

5-31-2017

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

W. Alswalmeen, MD  
*Abington Jefferson Health*

K. Foley, MD  
*Abington Jefferson Health*

K. Noonan, MD  
*Abington Jefferson Health*

R. Josloff, MD  
*Abington Jefferson Health*

Follow this and additional works at: <http://jdc.jefferson.edu/patientsafetyposters>

 Part of the [Medicine and Health Sciences Commons](#)

[Let us know how access to this document benefits you](#)

## 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 Posters*. Poster 72.  
<http://jdc.jefferson.edu/patientsafetyposters/72>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in House Staff Quality Improvement and Patient Safety Posters by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

## 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.

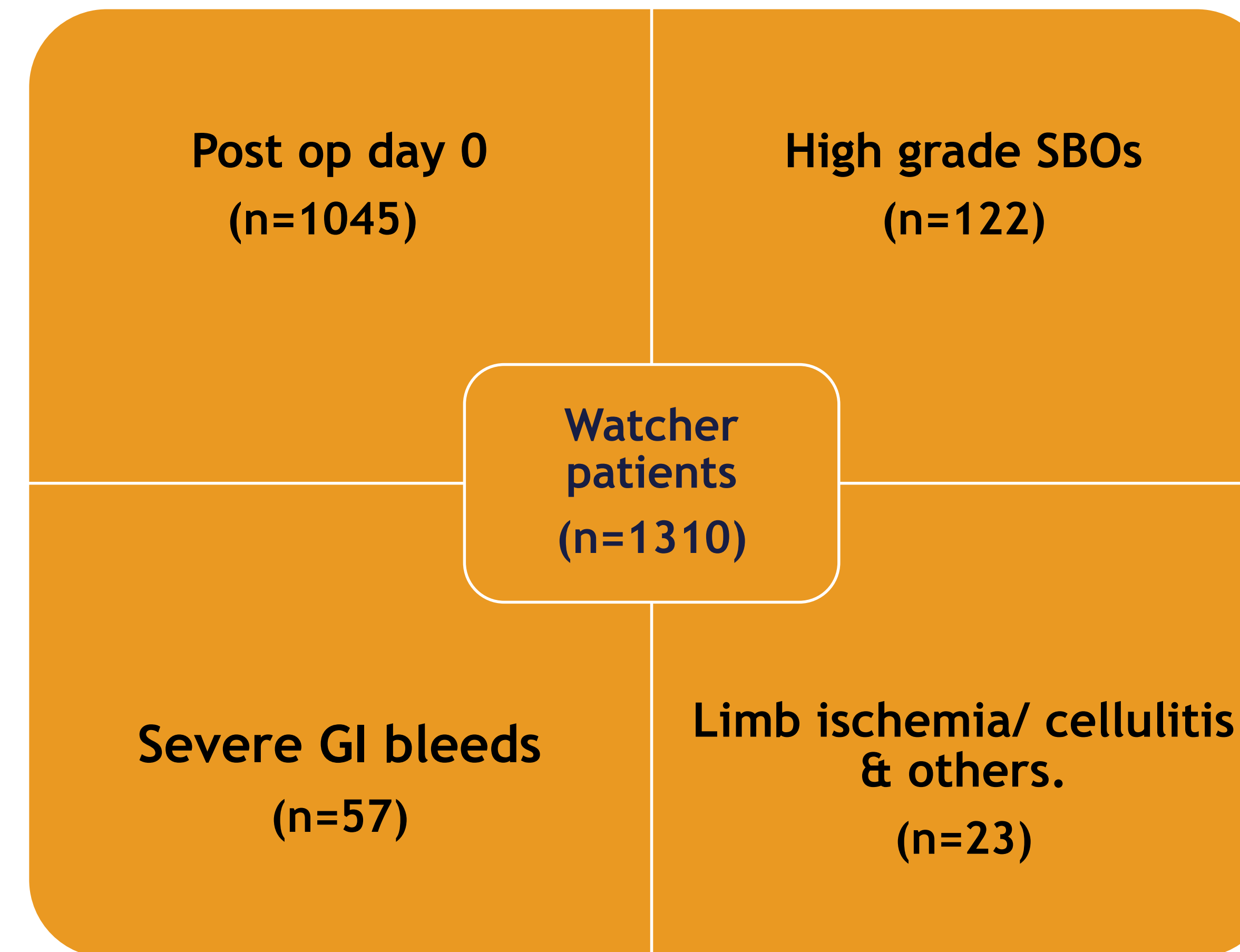
We hypothesized that these midnight rounds could proactively identify patient care issues and intervention would be implemented sooner in a patient’s hospital course.

## 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

Initial assessment of patient handoff in accredited general surgery residency programs in the United States and Canada: a cross-sectional survey. Saleem AM<sup>1</sup>, Paulus JK, Vassiliou MC, Parsons SK. Can J Surg. 2015, August

Assessment and standardization of resident handoff practices: PACT project. Nicole M. Tapia, MD, Sara C. Fallon, MD, Mary L. Brandt, MD, Bradford G. Scott, MD, and James W. Suliburk, MD. Journal of Surgical Research (184) 2013

Handoffs in general surgery residency, an observation of intern and senior residents Deborah Farr Date, M.D, Hilary Sanfey, M.B.B.Ch , John Mellinger, M.D , Gary Dunnington, M.D. The American Journal of Surgery 2013.

Interventions( n=93)

