

Safer Sign Out Executive Summary

In response to the risk associated with communication errors during transitions of care, the Joint Commission has called for the standardization of hand-off procedures. Few models exist to help standardize physician practice in this area.

Safer Sign Out is a tool that provides a structured, practical, efficient and tested methodology for standardizing physician hand-offs in the high-risk field of emergency medicine. This tool has 5 key components that were designed to focus on specific areas of vulnerability within the sign out process. The design of Safer Sign Out is based on established evidence, expert consensus, and clinician feedback.

Five **Key Components** of the process include:

1) Record

- Uses a recordable sign out form to serve as a communication and checklist tool

2) Review

- Establishes the time and space for both clinicians to review the form and computer data

3) Round

- Both clinicians go to the bedside to meet the patient to assure a plan

4) Relay Information to the Team

- Informs the nurse/team of the transfer of care and helps assure a mutual understanding of key issues

5) Receive Feedback

- Completing the sign out process with prompting for questions or process feedback
- The sign out form serves as a clinical follow up and QA tool

The Safer Sign Out process was initially developed by the Safety Leadership Group of Emergency Medicine Associates, PA, PC as been implemented in 12 hospital emergency departments in Maryland, Washington, DC, Virginia and West Virginia with the goal of improving safety, communication, teamwork as well as patient and clinician satisfaction.

The process is now being prepared for distribution, further study and continuous innovation with the Emergency Medicine Patient Safety Foundation (EMPSF), the Maryland Patient Safety Center (MPSC) and the American College of Emergency Physician Section on Quality Improvement and Patient Safety (QIPS).

The tool's general design may have potential for application in other clinical settings such as the post anesthesia recovery units, ICUs, and medical floors. In addition, potential use with nursing and allied health professionals warrants further examination.