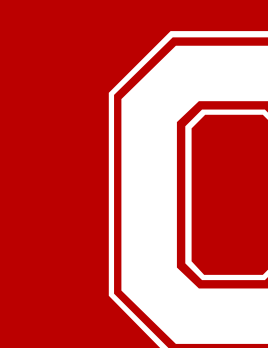


# Improving Multidisciplinary Patient Handover:

A self-directed, multimedia educational module designed to augment current patient handover practices and utilize the EMR for improved inpatient transitions of care.

Iahn Gonsenhaus MD, MBA<sup>1,2</sup>, Susan Moffatt-Bruce MD, PhD<sup>1,2</sup>

<sup>1</sup>The Ohio State University College of Medicine; <sup>2</sup>The Ohio State University Wexner Medical Center



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## Background

Multiple regulatory groups and professional organizations have identified significant shortcomings in transitions of care, including **end-of-shift** patient hand-overs:

**Institute of Medicine (IOM)**  
**Accreditation Council for Graduate Medical Education (ACGME)**  
**American Board of Internal Medicine (ABIM)**  
**Society of Hospital Medicine (SHM)**

Care transitions have been cited as contributing to negative impacts on patient-care and patient-safety due to:

- Variability in methods: in-person, telephone, email document, no hand-over.
- Lack of structure: variability in the content & delivery, including or not including last vital signs, allergies, code status, patient history, to do items, as well as the order of items.
- Whether or not a physical document summarizing patient's data is included.
- Efficiency (lack of) of patient hand-overs.
- Lack of individual physician's understanding of whether or not their practices are truly effective.

## Problem Statement

Patient hand-over between Resident/Attending/RN/PharmD was found to be sub-optimal with individual patient hand-over considered Sufficient & Safe less than 100% of the time during the time period 2013-2014. The aim during the time period of this study, 9/14-9/15 is to improve hand-over quality and achieve peer assessment ratings indicating that hand-overs are Sufficient & Safe 100% of the time (20% improvement).

## Research Question

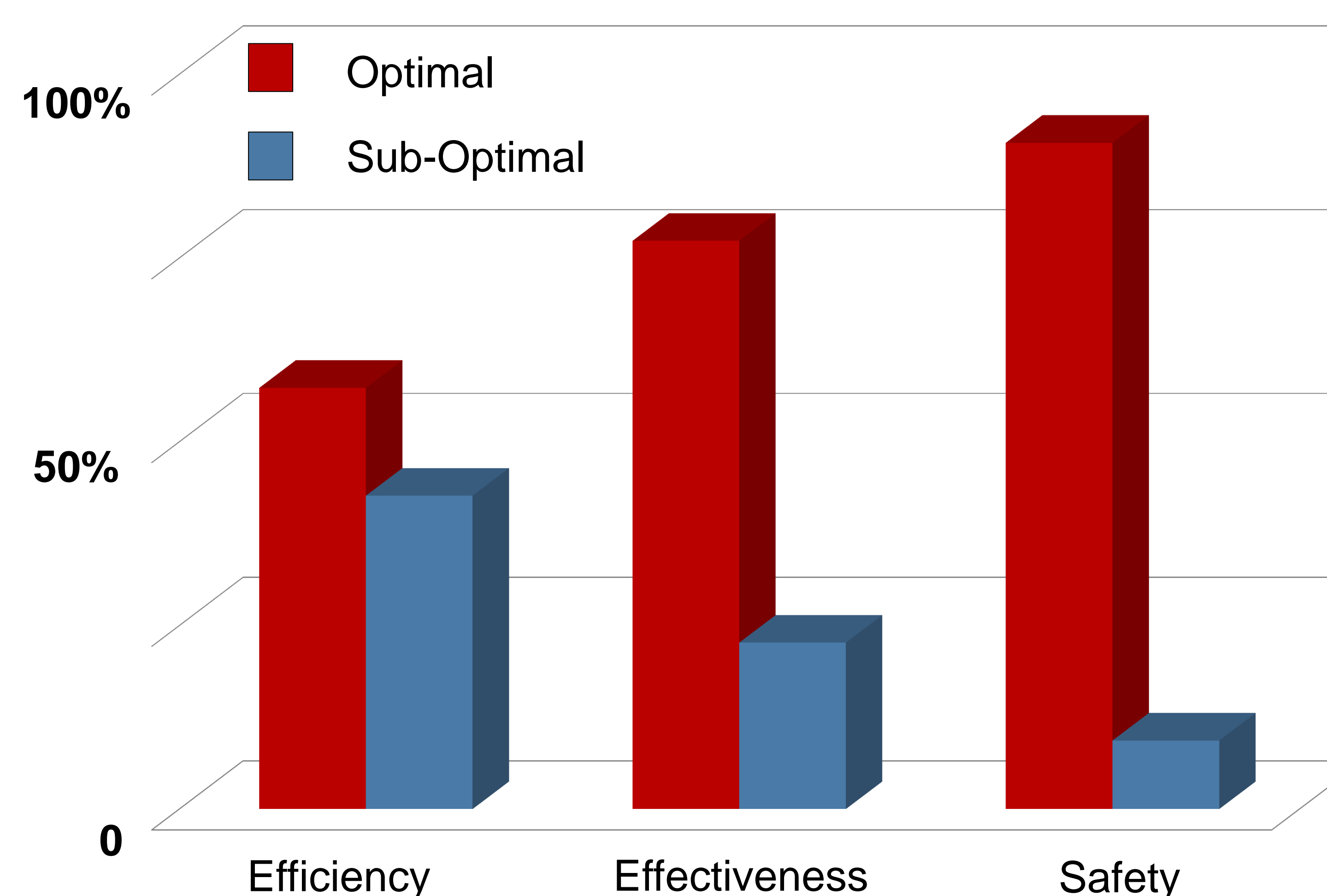
Can a self-directed MOC style learning module:

