

SAFER SIGN OUT FORM

Check if No Patients Signed Out Off-Going Clinician*: _____ Receiving Clinician: _____ Date Shift Started _____

Patient Name & Age	Problem List & Key Issues	Pending Items	Disposition	QA & Receiving Doc Notes
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px; display: flex; align-items: center; justify-content: center;">Room</div>	Diagnosis/CC:	<input type="checkbox"/>	Home _____	<input type="checkbox"/> Rounded on Patient <input type="checkbox"/> Communicated w/ Nurse _____ <input type="checkbox"/> Vital Signs Reviewed
	Key Issues:	<input type="checkbox"/>	Admit _____	
	Potential Safety Issues or Precautions:	<input type="checkbox"/>	Transfer _____	Departure Eval @ _____
		<input type="checkbox"/>	NH _____	
		<input type="checkbox"/>	TBD _____	
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px; display: flex; align-items: center; justify-content: center;">Room</div>	Diagnosis/CC:	<input type="checkbox"/>	Home _____	<input type="checkbox"/> Rounded on Patient <input type="checkbox"/> Communicated w/ Nurse _____ <input type="checkbox"/> Vital Signs Reviewed
	Key Issues:	<input type="checkbox"/>	Admit _____	
	Potential Safety Issues or Precautions:	<input type="checkbox"/>	Transfer _____	Departure Eval @ _____
		<input type="checkbox"/>	NH _____	
		<input type="checkbox"/>	TBD _____	
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px; display: flex; align-items: center; justify-content: center;">Room</div>	Diagnosis/CC:	<input type="checkbox"/>	Home _____	<input type="checkbox"/> Rounded on Patient <input type="checkbox"/> Communicated w/ Nurse _____ <input type="checkbox"/> Vital Signs Reviewed
	Key Issues:	<input type="checkbox"/>	Admit _____	
	Potential Safety Issues or Precautions:	<input type="checkbox"/>	Transfer _____	Departure Eval @ _____
		<input type="checkbox"/>	NH _____	
		<input type="checkbox"/>	TBD _____	
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	Key Issues:	<input type="checkbox"/>	Admit _____	
	Potential Safety Issues or Precautions:	<input type="checkbox"/>	Transfer _____	Departure Eval @ _____
		<input type="checkbox"/>	NH _____	
		<input type="checkbox"/>	TBD _____	

SAFER SIGN OUT PROGRAM & BEST PRACTICES

Sign Out **ALL** patients that remain in the department including the following:

- **Active Patients** - Assume care and reassess
- **Admitted Patients** - Until care transferred to the admitting physician
- **Discharged Patients** - Still in a room awaiting transportation/treatment
- **Transfer Patients** - Assume care and perform departure evaluation (“Last Look”) with EHR note just prior to leaving the ED

Key Components

1. Record

- Patient, Critical Details, Follow-up Items

2. Review

- SSO Form & Computer/chart Data

3. Round Together

- Meet the Patient & Assure a Plan

4. Relay with the Nurse/Team

- Connect with Nurse on key Issues (before, during or after)

5. Receive Feedback

- Use SSO Form for Clinical Follow-up & Process QA

Best Practices

1. Preparation/Pre-Round (off going clinician – prior to sign out)

- Connect with patient & nurse
- Gives time for patient/team questions/updates
- Increase effectiveness/efficiency later when signing out

2. Anticipate/embrace possible clinical changes

3. Acknowledge uncertainty & potential vulnerabilities

4. Confirm understanding

*Safer Sign Out was originally developed by the Safety Leadership Group of Emergency Medicine Associates, PA, PC of Germantown, Maryland
The guide and tools are being advanced with the following organizations and innovation partners:*



(Safer Sign Out Form Back Page)