Safer Sign Out

for Emergency Physicians

Introduction for Implementation

Emergency Medicine Patient Safety Foundation

EMPSF EMERGENCY MEDICINE PATIENT SAFETY FOUNDATION

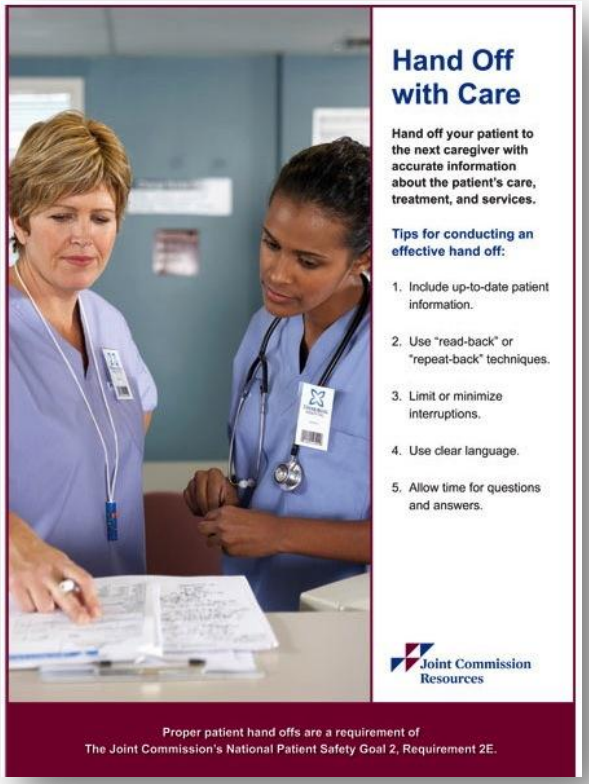
“Sign out is the most dangerous procedure in the Emergency Department”

Charles “Chaz” Schoenfeld, MD

(1950-2010)

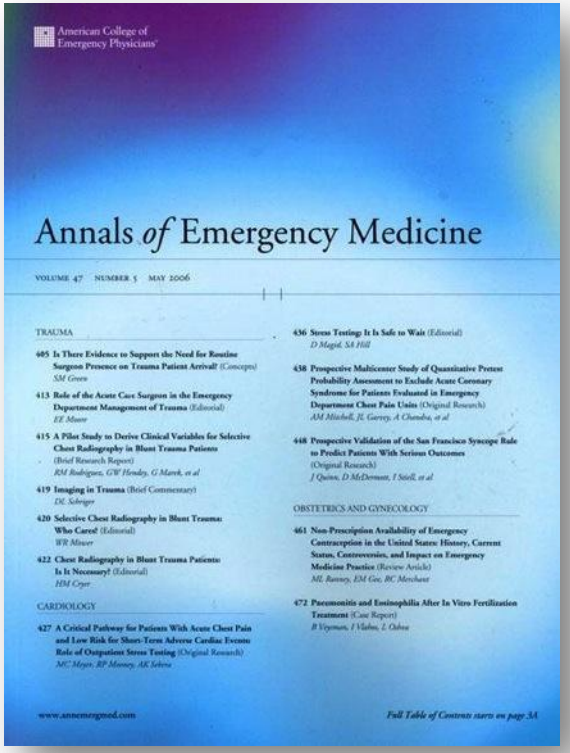
Why *Standardize Sign Out*?

- ***High RISK*** process (Highly variable practice)
- Emergency Medicine particular vulnerable
- Standardized method
  - Lower variability & predictable process
  - Focuses on areas at risk for errors
- **Joint Commission recommendation** *(National Patient Safety Goal 2E)*



What is Safer Sign Out?

- Method for formalizing the patient sign out for ED physicians
- Provides a proven, reliable structure for "handing off" ED patients
- Developed using recommendations from:
  - Joint Commission
  - American College of Emergency Physicians *(Quality Improvement & Patient Safety Section)*
  - Expert consensus
  - Clinician feedback



What's the Data?

