

## Manage the Sign-Out Process and Improve Provider Communication

When multiple providers share patient care across several shifts, communicating key patient information, tasks, and care instructions can be challenging. Often the process is ad-hoc, with tasks written on printed rounding sheets or verbally passed on during hand-off. This adds time to the sign-out process and can delay patient discharge. It can also result in duplicate tests or, worse, compromise patient safety.

How can physicians collaborate more efficiently across shifts to streamline the delivery of patient care? What's more, how do you support a standardized sign-out process to comply with Joint Commission recommendations?

*PatientKeeper® Sign-Out™* is the answer.



### Product Highlights

- Saves time for physicians with pick-lists, auto-fill, and custom fields
- Streamlines the sign-out process by transferring the patient list and all outstanding tasks to the covering provider
- Enhances patient safety through improved provider-to-provider communications

*PatientKeeper Sign-Out* improves communication and workflow between physicians at the transition of care. Physicians save time, while avoiding missed tasks or overlooking crucial patient information that needs to be passed along at shift changes. *Sign-Out* provides a continuity of care that facilitates faster discharges, enhances patient safety, and aids compliance with Joint Commission patient safety requirements.

#### Physicians start and end their shift with Sign-Out.

Providers begin with a manageable summary, including condition updates, code status, problems, pertinent tests and treatments, and to-do items sorted by priority. Covering physicians know at a glance how to prioritize patient needs. At shift end, *Sign-Out* allows providers to quickly log tasks, patient care details, problems, pertinent tests, and other information that will be needed by covering physicians at hand-off.

#### Flexible, Time-Saving Features:

- Create and manage tasks for all your patients with a click of the mouse. Select from pre-defined tasks-such as “remove sutures” and “check pre-op labs”
- Designate when tasks are due and check-off completed tasks, letting all team members know a task is finished

## About PatientKeeper

PatientKeeper® Inc., the leading provider of physician healthcare information systems, enables physicians and hospitals to focus on their patients, not technology, by providing highly intuitive software that streamlines physician workflow to improve productivity and patient care. PatientKeeper's CPOE, physician documentation, HIE and other applications run on desktop and laptop computers and popular handheld devices and tablets. PatientKeeper integrates easily with hospitals' existing IT infrastructure to create the most cost-effective solution for driving physician Meaningful Use. PatientKeeper has more than 30,000 active physician users today.



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- Task lists can be sorted many ways for a prioritized worklist
- Each user or department has customizable task lists and information fields
- Pre-defined picklists of tasks can be modified or edited by the user
- Patient information auto-populates to save entry time
- Develop pre-defined groups of tasks for admission, discharge, cardiac, and other situations
- *Sign-Out* records can be deleted upon discharge so non-medical record commentary is not retained

## Enhancing Patient Safety

Poor communications among providers can lead to adverse events. Studies have shown that “[unmet] information needs and communication difficulties are common and can lead to medical errors or near misses.”<sup>1</sup> Unfortunately, communication during the sign-out process is typically ad hoc – with handwritten lists, e-mails, makeshift spreadsheets, and the like. This informality leads to medical errors that are both common<sup>2</sup> and preventable<sup>3</sup>.

*PatientKeeper Sign-Out* provides a structured process to ensure that nothing falls through the cracks during the transition of care at shift change.

## Faster Patient Discharges

*Sign-Out* is an effective tool for streamlining the discharge and transfer processes. Configurable task groups can be created, and thus, work is prioritized for patients who are ready to leave the unit. If a patient can go home once their IV and cardiac monitors are discontinued, those tasks are so noted, and placed on the list of “things to do today” for the patient. In this manner, a patient’s stay can be limited to only the time absolutely necessary for inpatient treatment. Across a physician’s practice, average length of stay is reduced.

## Streamlined Workflows for Every Provider Involved in the Patient’s Care

*Sign-Out* presents a complete list of all of the tasks a clinician must do to provide quality care to the patient. These can be defined at admission, during rounds, or after a patient encounter. The covering provider knows what to do – whether it’s checking admission labs, consulting a cardiologist, ordering a medication, or changing a dressing. *Sign-Out* ensures faster, more efficient care and eliminates redundant work.

## An Ideal Extension for Healthcare IT

*PatientKeeper Sign-Out* allows healthcare institutions to improve the patient handoff process and reduce errors. PatientKeeper provides a full suite of workflow applications that support physicians throughout their day by providing them with tools to access to clinical results, enter orders electronically, document patient encounters, capture charges, prescribe medications, and much more.

1 McKnight, Lawrence K., et. al., “Perceived Information Needs and Communication Difficulties of Inpatient Physicians and Nurses,” Journal of the American Medical Informatics Association, Nov-Dec 2002, v.9(6 Suppl 1): s64-s69 <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=419422>  
2 Thomas, EJ et al. “Incidence and types of adverse events and negligent care in Utah and Colorado,” Medical Care, 2000, Vol. 38(3):261-271.  
3 Bates, DW, et al. “Incidence of Adverse Drug Events and Potential Adverse Drug Events: Implications for Prevention,” JAMA. 1995, Vol. 274(1):29-34.