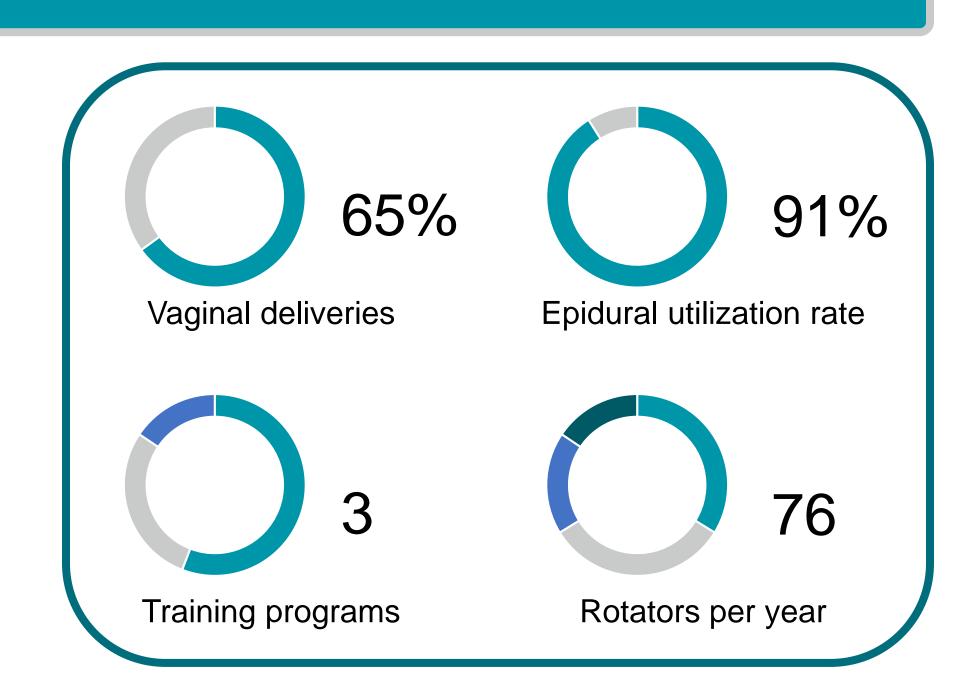




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BACKGROUND

- There is no standardized sign-out method in obstetric anesthesia between trainees
- Nearly 7000 deliveries occur annually at our tertiary care hospital
- Structured handoff tools increase the rate of handing over sick patients by nearly threefold
- Busy service requires efficient handoff method without missing crucial information, but learners (with varying experience levels) have trouble identifying pertinent positives







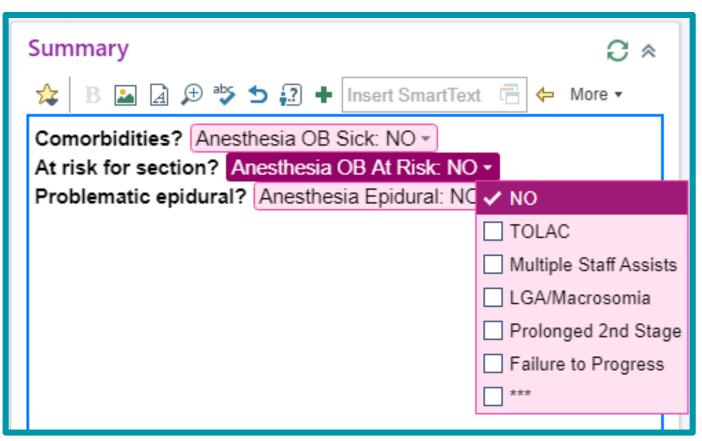
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METHODS

- Pre-test survey distributed to residents who had completed at least one OB anesthesia rotation
- List of pertinent positives was integrated into the EMR using charting shortcut ("SmartPhrase" in Epic)
- Shared patient list auto-updated the current census
- At the end of the month, a post-test was administered

