Improving Patient Hand-Over
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Consider the Case

Covering a hospital service overnight you are paged that your patient is having increased respiratory difficulty.

Scanning her EMR, the procedure note is still pending and is unreadable

The admission note indicates she was admitted for lethargy and difficult to wean oxygen, post procedure from a pacemaker placement for what was supposed to be an outpatient procedure.

While reading… the code blue alarm sounds…
Consider the Case

Cardiac Arrest, CPR, Intubation

Distant breath sounds, needle-decompression, bilateral chest tubes and transfer to the ICU for an extended stay…
We Know This Is A Problem

Multiple regulatory groups and professional organizations have identified significant shortcomings in transitions of care, including **end-of-shift inpatient hand-overs**.
What Exactly is the Problem?

Variability in Methods
Lack of Structure
No Documentation
Poor Efficiency
Failure to Confirm
The Hand Off Problem

• How effective are you at communicating critical elements of the plan of care?
• Do you use a standard method?

• Do they know what to expect from you as they receive sign-out?
• Would you be willing to adopt a set of basic inclusions/principles to your current approach?
The Hand Off Problem

• Efficient – Length/Amount of Information/Efficiency
• Effective – Clear/Structured/Results as Expected
• Sufficient – Preparedness/Expectation/Safety
Improving Your Golf Game

‘I won’t rebuild your swing, I will take your swing and improve it enough that you can play the game successfully.’

Chip Inks – Golf Instructor
Hand Off – Macro Level

Level 1
• Perform a Hand Over

Level 2
• Summary Document & Consistent Environment

Level 3
• Prioritize Patient List
• Follow Up Questions
• Occasionally solicit feedback
O-H-I-O – Individual Patient Summary Structure

Overview – Name/Location/Code Status

History - Status (New/Hand-Back/Discharge) (Sick/Not) (Stable/Improving/Declining) & One Line Summary or Principal Dx

Interval History – Pertinent recent changes/events

Ongoing – Action Summary - Things to do/expect overnight
The Hand Off Checklist - Macro

Structure:
[ ] Consistent environment for hand-over i.e. in-person, via telephone, via email
[ ] In-person hand-over
[ ] Eliminate distraction
[ ] Prioritize patient list from most critical/complex to least critical/complex patient
[ ] Consistent order of patient details i.e. Overview, Patient History, Interval History, Action Summary
[ ] Physical document summarizing patient’s data is included at the time of hand-over

Opportunity for Feedback:
[ ] Solicit inquiry/clarification from provider assuming care
[ ] Solicit feedback regarding prior hand-over errors or possible improvements
The Hand Off Checklist - Micro

Content:
[ ] Patient Name
[ ] Patient Location
[ ] Code status
[ ] Admission status - New Admit/Hand-Back/Discharge
[ ] Patient Status (Sick/Not Sick)
[ ] Patient trajectory (Stable/Improving/Declining)
[ ] One Line Summary (if pertinent: age/gender/race or ethnicity/history)
[ ] Principal diagnosis
[ ] Interval History – Pertinent recent changes/events
[ ] Action Summary - Things to do(expect overnight/To Do List
Remember that Case

CXR – Bilateral Pneumothorax

Late result

Preventable complication leading to prolonged hospitalization

All we needed to know was to follow up on the CXR

Could have easily avoided the arrest, the intubation

Lack of hand-over prevented relay of critical information
Hand Off – The Intervention

With the help of the tools created for this project we can improve hospital transitions of care and patient outcomes.

The implementation of these tools requires limited resources and takes very little time.

In 15-30 minutes providers can improve the quality and safety of inpatient transitions of care using a simple toolset.
Next Steps

**Educate**
- Performance Improvement Module
- Teaches QI/Safety (DMAIC) methodology and satisfies both Part 2 and Part 4 criteria for MOC
- Project choice within our proposed Multi-Specialty Portfolio Program

**Measure**
- Outcomes data to demonstrate value – Ongoing, multidisciplinary
- Improved performance on inpatient services
- Semi-automated generation of service transition lists with appropriate prioritization
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