Internal Medicine Leads the Way to Electronic Sign Out

Just a week after arriving at the UNMC in July, Dr. David Gannon of the Pulmonary, Critical Care, Sleep and Allergy (PCCSA) Medicine Division and Dr. Steven Smith, chief medical officer of The Nebraska Medical Center, discussed what it might take to implement an electronic sign-out tool.

Dr. Gannon previously implemented a time-saving sign-out tool at the Maine Medical Center in Portland, where he was the director of the Internal Medicine Residency Program. The tool worked with the hospital’s electronic medical record system, which is similar to our Centricity Enterprise system.

When residents end their hospital shifts, they “sign out.” The incoming residents need to be informed about what took place with the patients during the prior shift and about issues they need to resolve. This was previously done by paper notes and face-to-face, which was not always efficient and can produce varying quality. “This has been a long-standing problem at most hospitals,” Dr. Gannon said.

Physician Hand-Off Tool
Improves Physician Workflow

- Consolidates hospital-stay information
- Information entry and viewing from any computer with Centricity access
- Viewed available to anyone with Centricity access and involved in that aspect of the patient’s care
- Contains high-yield information
  - who is managing care, contact information
  - why patient is in the hospital
  - medications
  - allergies
  - most recent lab results
- Information can be built upon over the course of a hospital stay
- Entries are more likely to be made closer to time of an occurrence
- Helps eliminate duplicate work
- Provides synopsis of patient’s problems and hospital course to consultants
- Replaces the sign-out lists, and helps create transfer notes, off-service notes and discharge summaries

Continued on pg 4
Soon after the initial meeting with Dr. Smith, a group of interested parties was formed that included Dr. Gannon; Dr. Tom Tape, chief of the General Internal Medicine Division; Dr. Matt Lunning, chief resident, Department of Internal Medicine; and Dr. Chad Vokoun, General Internal Medicine Division. In order to create a useful tool within Centricity, a free text field was needed. Dr. Tape remembered a potential field that might work, one of the few places in the system that allowed free text entry.

Dr. Lunning recruited the help of Katie Sorrentino, IT system consultant. Together, Lunning and Sorrentino quickly mapped out and implemented a physician overview screen that could contain high-yield information regarding a patient’s hospital stay. The draft tool was tested by the Critical Care team in August and was so well received, it was rolled out to the rest of Internal Medicine in September. Dr. Gannon said he has the highest praise for Lunning and how he spearheaded the project and got this accomplished in such a short time.

Drs. Gannon, Lunning and Vokoun have presented information about the tool to the Graduate Medical Education Committee, at Dr. Smith’s request. Smith would like to see everyone in the hospital be able to utilize the tool. The information is now being presented to other departments, and training sessions for their residents are being scheduled.

Dr. Vokoun has also been an avid supporter of the system, Dr. Gannon said. Vokoun recognized how useful this tool could be for creating discharge summaries. The process of creating the summary might have previously taken up to 45 minutes. The discharge summary is required at the time a patient is discharged from the hospital, but sometimes when residents are on busy services, they may not get to the summary until the end of their rotation.

Because the tool can be used to create a summary of the patient’s hospital course, residents are able create the discharge summary by simply dictating right from the physician overview screen, which takes about five or ten minutes. Residents are being trained to input information in a consistent manner, Dr. Lunning said. This should not only shorten the time it takes to get the summaries in the hands of the primary care physicians, but also make the coding compilation easier as well.

The tool has recently been named the Physician Hand-Off Tool.