



Improving Continuity of Care and Reducing Error Among Physicians in Mafraq Hospital Neonatal Critical Care Unit by Implementing a Standard Electronic Sign-Over Sheet

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Introduction

Continuity of care for patients in the critical care setting between physicians is routinely mediated through written and verbal communication or “sign-over”. The continuous monitoring, intervention, and evaluation of the patient in the intensive care unit practice generates large quantities of information, based on which clinical decision are made. Errors or missing information during sign-overs can lead to disruption in the continuity of care process as well as increase the possibility of medical errors.

Aim

Our aim is to improve continuity of care and reduce missing information during sign-overs among NICU physicians by developing a standard format for a sign-over sheet where patients’ information can be filled and accessed by NICU physicians anywhere in the hospital.

Methods

A survey provided to NICU nurses was answered anonymously verifying missing information during bedside physician sign-over done in front of them compared to the documented patients’ record. A sign-over sheet was developed and implemented in the NICU containing vital patient information and updates in management including clinical status and updated medication list as well as planned actions. The sign-over sheet was stored on the hospital’s network where it is accessible to NICU physicians anywhere in the hospital and was password protected to maintain patients’ confidentiality. Three months later, another survey was introduced to NICU nurses to check for reduction in the missing information they notice during physician sign-over.

Results

Fifteen Nurses answered the initial survey and 13 nurses answered the final Survey. Eighty percent of the nurses reported in the initial survey that missing information during physician sign-over was more than 20 to 30 percent. After implementation of the sign-over sheet, 90% of the nurses answering the final survey reported the missing information to be less than 5 percent.

Conclusion/Actions

Physician sign-over was improved dramatically using a single format sign-over sheet that is both easily accessible and password protected ensuring patients' confidentiality. Recommendations from the nursing staff as well as physicians were implemented in updating certain details in the sign-over sheet to make it easier for physicians to regularly update the sheet and improve their compliance.