

Standardized Patient Sign-Out in the Emergency Department



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BACKGROUND

- Transition of care represents one of the most common and dangerous occurrences in an emergency department (ED).
- Miscommunication is the cause of 70% of sentinel events and 84% of treatment delays, and occurs in nearly 80% of medicolegal cases.¹
- 24% of ED malpractice claims specifically implicate patient sign-out.¹
- The Accreditation Council for Graduate Medical Education requires that “[Residency] Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.”²
- At ECU, emergency medicine (EM) and emergency medicine/internal medicine (EM/IM) resident physicians (residents) receive training on sign-outs, but a system is not uniformly and consistently used by all providers.

PROJECT AIM

Resident physicians in the emergency department use a standardized patient sign-out format 50% of the time in 8 months.

PROJECT DESIGN/STRATEGY

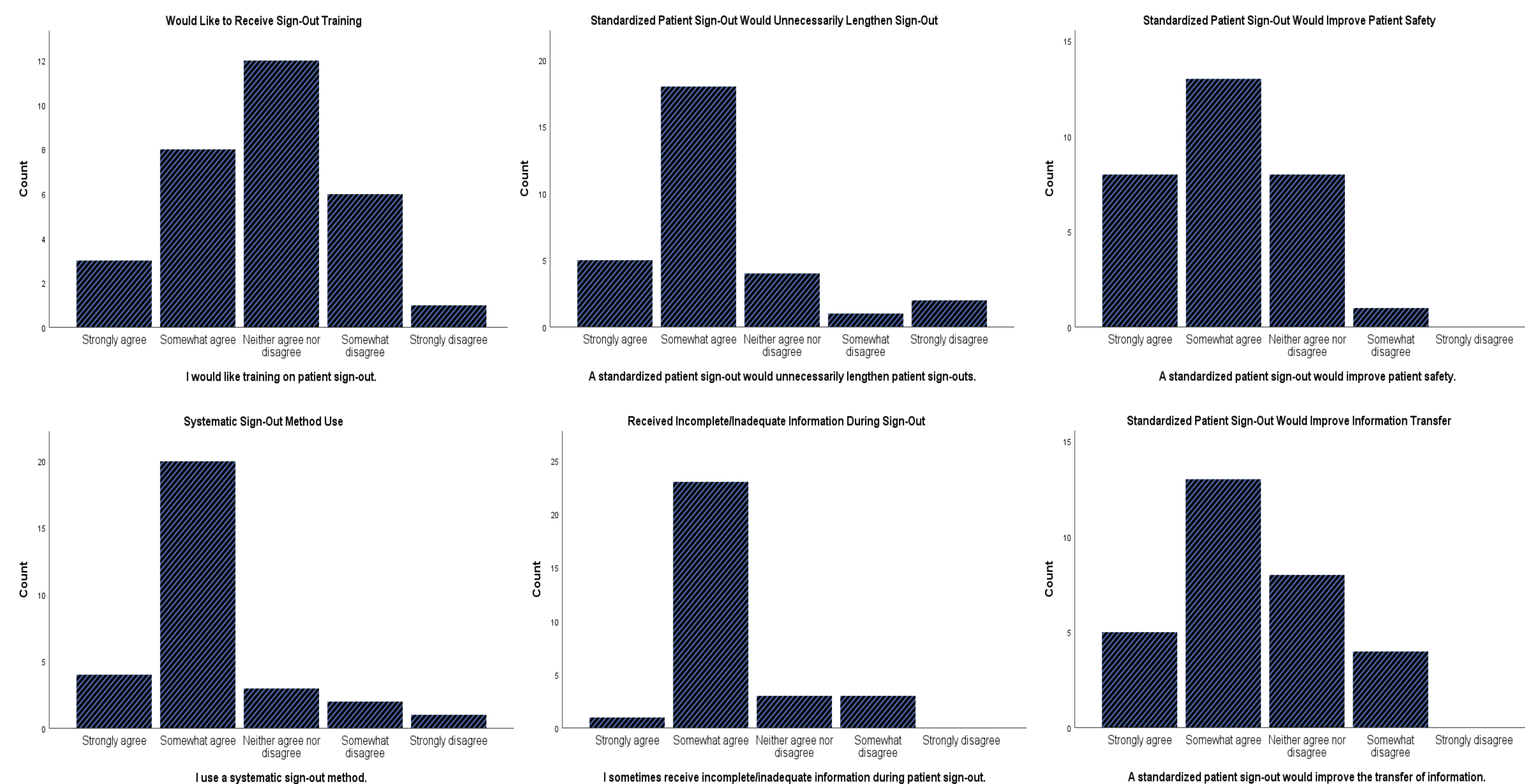
The project targets EM and EM/IM residents at ECU/Vidant.

CHANGES MADE (PDSA CYCLES)

1. May 2019 – Presentation given at resident conference on QI and transition of care in the ED, and small groups created fishbone diagrams of factors affecting “Standardized Resident Check-Out in the ED.”
2. July 2019 – For 2 weeks, residents were encouraged to use the I-PASS handoff system and anonymously provide feedback on the method.
3. 12/18/2019-01/20/2020 – Anonymous Qualtrics survey assessing resident perception of current sign-outs.

RESULTS/OUTCOMES

- From the fishbone diagrams, the most commonly identified factors affecting patient sign-out in the ED were resident experience level, attending influence, sign-out notes by off-going residents, workroom size, number of computers, interruptions, patient complexity, stage of workup, and disposition status.
- Perceived benefits of I-PASS were focused on the thoroughness of sign-out.
- Perceived drawbacks of I-PASS were length of time required for sign-out, redundancy of the system, and difficulty remembering each part of the system.
- 30 residents (62.5%; 11 PGY-1; 10 PGY-2; 9 PGY-3, -4, or -5) responded to the Qualtrics survey, with results to some questions displayed below.



LESSONS LEARNED

- Resident dissatisfaction with a standardized sign-out appears to be due to the increased length of time required for sign-out.
- A majority of residents believe that standardized sign-out would improve patient safety and information transfer.
- An unexpected complication during the I-PASS PDSA cycle was the requirement for attending physician buy-in because residents and attendings currently perform morning sign-out together.
- Residents indicate that environmental factors influence sign-out, which could be a potential target for QI.

NEXT STEPS

- Random sampling of sign-outs to measure time spent per patient (in process).
- Assess feasibility of environmental changes to improve sign-out.
- Provide residents options on what they would like to have implemented.

REFERENCES

1. Cheung DS, Kelly JJ, Beach C, et al. Improving Handoffs in the Emergency Department. *Ann Emerg Med.* 2010;55(2):171–80.
2. Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements (Residency). [Accessed Dec 2019]. Available at: <https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf>.

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