Bed ▲	Patient Name	Age/Gender	GTPAL	GA	Cervical Exam	Membranes	Allergies	PPH Score	Epidural	Summary - Handoff
3LDR-01		34 year old / F	G3P0010	38w6d	3.5 / 60 / -2	Artificial	No Known Allergies	•	Yes	Comorbidities? HTN At risk for section? NO Problematic epidural? NO
3LDR-23		36 year old / F	G2P1001	35w1d	2 / 70 / -3	Intact	Adhesive Tape, Shrimp [Shellfish]	•	Yes	Comorbidities? Pre-Eclampsia At risk for section? TOLAC Problematic epidural? Unblocked



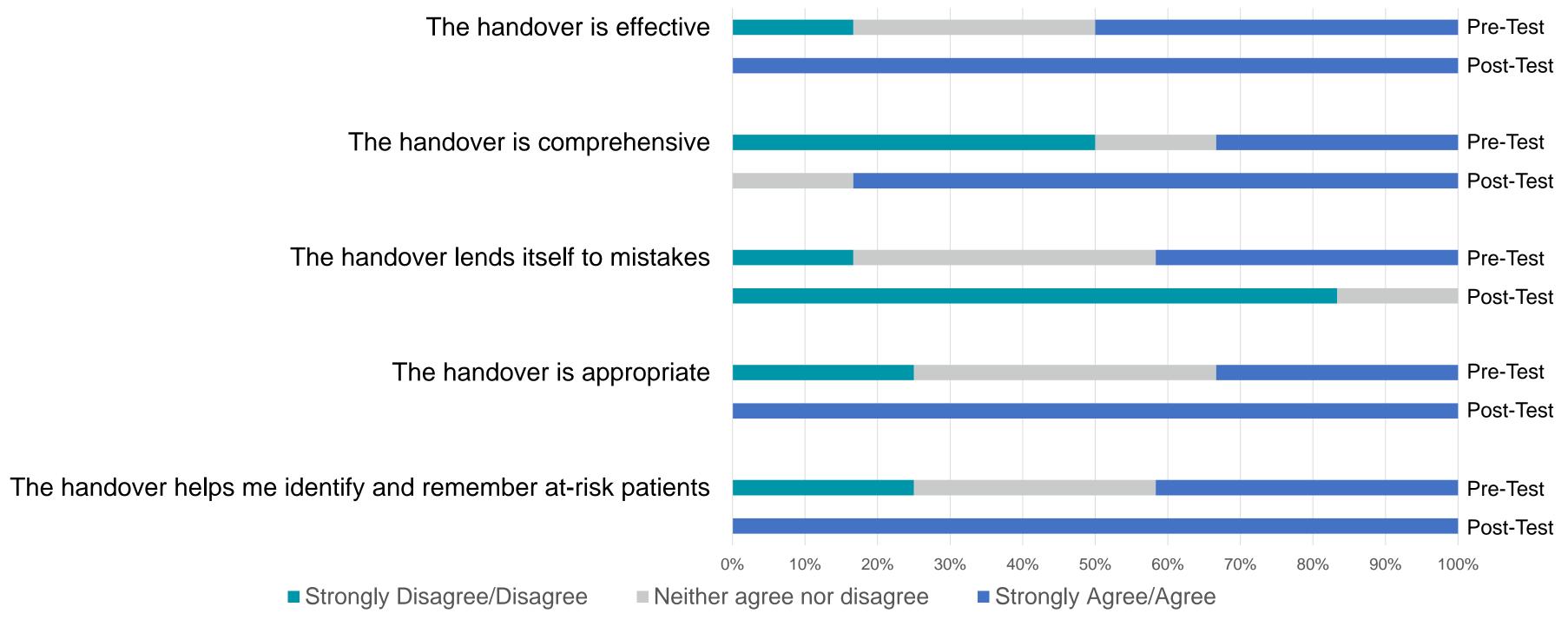




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DISCUSSION

- The intervention assists with:
 - Critical thinking skills in triaging several patients
 - Efficient communication between trainees of various experience levels, especially during an emergency
 - Providing a framework for structured handoff
- Future directions will improve user interface with additional EMR features, such as color coding

REFERENCES

- 1. Dharmadasa A. Int J Obstet Anesth 2014. PMID: 24656527.
- Gabot M. AANA J 2022. PMID: 35076379.

