

Procedure

CCHMC Trauma Services Operation Manual	<i>Procedure Number</i>	TR-28
Primary Care Physician Communication	<i>Effective Date</i>	06/2015
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1.0 SCOPE

- 1.1. Care of the Trauma Services Patient at CCHMC
- 1.2. This guideline provides the minimum standard of communication for any patient admitted to and subsequently discharged from the Trauma Service.

2.0 DEFINITIONS

- 2.1. **PCP- (Primary Care Physician or Pediatrician)**- MD or NP responsible for patient's primary care and is the patient's medical home.
- 2.2. **PPL- (Physicians Priority Link)**- Communication system at CCHMC that helps facilitate incoming and outgoing calls between community providers and in-house providers to improve ongoing management of the pediatric patient. This system allows PCPs to call and talk with a specialist on call and also helps inpatient management teams get in contact with PCP to give discharge report or obtain information pertinent for care.

3.0 PROCEDURES

- 3.1. Applies to all patients that are admitted to the trauma service and subsequently discharged from the trauma service.
- 3.2. NP or MD will ensure correct PCP is listed in patient's EPIC chart and will update as necessary.
- 3.3. Upon discharge from the hospital, MD/NP will enter correct discharge service as trauma service patient in the discharge tab order.
- 3.4. Once order is signed, notification will be sent to PPL who will then page Trauma NP M-F 1000-1530
- 3.5. If patient is discharged on the weekend and correct order is placed, notification will happen the following Monday.
- 3.6. Once PPL pages NP and verifies they are ready, they will call to connect PCP with trauma NP if both available.
- 3.7. Once connected, Trauma NP will give discharge report/safe hand off to PCP.
- 3.8. At any time the Trauma NP may call the PCP office directly to give report and forgo the use of PPL.
- 3.9. NP to document communication in EPIC and on tracking sheet in NP office.

4.0 LIST OF ATTACHED FORMS

- 4.1. N/A

5.0 REFERENCES

- 5.1. N/A

6.0 APPROVALS

All revisions of this procedure are approved by the Trauma Services Department. This procedure is reviewed every three years or sooner if deemed necessary. Authority for this document resides with the Trauma Service Department. This procedure is approved by the Trauma Service Manager and the Director of Trauma Services.

HISTORY
Original Date
6/15
Revision Date
Review Date