

5-31-2017

It's Midnight. Do you know how your patient is doing?

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Recommended Citation

Alswalmeen, MD, W.; Foley, MD, K.; Noonan, MD, K.; and Josloff, MD, R., "It's Midnight. Do you know how your patient is doing?" (2017). *House Staff Quality Improvement and Patient Safety Conference (2016-2019)*. Poster 72.

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Introduction

Transitions of care are vulnerable points in patient care. With the volume of information transferred, quality of care and patient safety are at risk. Numerous attempts at standardization of transitions of care have been utilized; however no consensus regarding the optimal method has been reached.

We developed a “watcher” model in addition to standard end of shift sign out. Patients at risk were identified by the day team and seen overnight by a senior and junior surgery resident, along with a nursing representative: either a bedside RN or nursing supervisor.

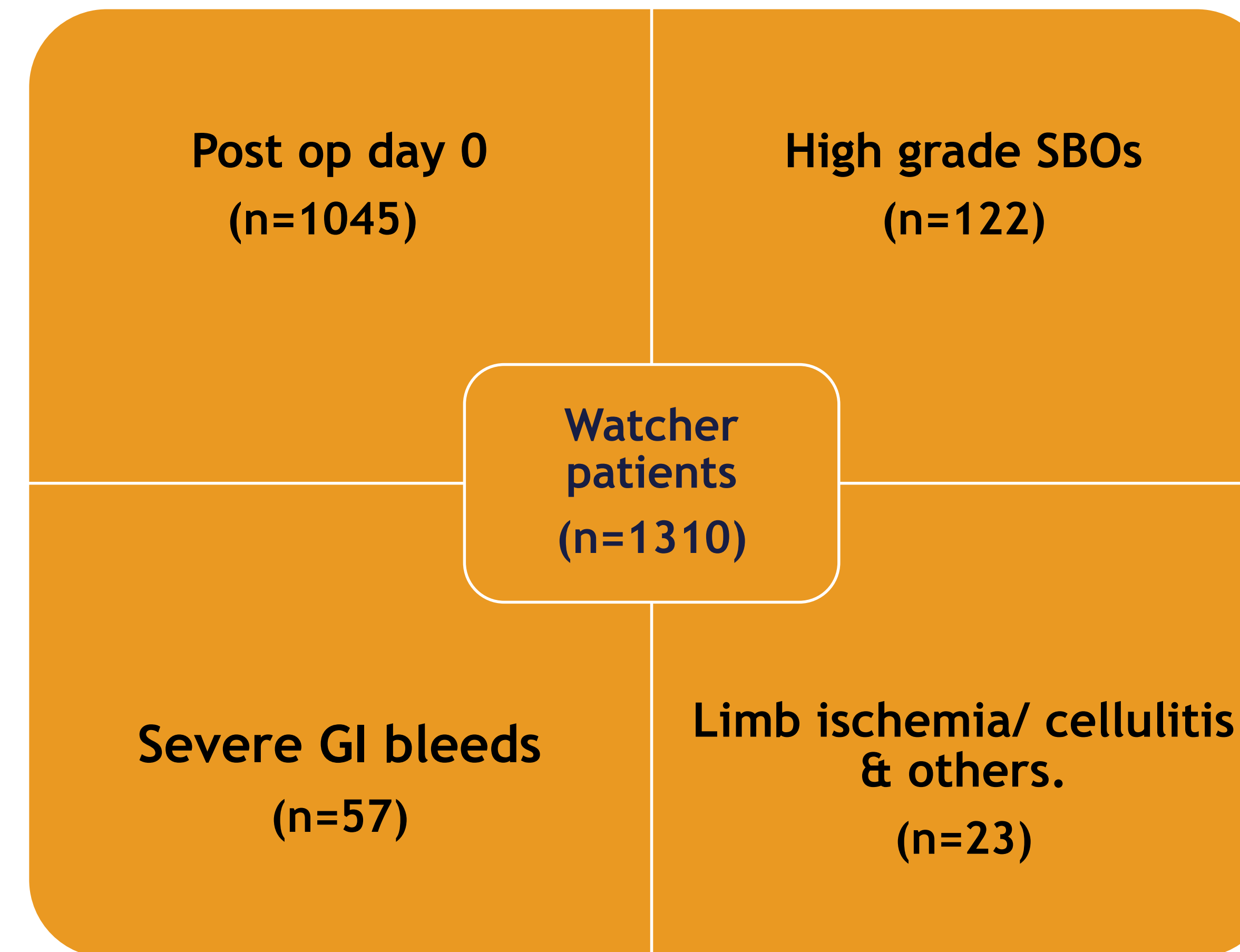
We hypothesized that these midnight rounds could proactively identify patient care issues and intervention would be implemented sooner in a patient’s hospital course.

Methods

A watcher list model was implemented at a single site (Abington Hospital / Jefferson Health) over a period of 6 months. 1310 patients were monitored overnight as a part of a midnight watcher list. Patients included in the watcher list were patients who had surgery on that day (1045), bowel obstructions requiring close monitoring (122), severe GI bleeding (57), extremity cellulitis or ischemia requiring frequent checks, and others (traumas, downgrades from higher level of care, etc.) (23).

Results

Of the 1310 patients included, 93 patients (7%) required intervention overnight. 8 patients required an upgrade in level of care. Upgrades in care were mostly due to respiratory complications (n=5). 86 patients required other forms of intervention (fluid resuscitation (41), management of urinary retention (18), workup for chest pain (3) , and work up for delirium (1)).



Conclusions

A watcher list model allows physicians to anticipate patients in need of interventions and/or upgrades in level of care. Having a heightened sense of awareness of high risk patients overnight helps create a safer night for patients.

Select References

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Interventions(n=93)

