

Approved By: Board of Directors	Adopted Date: 07/31/18
Distribution: Residency Program Staff, Site Administrators, Site Medical Directors	Revision Date(s):
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#### PURPOSE:

It is recognized that the incoming Nurse Practitioner (NP)/Physician Assistant (PA) Residents will need orientation and gradual introduction to patient care until they are able to carry a full schedule of patients. This policy will create a consistent process across all sites so that the transition from year to year is handled proactively. The process will allow the incoming residents to have a manageable panel of established patients while allowing a manageable number of patients to be assigned amongst the established Medical Providers. The procedure also allows limited individualization by different health centers as needed to accommodate different circumstances. All considerations for patient assignment should be focused on patient safety.

#### DEFINITIONS:

**Nurse Practitioner Resident:** A graduate of a Nurse Practitioner's educational program and licensed to practice in the State of California as a Nurse Practitioner.

**Physician Assistant Resident:** A graduate of a Physician's Assistant's educational program and licensed to practice in the State of California as a Physician's Assistant.

#### POLICY:

Residents who transition to permanent employment with ODCHC may retain their patient panel. They may also absorb some of the departing Resident's patient panel as scheduling allows.

Residents who are departing will have their patients assigned to another provider as follows:

- Six weeks prior to the Resident's graduation a patient panel report, for the last three years, will be run, to separate each Resident's patient panel into two groups:
  - those seeing a Resident less than one year and
  - those who have seen a Resident one year or more
- Patients who have only seen a Resident as a PCP for one year or less, half will be reassigned to the incoming Residents and the remainder will be reassigned to an onsite provider.
- Patients who have seen a Resident for over a year, and no more than two years, may be reassigned to an existing on site provider.
- The Residents and the Residency faculty will review the report looking for exceptions that they might choose to use a different reassignment process.

Examples might be:

- A patient undergoing Hep C treatment through Project ECHO might be switched to another Project ECHO provider.
- A patient well known by a particular preceptor or who has a condition the Resident may want a certain preceptor to manage, might be assigned to that Provider.
- If the patient is to be assigned to a new Resident, and the preceptor feels this patient is not a good fit for the new Resident.
- Determination of which new Resident the departing Resident hands off to will be the decision of ODCHC.

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- When reassignment information is available to the departing Resident, the Resident will begin to inform their patients about the continuity plan.
- The site will be responsible for informing the patient, via a letter, any transition plans for their care. This should be sent prior to the departure of the Resident to assure the patient about their continuity of care.
- During the last weeks of the Residency Program, the departing Resident will clear all work, close all charts, inform the appropriate provider about any pending patient care issues, and complete all paperwork (e.g. disability papers), follow-up, referrals, labs, etc. The onsite Medical Director should be consulted if there are any questions.
- One week before the departing Residents last day, the site will assign the patient to the newly assigned provider within the EMR.
- Coverage for those patients who are transitioning to the new Resident will be decided upon by the onsite Medical Director and the Site Administrator with considerations of continuity of care.

#### **REFERENCES:**

None

#### **ASSOCIATED DOCUMENTS:**

None

#### **KEYWORD TAGS:**

*Nurse, practitioner, physician, assistant, residency, resident, transfer*