MMC Emergency Department Staff Re-Engagement Protocol (Draft v.4)

Purpose: Develop a mechanism to promote the re-engagement of attending, resident and nursing staff in the care of a subset of patients requiring added provider involvement.

- **Nurse concern** – "I am concerned about the patient in XXX. Will you re-evaluate them?"
  - Empower East Wing and CDU nurses to do the same
- **Resident concern** – "I am concerned about the patient in XXX. Will you re-evaluate them?"
- **Attending concern** –
  - At time of signout: "Is there anyone that you want me to re-evaluate?"
  - During course of patient's care: "I am concerned about the patient in XXX. Will you re-evaluate them?"
- **Altered mental status**
  - Re-evaluate each shift, ideally at time of signout. Eg intoxication, delirium, head injury.
  - Compliance with the intoxicated standard of care.
- **Time** – "Double Signout Patients" in the Main department need to be reevaluated each shift by attending staff.
  - The primary responsibility for re-evaluating boarding inpatients (admitted patients waiting for a bed) is the inpatient team*. However, any concern should be addressed by ED staff if asked to re-engage (as above).

Protocol:

- When asked to re-engage, provider will verbalize plan to re-engage.
- Attendings and residents will do a 53 dictation, progress note or EPIC equivalent, as well as update signout tab.
- Consider bedside signout on high risk patients, with nursing.

** Boarding inpatients for this protocol are defined as:*

1) Patients the admitting team has evaluated or

2) 90min after the initial patient discussion with the admitting service (Doctor Done Time)