Conceptual framework:

* Chart review is unlikely to reveal either underlying safety threats or provide assessment of communication
* Asynchronous methods such as online surveys or focus groups are unlikely to capture subtler threats to safe care transitions and are subject to recall bias
* A real-time mixed study using both direct observation and surveying is likely to provide contextual insights and front-line suggestions for improvement otherwise impossible to capture

Aims

* Pilot a direct observation and survey instrument to assess feasibility of real-time, “tracer” surveillance of care transition process and impressions for critically-ill transferred patients
* Assess real-time provider reported impression of care transitions

Design

* Medical record review (limited)
* Prospective survey of providers
	+ Goal: 1-minute survey at each time point for each provider to minimize burden

Participants

* Providers who care for the following patients:
	+ Inclusion criteria:
		- Seen at YNHH from 06/13/2016 – 08/31/2016
		- Atraumatic ICH via Y-Access (n=20)
		- Control group 1: Any other diagnosis via Y-Access (n=40)
		- Control group 2: Atraumatic ICH off-the-street (n=10)
	+ Exclusion criteria:
		- Under 16 and/or treated in children’s hospital
	+ Anticipated sample of providers: 560
		- Within ED: 350
			* Ambulance triage nurse (n=70)
			* Initial nurse, resident, and attending in ED (n=210)
			* Second nurse, resident, and attending in ED if patient subject to within ED handoff (n=105, assuming 50% of patients subject to handoff)
			* Consultant resident in ED (n=70)
		- Patient’s final destination (floor/ICU): 210
			* Nurse, resident/PA/APRN and attending/fellow at patient’s final destination (n=210)

Method

* Standardized data collection tool (see pages 3-20)
* Trained research assistants will administer the survey
	+ Convenience sample
* For patients transferred via Y-Access: RA will follow “expect” list on EPIC trackboard
* For patients off-the-street, either:
	+ Diagnostic Radiology will page/text RA when aICH diagnosed (preferred)

– OR –

* + RA will listen for overhead stroke code
* Once patient arrives, RA will initiate with survey of ambulance triage nurse.
* Once patient has been seen by ED providers, RA will administer ED Arrival survey to initial ED providers (nurse, resident, and attending) as well as the consulting resident.
* Once bed is assigned, RA will administer ED Departure survey to ED providers (nurse, resident, and attending).
* Once patient has been admitted to final destination (floor/ICU) and has been seen by providers there, RA will administer survey to those providers (nurse, resident, and attending).
* Interviewer will enter data into database.

IRB

1. Exempt (deemed Quality Improvement, not research)

Data Collection Tool 1: Real-time Chart Abstraction

|  |  |
| --- | --- |
| Survey date (mm/dd/year) |  |
| Time of patient ED arrival (mm/dd/yyyy hh:mm) | ED trackboard: |
| Time of consulting resident arrival (mm/dd/yyyy hh:mm) | Direct Observation or EPIC timeline |
| Time of consulting resident departure (mm/dd/yyyy hh:mm) | Direct Observation or EPIC timeline |
| Time of consulting attending arrival (mm/dd/yyyy hh:mm) | Direct Observation or EPIC timeline |
| Time of consulting attending departure (mm/dd/yyyy hh:mm) | Direct Observation or EPIC timeline |
| Time of imaging (mm/dd/yyyy hh:mm) | EPIC abstraction |

Patient seen for atraumatic ICH? ☐Yes ☐No

Patient transferred via Y-Access? ☐Yes ☐No

Patient MRN Patient seen as stroke alert? ☐Yes ☐No

Patient ED room #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information available in documentation on arrival and how :

|  |  |
| --- | --- |
|  | Found in |
|  | W-10 | Epic | EMS Run Sheet | OSH Record |
| Data source available? | ☐ | ☐ | ☐ | ☐ |
| Vital signs | ☐ | ☐ | ☐ | ☐ |
| Labs | ☐ | ☐ | ☐ | ☐ |
| Fall risk | ☐ | ☐ | ☐ | ☐ |
| Allergies | ☐ | ☐ | ☐ | ☐ |
| Medication list | ☐ | ☐ | ☐ | ☐ |
| Code status | ☐ | ☐ | ☐ | ☐ |
| Past medical history | ☐ | ☐ | ☐ | ☐ |
| Advanced directives | ☐ | ☐ | ☐ | ☐ |
| Contact information | ☐ | ☐ | ☐ | ☐ |
| Isolation precaution | ☐ | ☐ | ☐ | ☐ |
| Reason for transfer | ☐ | ☐ | ☐ | ☐ |
| Meds administered | ☐ | ☐ | ☐ | ☐ |
| Errors reported | ☐ | ☐ | ☐ | ☐ |
| CT report available | ☐ | ☐ | ☐ | ☐ |
| CT imaging available | ☐ | ☐ | ☐ | ☐ |
| Pending test results | ☐ | ☐ | ☐ | ☐ |
| Contact for questions | ☐ | ☐ | ☐ | ☐ |
| Handoff documented | ☐ | ☐ | ☐ | ☐ |

