

To the Editor: Actions More Powerful Than Words—An Impactful Approach to Overcoming Page Burden

I would like to thank Armendariz et al for their contribution to understanding the root characteristics of rounding interruptions inherent to medical learners in the inpatient teaching environment.¹ As noted in the study conclusion, proactive communication with nursing staff holds merit for most team-based improvement strategies. However, based on anecdotal experience, simple discussions with nursing staff resulted in trivial long-term change. An effective, actionable plan is needed for residency programs to address inappropriately timed pages and improve paging etiquette during inpatient rounding.

Inpatient medicine has trended toward algorithmic-based patient care under the banners of improved patient outcomes and hospital efficiency. Examples within this trend include antibiotic prescribing practices, pathology-directed power plans, and sepsis triage goals.² Standardization for interprofessional communication, however, remains largely unchanged and differs across the spectrum of the US health care system. This leads to increased stress, burnout rates, and frustrations during rounding periods among medical trainees.³

An algorithm-based text page system for nursing staff would improve communication and rounding efficiency by utilizing a decision tree model. This tree would include the initial decision of page appropriateness during rounding times. If it meets criteria for paging, the algorithm will require important triaging information for the text page, including urgency level

(routine, urgent, emergent); patient room number; paging staff role and name; category (lab, clinical status change, medication question, disposition, diet request, family request, etc); and time requested for response (within 1 hour, 30 minutes, 5 minutes, or ASAP). Similar interventions in the pediatric ICU setting demonstrated a 42% reduction in pages per patient, improved resident well-being and nursing satisfaction, and maintained patient safety while using a text page system.⁴

Implementing standardized, algorithm-based text page systems can improve the resident learning experience while decreasing page burden during inpatient rounds.

Connor McKittrick, MD

Faculty Development Fellow, University of Pittsburgh Medical Center

References

1. Armendariz J, Tamayo C, Slade J, Belitskaya-Lévy I, Gray C, Allaudeen N. Interruptions to attending physician rounds and their effect on resident education. *J Grad Med Educ.* 2021;13(2):266–275. doi:10.4300/JGME-D-20-00698.1
2. Varghese J, Kleine M, Gessner SI, Sandmann S, Dugas M. Effects of computerized decision support system implementations on patient outcomes in inpatient care: a systematic review. *J Am Med Inform Assoc.* 2018;25(5):593–602. doi:10.1093/jamia/ocx100
3. Witherspoon L, Nham E, Abdi H, et al. Is it time to rethink how we page physicians? Understanding paging patterns in a tertiary care hospital. *BMC Health Serv Res.* 2019;19(1):992. doi:10.1186/s12913-019-4844-0
4. Chandnani HK, Fujimoto S, Wilson M, et al. Better Etiquette for Effective Paging (B.E.E.P.)—improving daily in-hospital communications in the pediatric ICU. *Pediatr Qual Saf.* 2021;6(4):e423. doi:10.1097/pq9.0000000000000423