LETTER TO THE EDITOR

Authors' Reply: "(Re)turning the Pages of Residency: The Impact of Localizing Resident Physicians to Hospital Units on Paging Frequency"

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We acknowledge that our inability to measure in-person interruptions is a limitation of our study. We maintain that while in-person interruptions may increase in geographically localized patient care units, this form of direct face-to-face communication is more effective, efficient and decreases the latent errors inherent in alphanumeric paging.

Dr. Gandiga cites a study conducted in an emergency department where the vast majority of interruptions to attending physicians were in person from nurses or medical staff. We feel that this study cannot be extrapolated to medical floors, as the workflow and patient flow in an emergency department is very different than on a medical floor. The continuous throughput of patients in an emergency department would require ongoing and frequent communication between the different members of the care team. In

addition, the physicians in that study were receiving an average of 1 page in 12 hours, compared to greater than 25 in 12 hours for our interns on a localized service, which illustrates the problem with comparing the emergency department to a localized medical floor.^{1,2}

We believe that the benefits of geographically localized care models, which include dramatic decreases in paging, improved efficiency, and greater agreement on the plan of care, outweigh the probable increases in in-person interruptions. Additional study is indeed warranted to further clarify this discussion.

References

- Friedman SM, Elinson R, Arenovich T. A study of emergency physician work and communication: a human factors approach. *Isr J Em Med*. 2005;5(3):35–42.
- Fanucchi L, Unterbrink M, Logio LS. (Re)turning the pages of residency: the impact of localizing resident physicians to hospital units on paging frequency. J Hosp Med. 2014;9(2):120–122.