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Guidelines for implementing a transition order policy

1. The medical staff must understand that a balance should exist between ED transition orders and admission orders that optimizes and individualizes comprehensive/complete care.
2. Hospital and ED policies should clearly delineate responsibilities for writing admission orders.
3. For every transition order written, a corollary must exist – that is, admitting physicians need to execute their admission orders promptly.
4. To optimize the bridging strategy, hospital policies and procedures and medical staff rules and regulations should set standards of timeliness for patient assessment and admission orders.
5. Policies should require that the patient be seen in a timely manner.
6. The admitting physician of record, with appropriate privileges to coordinate the care, treatment and services for the patient, has the ultimate responsibility for the patient's care during the hospital stay.
7. At all times, it must be clear to both hospital staff and the patient that there is an attending physician responsible for their care, once an order to admit is written.
8. The admitting physician retains responsibility for the H&P, medication reconciliation, and other coordination-of-care services for the admitted patient.
9. The medical staff should develop and monitor the utilization and frequency of transition orders.
10. The hospital needs to address its hand-off policy and credentialing and privileging standards to include appropriate privileging of ED physician's order-writing, based on the transition order definition.
11. Patient perception of who is responsible for clinical decision-making is an important consideration to be included in policy development. If appropriate, patients should be advised of the name of the physician and service assuming oversight of their care.