ED-SBAR and Medical-Surgical Patients: Will Electronic Handoff Improve Patient Outcomes?

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BACKGROUND

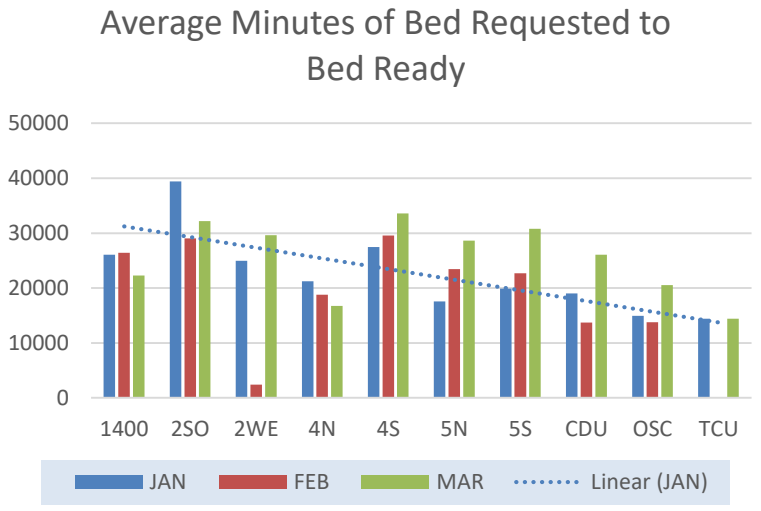
UMC typically sees 24,000 patients per year through their Adult Emergency Department (AED). Throughput delays were noted when the AED RN would call report to one of the nine Medical-Surgical (MS) units for admission. Delays occurred when the MS RNs were unable to take the phone call quickly due to any one of many reasons including current patient interaction, meal break, admission room issues (not being clean, inappropriate room), or infection control issues.

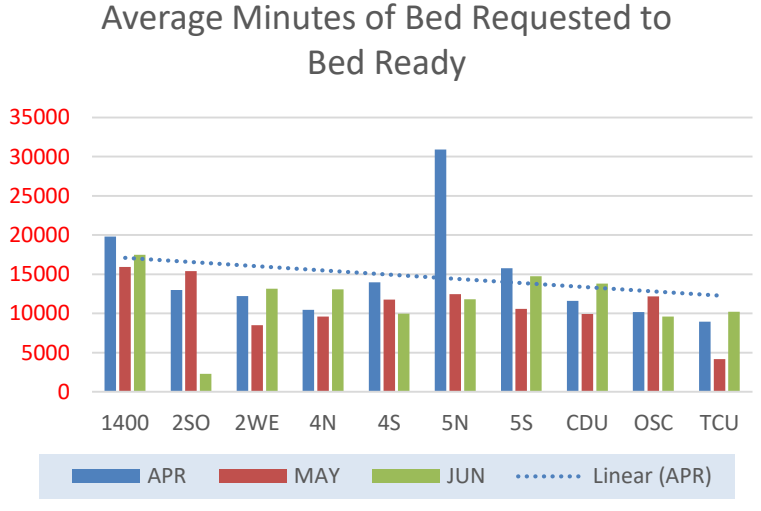
PURPOSE

Creating and streamlining an automated EVS bed and curtain cleaning notification and an electronic handoff process would improve patient flow, enhance patient experience, increase operational efficiency and boost staff productivity.

METHODS

A PDCA cycle was utilized to provide a structured, iterative framework for continuous improvement. The group identified the issue or opportunity for improvement, then developed strategy based on insights and hypotheses. Once a plan was created, the group implemented the planned changes on a small scale to test their effectiveness. The group frequently evaluated the results against objectives to determine whether the changes had the desired impact. Finally, the group had standardized the successful changes or refine the approach before applying improvements on a larger scale.





Automation of EVS assignments in EPIC and the start of using the ED-SBAR with MS units began April 21st, 2025

RESULTS

Initiating an automated EVS bed cleaning and curtain change notification via EPIC and utilizing ED-SBAR electronic report decreased the average minutes of when the bed was requested and when the bed was ready by 56%.

CONCLUSIONS

Improved throughput in the acute care setting will decrease patient mortality, increase nurse/staff satisfaction and improves coordination between departments. By efficiently moving patients through different stages of care, hospitals can reduce wait times, enhance patient safety, and optimize resource allocation. This is an ongoing clinical project.

REFERENCES

Available upon request

PATHWAY DESIGNATED