Pediatric hospitalists are routinely involved in patient transfers and lead institutional efforts to promote optimal patient handoffs and transitions of care. Effective communication with the primary care and other health care providers is essential to ensure continuity of care. |

**Scope of Practice:** Pediatric hospitalists participate in and/or lead transitions of care across the continuum including admissions, discharges, transitions between hospital units, and transports to and from other institutions. A comprehensive set of skills is needed to proactively plan and execute transitions in collaboration with patients, families, and key providers.

**Curricular Components that Support the Functions of the EPA:**

**Identifying, communicating and addressing transition needs early in the care plan to optimize patient care and hospital throughput**
- Anticipates discharge needs and begins planning at the beginning of the hospitalization.
- Partners with case managers to plan for home medications, durable medical equipment, transportation, and follow-up care.
- Engages in contingency planning and monitors clinical status for changes that warrant a transition in care settings.

**Taking responsibility for the coordination of an interprofessional approach to transitions of care**
- Knows the critical elements for optimal care transition such as provider handoffs, medical record documentation, medication reconciliation, and personnel and equipment requirements.
- Leads and coordinates an interprofessional team to optimize safe transitions.
- Maintains availability before, during, and after transition in case questions arise and follows-up on tests pending at discharge.

**Demonstrating respect for all members of the health care team**
- Engages patients and families and advocates on their behalf to ensure that their goals and preferences are incorporated in the transition care plan.
- Collaborates with the primary provider and medical home to ensure continuity of care and follow-up.
- Communicates effectively with the primary care provider at admission, discharge, and change of clinical status.
- Uses a comprehensive array of expressive and receptive communication skills (e.g. active listening, appreciative inquiry).
- Acknowledges the skills and contributions of all involved in the transition

**Recognizing the inherent risks involved in patient transport and other transitions of care and using a systems-approach to mitigate them**
- Describes potential patient safety risks in the transition of care.
- Participates in, coordinates or leads an evaluation and improvement of the referral, admission, transfer, transport, and discharge processes within the institution to minimize risk.