Data Collection Tool 2: Ambulance Triage Nurse:

Ask at ED Arrival (goal: within 30 minutes of pt arrival)

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. How did you learn about this patient? (check all that apply)

☐EMS

☐Y-Access

☐Nurse at sending hospital

☐Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To what extent do you agree with the following statement?

The handoff I received provided all of the information I needed to effectively triage this patient to the appropriate level of care in the ED.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What additional information did you require that was not provided during the handoff?
2. Did you communicate the information you had about this patient to the bedside care team?

☐Yes

☐No

1. [IF 4=YES] To what extent do you agree with the following statement?

I was able to effectively communicate the information I had about this patient to the bedside care team.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. How could the transition of care for this patient have been better for you, from their arrival in the ED to their placement in an ED bed?

Data Collection Tool 3: Primary ED Nurse:

Ask at ED Arrival (goal: within 30 minutes of pt arrival)

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Survey timepoint (mm/dd/yyyy hh:mm): ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. How did you learn about this patient? (check all that apply)

☐EMS

☐Y-Access

☐Nurse at sending hospital

☐Ambulance triage nurse

☐Charge nurse

☐ED attending

☐Other, including informally (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐I did not know anything about this patient before entering their room

1. To what extent do you agree with the following statement?

I felt prepared to care for this patient, based on the handoff I received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What additional information did you require that was not provided during the handoff?
2. Was the care plan communicated to you?

☐Yes ☐No

1. [IF 4=YES] To what extent do you agree with the following statement?

The care plan for this patient was communicated to me clearly.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. To what extent do you agree with the following statement?

At some point during the transition of care for this patient, there were risks to patient safety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. [IF Q5>3] Can you tell me more about those risks?
2. How could the transition of care for this patient into the ED have been better for you?
3. At what point during the care for this patient were you told of the care plan?

☐During patient arrival or initial assessment

☐Within the first hour

☐N/A; I wasn’t told of the care plan

Ask after Bed Assigned:

Survey timepoint (mm/dd/yyyy hh:mm)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. While caring for this patient in the ED, was the care plan provided by the ED team the same as that provided by the consulting team?

☐Yes

☐No

1. Did you sign out to the receiving unit?

☐Yes ☐No

1. [IF 12=YES] To what extent do you agree with the following statement?

I provided a safe handoff to the receiving unit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What could have improved the handoff for this patient?

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For RA:

1. Did you survey the same nurse at ED Arrival and Bed Assigned?

☐Yes

☐No

1. Please provide any comments/observations you feel should be noted for this care transition.

Data Collection Tool 4: ED Resident:

Ask at ED Arrival (goal: within 30 minutes of pt arrival)

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How did you learn about this patient? (check all that apply)

☐EMS

☐Y-Access

☐Sending hospital

☐Primary ED nurse

☐Charge Nurse

☐Ambulance Triage Nurse

☐ED attending

☐The attending who accepted this patient via Y-Access

☐Other, including informally (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐I did not know anything about this patient before entering their room

1. To what extent do you agree with the following statement?

I felt prepared to care for this patient, based on the handoff I received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What additional information did you require that was not provided during the handoff?
2. Was the consulting team’s care plan communicated to you prior to the patient’s arrival?

☐Yes ☐No

1. [IF 4=YES] To what extent do you agree with the following statement?

The care plan for this patient was communicated to me clearly.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. To what extent do you agree with the following statement?

At some point during the transition of care for this patient, there were risks to patient safety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. [IF Q5>3] Can you tell me more about those risks?
2. How could the transition of care for this patient into the ED have been better for you?
3. At what point during the care for this patient was the care plan developed?

☐During patient arrival or initial assessment

☐Within the first hour

☐N/A; I wasn’t told of the care plan

Ask at Bed Assigned:

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. While caring for this patient in the ED, was the care plan provided by the ED team the same as that provided by the consulting team?

☐Yes

☐No

1. Did you sign out to the receiving unit?

☐Yes ☐No

1. [IF 12=YES] To what extent do you agree with the following statement?

I provided a safe handoff to the receiving unit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What could have improved the handoff for this patient?

