



### **Transition of Care (TOC) Medic Standard Operation Procedure**

#### **Purpose:**

- Monitor patients that are put on bed delay by the facility.

#### **Goal:**

- To maintain continuity of care for patients that have been placed on bed delay by a facility.
- To allow transport team members to return to service.

#### **Patient Arrival Transfer of Care:**

- When the transport team member arrives at the facility with the patient. All efforts to assist hospital staff to place the patient in a room or hall bed should be utilized.
- If there are no available facility staff members or beds and the patient is placed on bed delay, the TOC medic will assume care and monitor the patient on a bed or stretcher if hospital bed is not available.
  - Patient report should be given to TOC medic and hospital staff.
  - The transport team member will take an available stretcher and return to service.

#### **TOC Medic Objectives:**

- Maintain continuity of care for monitored patients.
- Patient to TOC Medic ratio will be no more the 3:1.
- Obtain V/S (Vital Signs) in the appropriate time frames.
- Continue or begin treatment modalities as outline in Office of Medical Director (OMD )Protocols.
- Document TOC Medic Form and Log

#### **Documentation:**

- All patients that the TOC medic assumes care for will need to be documented on Form TOC01 (Attached).
  - Date
  - Unit # of transport team members
  - Run Number of transport member's call
  - Name of transport medic
  - Patient's Chief Complaint
  - Primary Impression of patient
  - Time transport team members arrived
  - Time care transferred to TOC medic
  - Time care transferred to facility staff
  - V/S (Vital Signs)
    - At least one set from transport team member's report. (This allows to see trending.)
  - Any interventions provided by transport team members
  - Any interventions provided by TOC medic
  - Any other comments needed by TOC medic
  - TOC medic prints name and signs form
- Log of the patients the TOC medic assumes care on form TOC02 (Attached).
  - Date
  - Unit # of transport team members
  - Run Number of transport team member's call
  - Time transport team member arrived at the facility
  - Time care transferred to TOC medic
  - Time care transferred to facility staff
- Utilize a copy machine at the facility and give copy to facility team member who takes over care of the patient (if requested). The TOC medic's copy and face sheet for the patient should be placed in the RTA receptacle at the appropriate locations in the deployment location.
- Please email TOC02 form to [gooshawd@emsa.net](mailto:gooshawd@emsa.net), or place in the basket on the door of D. Gooshaw's office at corporate.



**Equipment:**

- Monitor
- Automatic or Manual B/P Cuff
- Pulse Ox
- O2 Bag

**RTA Process:**

- Attached the TOC medic documentation to the EHR (Electronic Health Record) record associated with the run number of the transport team members.

**Vehicle Utilization:**

- The TOC Medic should be able to utilize the VAN ambulances with appropriate equipment stocked.
  - Extra small O2 bottles

**Daily Process:**

- Arrive at the deployment location at appropriate time.
- Check out appropriate equipment.
  - Monitor
  - Automatic or Manual B/P Cuff
  - Pulse Ox
  - O2 Bag
  - Extra cardiac lead cable/ 12 lead cables
- Utilize vehicle that has been scheduled for your shift.
- Inform dispatch of availability time.
- Utilize vehicle to the location for the day. Park vehicle so it does not impede other vehicles.
- Complete TOC Medic objectives.
- Gather all paperwork and utilize vehicle to deployment location.
- Check in appropriate equipment.
- Turn in all paperwork generated for shift.

**Scheduling:**

- Shift times will be on an as needed basis.
- Query bed delay time data to correlate the need for TOC Medic.

**Support Services:**

- Ambulances (Box or Van) appropriately stocked for deployment.
- If the need arises, multiple stretchers as requested by the TOC Medic to be delivered at the facility.