* Up to 80% of serious medical errors involve miscommunication during handoffs *(Solet et al 2005)*

* Up to 24% of ED malpractice claims involve faulty handoffs *(Cheung et al 2010)*

* Typical verbal with note-taking style handoffs had ***high rates of data loss*** *(D. Pothier, et al 2005)*

* **Written form** with verbal exchange = > minimal data loss *(D. Pothier, et al 2005)*

Safer Sign Out (Key Steps)

5 Key Steps - "5 Rs"

1) **Record -** Patient & essential data / updates / pending items
2) **Review** - Form & computer data
3) **Round** – Bedside, together
4) **Relay to the Team** – Inform the nurse/team
5) **Receive Feedback** – Clinical Outcome & SSO Feedback

Best Practice
Ready the Patient

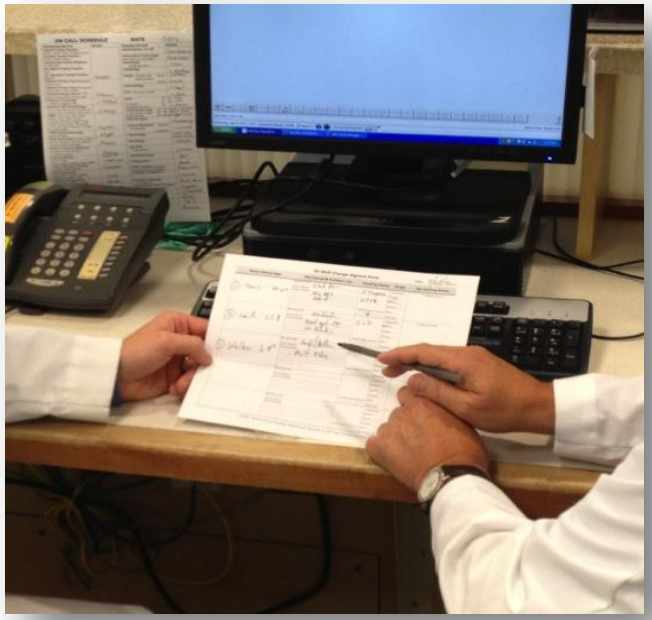
Inform the patient prior to the sign out *(if possible)*

* Gives the patient an opportunity to be updated & ask questions
* May save time for your colleague
* Potential for an improved transition

1) Record

Record with a Sign Out Form

* Hand written or computer generated
* Identifies the patient
  Clear transfer of responsibility
* Prompts physician to identify:
  - Pertinent active issues
  - Pending items
  - Potential safety issues
* Serves as a checklist, reference & reminder tool



2) Review

Review the Sign Out Form & Computer Data

* Done at a computer
  Access to lab/rad results
* Purposeful time for Q & A
  Assures shared understanding
* Minimize interruptions

3) Round - Bedside

Bedside Round - *Together*

* "Eyes on the patient"
  - Patient status
  - Monitor reading
* Introduction of new doctor
  - Patient satisfaction
  - Process updates
* Team communication

  Include or inform the nurse (relay)

4) Relay to the Team

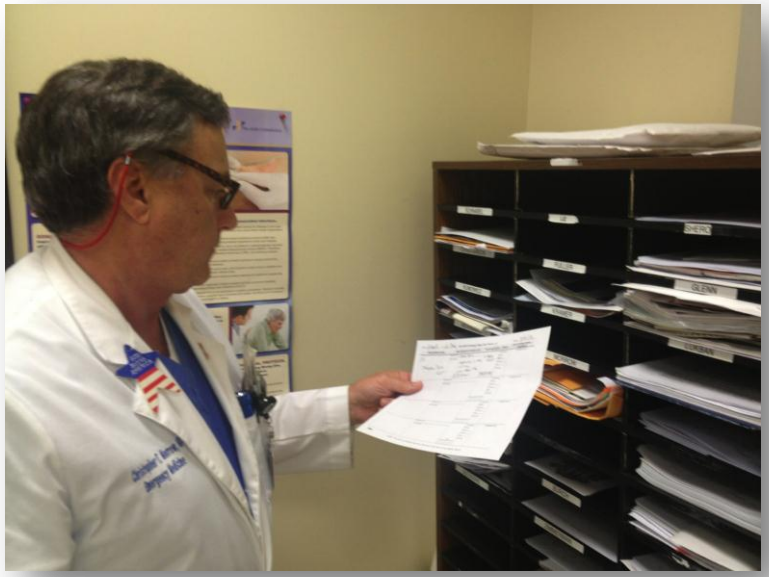
Inform the nurse of transition & important updates