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For RA:

1. Did you survey the same resident at ED Arrival and Bed Assigned?

☐Yes

☐No

1. Please provide any comments/observations you feel should be noted for this care transition.

Data Collection Tool 5: ED Attending:

Ask at ED Arrival (goal: within 30 minutes of pt arrival)

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. How did you learn about this patient? (check all that apply)

☐EMS

☐Y-Access

☐Physician at sending hospital

☐Primary ED nurse

☐Charge nurse

☐Ambulance triage nurse

☐ED resident

☐Another ED attending

☐The attending who accepted this patient via Y-Access

☐Other, including informally (please specify):

☐I did not know anything about this patient before entering their room

1. To what extent do you agree with the following statement?

I felt prepared to care for this patient, based on the handoff I received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What additional information did you require that was not provided during the handoff?
2. Was the initial consulting team’s recommendation communicated to you?

☐Yes ☐No

1. [IF 4=YES] To what extent do you agree with the following statement?

The care plan I directed for this patient was consistent with the initial consulting team’s recommendation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. To what extent do you agree with the following statement?

At some point during the transition of care for this patient, there were risks to patient safety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. [IF Q5>3] Can you tell me more about those risks?
2. How could the transition of care for this patient into the ED have been better for you?
3. At what point during the care for this patient was the care plan developed?

☐During patient arrival or initial assessment

☐Within the first hour

☐N/A; I wasn’t told of the care plan

Ask at Bed Assigned:

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. While caring for this patient in the ED, did you communicate with the attending physician of any other service?

☐Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_(service)

☐No

1. Did you sign out to the receiving unit?

☐Yes ☐No

1. [IF 12=YES] To what extent do you agree with the following statement?

I provided a safe handoff to the receiving unit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 | 9 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree | No handoff |

1. What could have improved the handoff for this patient?

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For RA:

1. Did you survey the same attending at ED Arrival and Bed Assigned?

☐Yes ☐No

1. Please provide any comments/observations you feel should be noted for this care transition.

Data Collection Tool 6: Consulting Resident #1: Ask at ED Arrival (goal: within 30 minutes of pt arrival)

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consulting resident’s service: ☐Neurology ☐ Neurosurgery

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1. How did you learn about this patient? (check all that apply)

☐EMS

☐Y-Access

☐ED nurse

☐ED resident

☐ED attending

☐Your attending

☐Other, including informally (please specify):

☐I did not know anything about this patient before entering their room

1. To what extent do you agree with the following statement?

I felt prepared to care for this patient, based on the handoff I received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What additional information did you require that was not provided during the handoff?
2. Was a care plan communicated to you by your attending?

☐Yes ☐No

1. [IF 4=YES] To what extent do you agree with the following statement?

The care plan for this patient was communicated to me clearly.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. To what extent do you agree with the following statement?

At some point during the transition of care for this patient, there were risks to patient safety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. [IF Q5>3] Can you tell me more about those risks?
2. How could the transition of care for this patient into the ED have been better for you?
3. At what point during the care for this patient was the care plan developed?

☐During patient arrival or initial assessment

☐Within the first hour

☐N/A; I wasn’t told of the care plan

After Bed Assigned:

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. While caring for this patient in the ED, was the care plan provided by the ED team the same as that provided by your consulting team?

☐Yes

☐No

1. Will you continue caring for this patient on the unit?

☐Yes **[SKIP TO 13]**

☐No

1. Did you sign out to the receiving unit?

☐Yes ☐No

1. [IF 12=YES] To what extent do you agree with the following statement?

I provided a safe handoff to the receiving unit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What could have improved the handoff for this patient?

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For RA:

1. Did you survey the same consulting resident at ED Arrival and Bed Assigned?

☐Yes ☐No

1. Please provide any comments/observations you feel should be noted for this care transition.

Data Collection Tool 6: Consulting Resident #2

Ask at ED Arrival (goal: within 30 minutes of pt arrival)

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consulting resident’s service: ☐Neurology ☐ Neurosurgery

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1. How did you learn about this patient? (check all that apply)

☐EMS

☐Y-Access

☐ED nurse

☐ED resident

☐ED attending

☐Your attending

☐Other, including informally (please specify):

☐I did not know anything about this patient before entering their room

1. To what extent do you agree with the following statement?

I felt prepared to care for this patient, based on the handoff I received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What additional information did you require that was not provided during the handoff?
2. Was a care plan communicated to you by your attending?

☐Yes ☐No

1. [IF 4=YES] To what extent do you agree with the following statement?

The care plan for this patient was communicated to me clearly.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. To what extent do you agree with the following statement?

