

Abstract Form	
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Project Title:	Examining the impact of a standardized contingency template in internal medicine resident-written handoffs
Research Category (please check one):	
Original Research	Clinical Vignette D Quality Improvement M Medical Education Innovation
Abstract	

Rationale: Contingency planning, or situational awareness, is a standard part of patient handoff between providers. Transitions of care have been studied to be the most vulnerable time for medical errors and lapses in patient care. The goal of this project was to implement a standardized contingency template within the already utilized handoff tool in the electronic health record (EHR). A supplemental educational infographic was also provided with the goal of improving resident comfort level with writing contingencies and the quality of resident-written contingencies in the patient handoff.

Methods: We conducted a prospective study of Internal Medicine residents (PGY1-3). The intervention was a standardized contingency template within the EHR handoff tool as well as an educational infographic on how to write effective contingencies. We surveyed residents pre- and post- intervention to assess changes in their confidence level with writing contingencies. We also specifically surveyed night cross-cover residents pre- and post- intervention to assess changes in the perceived quality of written contingencies as well as utilization of the standardized template.

Results: We surveyed 201 Internal Medicine residents of whom 55 were PGY1-3 on a night cross-cover rotation. The preintervention survey response rate was 33.5% for general residents and 12.7% for night cross-cover residents. Among all Internal Medicine residents surveyed, 36.9% of residents rated themselves as somewhat comfortable with writing contingencies and 21.5% were somewhat uncomfortable. Residents reported that written contingencies were helpful 77.5% of the time and were thorough 56.2% of the time. 39.7% of residents agreed that a standardized template would help improve contingency writing. 30.5% of residents believed a handout reference would help improve contingency writing. 79.6% of residents rated current contingencies as good, while only 4.1% of residents rated current contingencies as very good. Post-intervention survey response is currently ongoing.

Conclusion: Residents frequently identify written contingencies as a helpful part of patient handoff but many are uncomfortable with writing them. Residents also believe that a standardized template and handout reference would be the most effective way to improve written contingencies. We have implemented a standardized template and handout since October 2022 and are surveying residents now post-intervention. Preliminary post-intervention survey results are showing some improvement in resident perception of the quality of written contingencies and the ease of writing contingencies. We hope to collect more data and formally analyze post-intervention survey results to identify other strategies to improve written contingencies.