- Opportunity for nurse input & feedback
- Assures team understanding
- Done during or after rounds

5) Receive Feedback

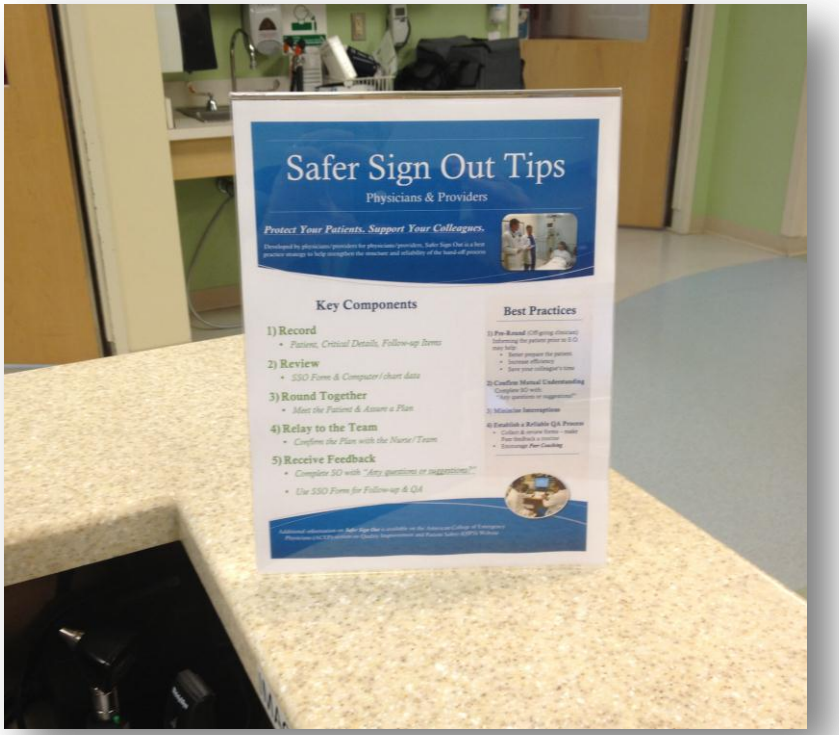
Utilize the sign out form as a feedback tool

* Receiving physician records outcome
  - Patient disposition, updates
* Form placed in mailbox of off-going physician
  (if HIPPA Compliant)
* Copy can be used for monitoring the process/QA



Tools for Safer Sign Out

* Educational Slide Sets
* Educational Posters
* Sign Out Forms
* FAQs
* Tools for ABEM MOC use
* Educational Videos
  (pending)



Sample Sign Out Form

Safer Sign Out Form *(v12)*

☐ *Check if No Patients Signed Out* Off-Going Clinician: ______________ Receiving Clinician: ______________ Date Shift Started__________

Patient Name & Age	Problem List & Key Issues	Pending	Dispo	*Receiving Clinician's Notes*
Room	**Diagnosis/CC:** **Key Issues:** ***Potential Safety Issues or Precautions?***		Home_____ Admit_____ Transfer____ NH_______ TBD______	☐ *Rounded on Patient* ☐ *Included/Informed Nurse*
Room	**Diagnosis/CC:** **Key Issues:** ***Potential Safety Issues or Precautions?***		Home_____ Admit_____ Transfer____ NH_______ TBD______	☐ *Rounded on Patient* ☐ *Included/Informed Nurse*
Room	**Diagnosis/CC:** **Key Issues:** ***Potential Safety Issues or Precautions?***		Home_____ Admit_____ Transfer____ NH_______ TBD______	☐ *Rounded on Patient* ☐ *Included/Informed Nurse*

*This form is a Quality Assurance Tool and is **NOT** part of the medical record*

Educational Poster

Safer Sign Out Tips

Physicians & Providers

Protect Your Patients. Support Your Colleagues.