At some point during the transition of care for this patient, there were risks to patient safety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. [IF Q5>3] Can you tell me more about those risks?
2. How could the transition of care for this patient into the ED have been better for you?
3. At what point during the care for this patient was the care plan developed?

☐During patient arrival or initial assessment

☐Within the first hour

☐N/A; I wasn’t told of the care plan

After Bed Assigned:

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. While caring for this patient in the ED, was the care plan provided by the ED team the same as that provided by your consulting team?

☐Yes

☐No

1. Will you continue caring for this patient on the unit?

☐Yes **[SKIP TO 15]**

☐No

1. Did you sign out to the receiving unit?

☐Yes ☐No

1. [IF 12=YES] To what extent do you agree with the following statement?

I provided a safe handoff to the receiving unit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What could have improved the handoff for this patient?

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For RA:

1. Did you survey the same consulting resident at ED Arrival and Bed Assigned?

☐Yes ☐No

1. Please provide any comments/observations you feel should be noted for this care transition.

Data Collection Tool 7: Floor/ICU Nurse

Ask at Floor/ICU Arrival (goal: within 30 minutes of pt arrival)

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. How did you learn about this patient? (check all that apply)

☐EMS

☐Y-Access

☐Nurse at sending hospital

☐ED nurse

☐ED resident

☐ED attending

☐Your attending

☐Bed management

☐Other, including informally (please specify):

☐I did not know anything about this patient before entering their room

1. To what extent do you agree with the following statement?

I felt prepared to care for this patient, based on the handoff I received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What additional information did you require that was not provided during the handoff?
2. Was the care plan communicated to you?

☐Yes ☐No

1. [IF 4=YES] To what extent do you agree with the following statement?

The care plan for this patient was communicated to me clearly.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. To what extent do you agree with the following statement?

At some point during the transition of care for this patient, there were risks to patient safety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. [IF Q5>3] Can you tell me more about those risks?
2. How could the transition of care for this patient into your unit have been better for you?

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For RA:

1. Please provide any comments/observations you feel should be noted for this care transition.

Data Collection Tool 8: Floor/ICU Resident/RA/NP:

Ask at Floor/ICU Arrival (goal: within 30 minutes of pt arrival)

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Survey timepoint (mm/dd/yyyy hh:mm)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewee: ☐Neuro resident ☐ Neurosurg resident ☐PA ☐ APRN

\*\*Note: Optional—only administer if floor/ICU resident is different than ED consulting resident

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1. How did you learn about this patient prior to arrival on your unit? (check all that apply)

☐EMS

☐Y-Access

☐Sending hospital

☐ED nurse

☐ED resident

☐ED attending

☐Your attending

☐Bed management

☐Other, including informally (please specify):

☐I did not know anything about this patient before entering their room

1. To what extent do you agree with the following statement? I felt prepared to care for this patient, based on the handoff I received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What additional information did you require that was not provided during the handoff?
2. Was the care plan communicated to you?

☐Yes ☐No

1. [IF 4=YES] To what extent do you agree with the following statement?

The care plan for this patient was communicated to me clearly.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. To what extent do you agree with the following statement? At some point during the transition of care for this patient, there were risks to patient safety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. [IF Q5>3] Can you tell me more about those risks?
2. How could the transition of care for this patient into your unit have been better for you?

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For RA:

1. Please provide any comments/observations you feel should be noted for this care transition.

Data Collection Tool 9: Floor/ICU Attending/Fellow:

Ask at Floor/ICU Arrival (goal: within 30 minutes of pt arrival)

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Survey timepoint (mm/dd/yyyy hh:mm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewee: ☐Attending ☐ Fellow

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1. How did you learn about this patient? (check all that apply)

☐EMS

☐Y-Access

☐Sending hospital

☐ED nurse

☐ED resident

☐ED attending

☐Floor/ICU Nurse

☐Bed management

☐The attending who accepted this patient via Y-Access

☐Other, including informally (please specify):

☐I did not know anything about this patient before entering their room

1. To what extent do you agree with the following statement? I felt prepared to care for this patient, based on the handoff I received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. What additional information did you require that was not provided during the handoff?
2. To what extent do you agree with the following statement? The care plan I directed for this patient was consistent with that executed by the ED team.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 | 9 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree | Don’t know |

1. To what extent do you agree with the following statement? At some point during the transition of care for this patient, there were risks to patient safety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 | 2 | 3 | 4 | 5 |
| Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

1. [IF Q5>3] Can you tell me more about those risks?
2. How could the transition of care for this patient into your unit have been better for you?

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For RA:

1. Please provide any comments/observations you feel should be noted for this care transition.