Title: **Emergency Department Signout**	Policy No: **SJMC ED CG7**	Date of Origin: 12/2017
Department/System: **Emergency Department Clinical Guidelines**	Reviewed: 05/14/2024	
	Revised: 05/14/2024	

I. POLICY

This clinical guideline is unique and separate from hospital maintained policies. This clinical guideline is specific to emergency department encounters. This is a summary of expected provider behaviors that have been demonstrated to support and optimize patient safety and clinical care.

II. PURPOSE

A standardized guideline for the transfer of care, or "sign-out" of emergency department patients.

III. PROCEDURE

A. Patients are expected to be seen by a provider within 30 minutes of arrival. The signout process is intended to (1) facilitate providers completing their shift at the appropriate designated time and (2) ensure patients are evaluated timely with the initiating of diagnostic tests and treatments, avoiding delays in care due to "off-going" providers.

B. Shift overlap is designed to safely transfer the care of patients whose disposition is pending further diagnostic testing, or the completion of treatments with adequate time for reassessment.

C. Sign-out is called overhead on the internal Emergency Department PA system by the off going senior resident. Sign-out should be attended by as many participants as possible to coordinate department flow (eg Attendings, Residents, Students, Fellows, Charge Nurse, flow coordinators, etc). It is expected that every patient without a disposition on the tracking board will have a provider assigned who is actively managing patients. Every patient who is not discharged or admitted should be signed out. Every patient in the department should have a sign-out commensurate with their active clinical needs. The computer/tracking-board rounds are designed to address department level flow issues such as boarded patients, psych holds, staffing issues, closed beds/assignments, imaging and/or lab issues, administrative issues holding up dispositions, areas that need additional help, etc.

The electronic medical record will be updated to reflect the transfer of care

a) The tracking board will be updated to ensure every patient who is not discharged or admitted has an active attending assigned

b) The individual patient record will reflect transfer of care

(1) The off-going provider will document:

(a) **Name of the provider** who received signout

(b) Ensure **current medical decision making and ED course** are documented in the record

(c) **Pertinent pending imaging and/or labs** that are required to make a disposition decision based on current patient condition

(2) The on-coming provider will document transfer of care using an SBAR format note as follows (recommendation is for providers to develop macros for efficiency using their preferred documentation format)

Offgoing provider: "name"
S: "situation" (generally chief complaint or active physiological findings
B: "background" pertinent reported exam findings by offgoing provider and/or pertinent available diagnostic studies and/or response to therapy
A: "assessment" working diagnosis and pertinent pending diagnostic studies to determine disposition
R: "recommendation" most likely disposition or anticipated course based on information at time of signout

2. The provider who performs a history and physical exam, has developed a working diagnosis and has initiated diagnostic studies will primarily document in the patient record.

a) An initial MSE followed by preliminary orders performed by an off-going provider does not require documentation beyond that

b) A provider who is receiving sign-out of a patient will document SBAR communication and subsequent clinical course using an "ED note addendum" ("ED Note" - full H&P not required or recommended)

c) In the event of a significant change in patient condition, warranting an entire re-evaluation of the patient, documentation of new H&P may be appropriate and should be determined on an individual case basis by the active/current provider.

3. Signout time:

a) Signout of TEAM-A and TEAM-B occurs at 7a, 4p and 11p. TEAM-A patients are signed out to the oncoming TEAM-A providers at these three designated times. TEAM-B patients are signed out to the oncoming TEAM-B providers at these three designated times. TEAM-C patients are signed out to the TEAM-B providers at the 11p signout.

b) Residents are excused from clinical duties Tuesday evening and Wednesday morning to attend didactics. Additionally, there are occasions when residents are excused from clinical duties such as resident retreat. When residents are excused prior to the end of the Attendings scheduled shift (eg tuesday evening residents are to leave by 11p, but the attending is scheduled until midnight), the residents will run the board with their attending one hour prior to the end of the shift. The Attending continues the care of these patients. The off going Attending will hand off any

remaining patients towards the end of their scheduled shift, attending to attending.

D. Boarded patients. Admitted patients are managed by the admitting service. In the event that nursing is unable to engage the admitting service despite normal attempts and patient care is jeopardized, the emergency department provider will respond. It is expected that this will be recognized as a significant patient safety event and should be reported timely to the emergency department medical director and/or through the facility IVOS reporting system.
E. Psych holds. After patients are medically clear for psychiatric evaluation the administrative arrangements for psychiatric evaluation are conducted by the charge nurse and desk secretaries. After psychiatric evaluation has been completed the current medical provider will finalize disposition paperwork including any change in condition upon re-evaluation. The initial medical provider who clears the patient for evaluation should not preemptively complete disposition paperwork or finalize the record. All patients will have documentation of medical reassessment at a minimal interval of every 24hrs.

IV. REFERENCES

ACEP, Safer Sign Out Protocol
www.acep.org/content.aspx?id=88004#sm.00wdu0w917olei110dv2m4ckjp8d3
Accessed 12/24/2017

V. AUTHORS/CONTRIBUTORS:

Benjamin D Wiederhold MD, Med-Director/Chair of Emergency Medicine