# Appendix 2:

# Admission Handoff Survey

*Emergency Medicine*

**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 current level of training: \_\_\_PGY1 \_\_\_PGY2 \_\_\_PGY3 \_\_\_PGY4 \_\_\_Staff

Have you given handoff to an admitting service in the past **3 months**? \_\_\_\_Yes \_\_\_\_No

For all of the following questions (1-20), please choose the onebest response per line.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Questions** | | | | | Very Poor | | Poor | | Fair | Good | | Very good | | Don’t know | N/A |
| 1 | Overall the quality of communication between the admitting services and EM physicians is generally…. | | | |  | |  | |  |  | |  | |  |  |
| 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 does the admitting physician ask you clinical questions about the patient being admitted? | |  |  | |  | |  | | |  | |  | |  |
| **During handoff, how often do you tell the admitting service 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) |  |  | |  | |  | | |  | |  | |  |
| 9 | | The trend in the clinical condition of the patient while in the Emergency Department (ED) |  |  | |  | |  | | |  | |  | |  |
| 10 | | Your working diagnosis |  |  | |  | |  | | |  | |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinical Information Continued** | | Rarely  (0-24%) | Sometimes  (25-49%) | Often  (50 -74%) | Very Often  (75 -99%) | Always  (100%) | Don’t  know | N/A |
| 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 | Generally, how often do you feel you have to defend your clinical decisions to the admitting service? |  |  |  |  |  |  |  |
| 14 | When admitting a patient, how often does someone from the admitting service have clinically meaningful face-to-face communication with you? |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expectations** | | EM Physicians | Admitting Physicians | Both | Don’t know |
| 15 | 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)? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16. Using the following scale, what do you feel is your primary responsibility leading up to the decision to admit a patient 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 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Organizational Factors / Workload** | Rarely  (0-24%) | Sometimes  (25-49%) | Often  (50-74%) | Very Often  (75-99%) | Always  (100%) | Don’t know | N/A |
| 17 | On average, how often do competing clinical responsibilities distract you during handoff? Examples may include nursing phone calls, direct patient care, etc. |  |  |  |  |  |  |  |
| 18 | On average, how often do environmental factors distract you during handoff? Examples may include ambient noise, maintenance work, etc. |  |  |  |  |  |  |  |
| 19 | How often do you handoff patients that were initially seen by an EM physician from an earlier shift? |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Very negatively | Somewhat negatively | No  Impact | Somewhat positively | Very Positively |
| 20 | To what extent does shift change impact the quality of your signout (i.e. when initially seen by a different EM physician)? |  |  |  |  |  |

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21. 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 (use the back of the page if needed).

*Thank you for your participation!*