**Appendix 1:**

# Admission Handoff Survey

*Admitting Services*

**For the purpose of this survey, “handoff” refers to communication of clinical information between the Emergency Medicine (EM) physician and the physician (or physician’s representative) accepting the patient for admission.** An EM physician may be EM faculty or residents. Note that the accepting physician may or may not be the physician that is assuming responsibility for patient care (e.g. if a centralized triage system is used, such as an admission pager or telephone). Please answer questions based on your own personal experience and perceptions.

Choose your primary residency or departmental affiliation:

\_\_UNMC IM \_\_ UNMC FM \_\_ Clarkson FM \_\_ CCM/ICU \_\_Eagle Hospitalist

Choose your current level of training:

\_\_PGY1 \_\_PGY2 \_\_PGY3 \_\_PGY4 \_\_Fellow \_\_Staff

Have you received handoff from an EM physician in the past **3 months**? \_\_ Yes \_\_ No

For all of the following questions (1-21), please choose the one best response per line.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Questions** | | Very  Poor | Poor | Fair | Good | Very  good | Don’t know | N/A |
| 1 | Generally, the quality of communication between EM physicians and my service is… |  |  |  |  |  |  |  |
| 2 | The current handoff system’s ability to ensure patient safety is generally… |  |  |  |  |  |  |  |
| 3 | The current handoff system’s ability to ensure efficient patient care (i.e. no duplicate / redundant work) is generally… |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinical Information** | | Rarely  (0-24%) | Sometimes  (25-49%) | Often  (50 -74%) | Very Often  (75 -99%) | Always  (100%) | Don’t know | N/A |
| 4 | During handoff, how often do you ask the EM physician clinical questions about the patient being admitted? |  |  |  |  |  |  |  |
|  | | | | | | | | |
|  | **During handoff, how often does the EM physician tell you the following information?** | | | | | | | |
| 5 | Relevant past medical/surgical history |  |  |  |  |  |  |  |
| 6 | Relevant physical exam findings (including abnormal vital signs) |  |  |  |  |  |  |  |
| 7 | Results of relevant diagnostic studies (labs, imaging) |  |  |  |  |  |  |  |
| 8 | Current clinical condition of the patient (at time of handoff) |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinical Information** | | Rarely  (0-24%) | Sometimes  (25-49%) | Often  (50 -74%) | Very Often  (75 -99%) | Always  (100%) | Don’t know | N/A |
| 9 | The trend in the patient’s clinical condition while in the Emergency Department (ED) |  |  |  |  |  |  |  |
| 10 | The working diagnosis of the EM physician |  |  |  |  |  |  |  |
| 11 | Procedures and therapeutic interventions initiated while in the ED |  |  |  |  |  |  |  |
| 12 | Pending diagnostic studies (labs, imaging), if ordered |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Interpersonal Perceptions** | | Rarely  (0-24%) | Sometimes  (25-49%) | Often  (50-74%) | Very Often  (75-99%) | Always  (100%) | Don’t know | N/A |
| 13 | In general, how often do you agree with the clinical decisions made by the EM physician? |  |  |  |  |  |  |  |
| 14 | When you are admitting a patient, how often do you have clinically meaningful face-to-face communication with the EM physician? |  |  |  |  |  |  |  |
| 15 | How often do you have clinically meaningful face-to-face communication with the EM nurse about the patient being admitted? |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Expectations** | EM Physicians | Admitting Physicians | Both | Don’t know |
| 16 | Excluding emergencies, who is primarily responsible for a patient’s care after handoff, but before a patient is physically transferred from the ED (i.e. when a patient is “boarding” in the ED)? |  |  |  |  |

# Admission Handoff Survey

*Admitting Services*

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| --- | --- | --- | --- | --- |
| 17. Using the following scale, what do you feel is the primary responsibility of EM physicians leading up to the decision to admit patients to a non-ICU medical service (after clinical stabilization). Choose the one best answer. | | | | |
| Triage and disposition decisions only |  | Initiation of diagnostic work-up and management |  | Definitive diagnosis and management |
| 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organizational Factors / Workload** | | Rarely  (0-24%) | Sometimes  (25-49%) | Often  (50-74%) | Very Often  (75-99%) | Always  (100%) | Don’t know | N/A |
| 18 | On average, how often do competing clinical responsibilities distract you during handoff? Examples may include nursing phone calls, direct patient care, etc. |  |  |  |  |  |  |  |
| 19 | On average, how often do environmental factors distract you during handoff? Examples may include ambient noise, maintenance work, etc. |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please answer the questions #20 and #21 only if your service ever uses a centralized triage process (e.g. admission/triage telephone or pager) to distribute admissions from the ED. | | | | | | | | |
|  | | | | | | | | |
|  | | Rarely  (0-24%) | Sometimes  (25-49%) | Often  (50-74%) | Very Often  (75-99%) | Always  (100%) | Don’t know | N/A |
| 20 | In general, how often have you admitted patients for whom you did not receive handoff directly from the EM physician? |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Very negatively | Somewhat negatively | No  Impact | Somewhat positively | Very Positively |
| 21 | To what extent is patient care impacted when you do not receive handoff directly from the EM physician? |  |  |  |  |  |

# Admission Handoff Survey

*Admitting Services*

22. In the past 3 months, has a patient of yours ever been harmed or experienced a near-miss because of ineffective handoff between the EM and admitting physicians? A near miss is a situation that did not produce patient harm, but only because of intervening factors, such as timely intervention.

\_\_\_Yes \_\_\_No

If “yes,” approximately how many times (in the past 3 months)?

\_\_\_1 time \_\_\_\_2-3 times \_\_\_\_ 3-4 times \_\_\_\_5 or more times

Please provide a brief description of each experience that you can recall.

*Thank you for your participation!*