

Effective Staff Communication in Patient Transitions from ED to OR

The Problem

- Transitions in care from one site or caregiving team to another can increase risk for errors and delays if an effective and standardized communication process is not ensured.
- Current system allows for transfer from ED to OR of both critically ill and stable patients from one physician to another without sign-out.

Aim/Goal

- Anesthesia attending receives pertinent sign out re: critical cases
- Improve communication when stable patients are put on-call to OR
- Reduce # of unexpected transports from ED
- Increase # of timely reports received in Holding from ED

The Team

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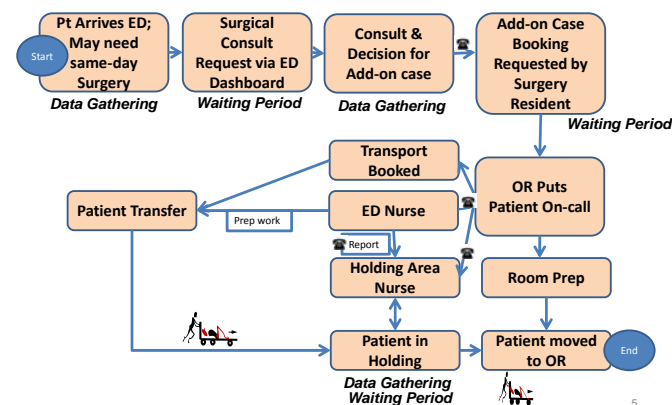
The Interventions

- Utilize existing technology systems to communicate status change more quickly
- Create virtual pager to inform Anesthesia about critical patients
- Reinforce efficient usage/leverage of existing patient data

The Results/Progress to Date

- Flagging non-critical patients in the ED Dashboard as 'on-call' to improve sign-out for ED nurse and ED resident, facilitate more timely patient preparation for ED to OR transfer
- Holding Area/PACU West started to utilize ED dashboard for all non-critical patients on-call from ED to OR, to decrease work duplication
- Anesthesia residents have access to ED Dashboard and can be trained to routinely review content for both critical and non-critical patients

Process Flow – Stable Patients



Lessons Learned

- Complex process cutting across multiple departments
- Proliferation of IT systems (ED Dashboard, AIMS, PIMS)
- Communications across departments inconsistent and ad-hoc
- Redundant data gathering by Pre-Op nurses and Anesthesia Resident

Next Steps/What Should Happen Next

- Fully implement virtual pager solution to inform Anesthesia Floor Manager/Night Attending about critical patients
- Follow-up if changes have been sustained

