The Top 10 List for a Safe and Effective Sign-out

Kemp et al.: Arch Surg. 2008;143(10):1008-1010

1. **Time:** *Ensure enough time for adequate sign-out, which for each patient includes a discussion of a brief history of present illness, major comorbidities, important events of the past 24 hours, things that the physician may get called about, tasks for each patient, and general plan of care.*
2. **Active:** *Make signing out an active process, ask any necessary questions, and ensure that the physician signing in has complete knowledge about each patient or task.*
3. **Sick:** *Sick patients should be emphasized, with the management plan and threshold to transfer to a higher level of care clearly outlined. Fellows on call should be encouraged to see sick patients before they get called on any major issues.*
4. **Senior:** *Know who is the resident and attending on call and contact them before beginning the call night.*
5. **One list:** *Use 1 standardized list or form for each service, with emphasis on its confidential nature and proper methods for disposal when finished.*
6. **Details:** *List should include clinical problem, diet, pain management, important medications, and general plan/pathway.*
7. **Outstanding tasks:** *Use an updated, accurate list, with outstanding tasks to be performed and information that the on-call fellow needs to gather outlined in bold type.*
8. **Outstanding laboratories/studies:** *Sign out all pending laboratory tests, studies, consults, and what the attending needs to be told.*
9. **Admissions:** *Any expected admissions should be explained to the on-call fellow, making pertinent history and exact purpose for admission understood so that the on-call fellow can fill out admission orders correctly and in a timely fashion once the patient arrives to the hospital.*
10. **Morning update:** *In the morning, update the list and give enough time for prerounds sign-out, emphasizing major events and patients whose course deviated from the expected pathway. Phone sign-outs may be adequate in the absence of critical issues*

SUMMARY

a) Ensure enough time
b) Make sign-out an active process
c) Emphasize sick patients
d) Know who is the senior on-call physician
e) Have 1 standardized list
f) Include important details in the list
g) Perform all outstanding tasks
h) F/U on all outstanding laboratory tests/studies
i) Anticipate and prepare for all known admissions
j) Leave time for morning update

SIGNOUT Format for Oral Communication Mnemonic

Horwitz et al.: J Gen Intern Med. 2007 October; 22(10): 1470–1474

Sick or DNR? (Highlight sick or unstable patients, identify DNR/DNI patients)
Identifying data (Name, Age, Gender, Diagnosis)
General hospital course
New events of day
Overall health status/clinical condition
Upcoming possibilities with plan, rationale
Tasks to complete overnight with plan, rationale
? Any questions

Resident Sign-Out: A Precarious Exchange of Critical Information in a Fast-Paced World

Borowitz et al.: Advances in Patient Safety: New Directions and Alternative Approaches

1. Sign-out should take place face-to-face to facilitate questioning, clarification, and collaborative cross-checking.
2. Start/finish times should be defined.
3. Sign-out should take place in a quiet/secure location, such as a small private conference room, rather than the library to minimize interruptions/distractions.
4. The roles and responsibilities of all participants should be clear.
5. The focus should be on patient safety and effective communication, with an emphasis on abstraction, synthesis, and summation of information.
6. Sickest patients should be discussed first, and information should be discussed in a consistent order.
7. Ward sign-out should start at about 4:00 pm. and last approximately 30 minutes.
8. All participants should be physically present the entire time during weekend sign-outs.
9. Uncompleted tasks should be completed after sign-out has been finished.
10. Nursing staff and faculty should be instructed to not page ward house staff during sign-out time, except for emergencies.
11. PGY IV should "give" sign-out with senior fellows/attendings listening and/or clarifying.
12. Medical students and on-call residents may attend but should primarily listen.
13. Off-task activities, such as writing notes and putting in orders, should be minimized to promote efficiency, and only the essential information should be exchanged verbally. Other information can be written on the sign-out sheet and/or found elsewhere.
14. Selected demographics, problems, medications, & treatments should be characterized.
15. Only those things that are crucial to the patient's care should be discussed (e.g., if managing dehydration, the most recent set of electrolytes could be mentioned). Additional information can be included on the written sheet.
16. It should not be necessary to replicate large amounts of information either verbally or on paper that are already in the patient's medical record.
17. Sign-out should include a specific to-do list and contingency plans.
18. The focus should be on trying to anticipate issues that might arise over the next shift, and what actions might be taken.

Remember:

- *Sign-out is not useful if the data provided during sign-out are not up to date.*
- *It is important to include a rationale for the plan of care so that if changes are needed during a call shift, there is a clear context for how to best make those changes.*
- *Residents should try to anticipate problems that might occur during a call shift and provide contingency plans for those potential problems.*