Developed by physicians/providers for physicians/providers, Safer Sign Out is a best practice strategy to help strengthen the structure and reliability of the hand-off process

Key Components

1) Record
- *Patient, Critical Details, Follow-up Items*

2) Review
- *SSO Form & Computer/chart data*

3) Round Together
- *Meet the Patient & Assure a Plan*

4) Relay to the Team
- *Confirm the Plan with the Nurse/Team*

5) Receive Feedback
- *Complete SO with "Any questions or suggestions?"*
- *Use SSO Form for Follow-up & QA*

Best Practices

1) Pre-Round (Off-going clinician)
Informing the patient prior to S.O. may help:
- Better prepare the patient.
- Increase efficiency
- Save your colleague's time

2) Confirm Mutual Understanding
Complete SO with:
"Any questions or suggestions?"

3) Minimize Interruptions

4) Establish a Reliable QA Process
- Collect & review forms – make Peer feedback a routine
- Encourage ***Peer Coaching***

Additional information on ***Safer Sign Out*** is available on the American College of Emergency Physicians (ACEP) section on Quality Improvement and Patient Safety (QIPS) Website

American College of Emergency Physicians (ACEP)

Quality Improvement & Patient Safety Section Website

First Featured Safety Project

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Getting Started

- Build the case for standardizing
- Download tools from ACEP QIPS
- Enlist “Champions” to assist
- Be clear on expectations
- Be consistent with utilization

  “All active ED Patients”

* Encourage **Team** based approach

  Include the nurse

* Monitor the process

Initial Safer Sign Out Sites

* Calvert Memorial Hospital, Prince Frederick, MD
* Carroll Hospital Center, Westminster, MD
* Civista Medical Center, La Plata, MD
* Washington Adventist Hospital, Takoma Park, MD
* Montgomery General Hospital, Olney, MD
* Sibley Memorial Hospital, Washington, DC
* Inova Alexandria Hospital, Alexandria, VA
* Prince William Hospital, Manassas, VA
* Reston Hospital Center, Reston, VA
* Virginia Hospital Center, Arlington, VA
* Heathcote Health Center, Haymarket, VA
* Jefferson Memorial Hospital, WVA

SSO Development Team

* Don Infeld, MD (President)
* Jackie Pollock, CEO
* Nicole Bergen, Dir. of Operations
* Martin Brown, MD, (CMO)
* John Schnabel, MD
* Tim Hsu, MD
* Richard Ferraro, MD
* Karla Lacayo, MD
* Cameron Cushing, MD
* Michael Kerr, MD
* Steven Smith, MD
* David Jacobs, MD
* Jennifer Abele, MD
* Drew White, MD, MBA
* Michael Silverman, MD
* Justin Green, MD
* Napoleon Magpantay, MD
* Kurt Rodney, MD
* Sora Chung, MD
* Matt Sasser, MD
* Jon D'Souza, MD
* Todd Larson, MD
* Junior Williams, MD
* Larry Mack-Wilson, PA-C
* Eric Parvis, MD
* Drew Fuller, MD, MPH
* Kilole Kanno, MD

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Emergency Medicine Associates, PA, PC
Germantown, Maryland

EMA Safety Leadership Group

Physicians and Leadership at Calvert Memorial Hospital
Prince Fredrick, Maryland

Further Information

Drew Fuller, MD, MPH, FACEP

Strategic Coordinator for Patient Safety

Emergency Medicine Associates, PA, PC

20010 Century Blvd, Suite 200

Germantown, Maryland 20874

Drewfuller@mac.com

EMERGENCY MEDICINE PATIENT SAFETY FOUNDATION

EMA
EMERGENCY MEDICINE ASSOCIATES, P.A., P.C.