- Assess individual provider handover performance
- Identify opportunities for self-improvement
- Lead to implementation of more effective patient handovers

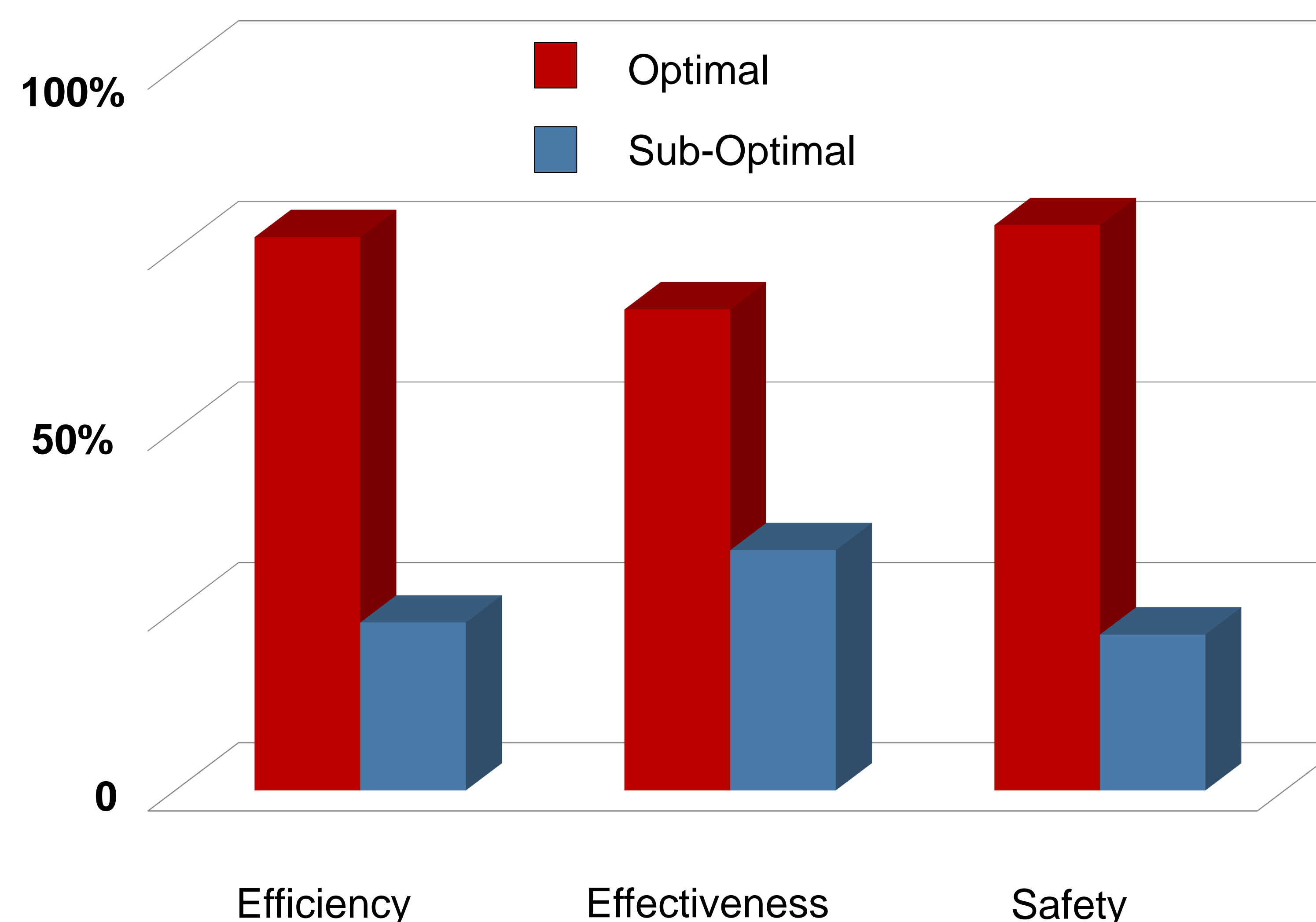
Can an electronic medical record based handover communication tool reduce the use of emergency response teams and code blue teams by increasing provider preparedness decreasing unexpected events after patient handover?

## Identifying The Gap

**Personal Handover Assessment: Composite Score of Efficiency, Effectiveness & Safety**



**Peer Handover Assessment: Composite Score of Efficiency, Effectiveness & Safety**



## Assessment & Improvement Tools

### O-H-I-O – Individual Patient Summary Structure

- 1- Overview – Patient Name/Location/Code Status; may include hospital service
- 2- History – New Patient/Hand-Back/Pending Discharge, Sick/Not Sick, Stable/Improving/Declining, & One Line Summary/Principal Dx
- 3- Interval History – Pertinent recent changes/events
- 4- Ongoing – Action Summary – Things to do/expect overnight

### Internal Medicine

**Mr. Smith** is the **59 y/o Full Code** in **R1102 [1] New Patient** to you who is **Stable** and **Improving** with **no pertinent medical or surgical history** admitted for **COPD exacerbation [2]**. Since admission he has had decreasing need for nebulizer treatments and **no significant events or changes today [3]**. I would not expect a call about him tonight, but **if you receive a call he may have some SOB due to decreasing frequency of breathing treatments and you may need to order additional PRN therapy [4]**.

### Orthopedic Surgery

Overview			History			Interval Hx	Ongoing	
ID	Rm	Code	Status			Diagnosis	Changes	Action
Smith	R1102	Full	New Pt	Stable	Improving	R Total Knee	Drain in place	NTD

### Handoff Checklist

#### **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

#### **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

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Blair Gonsenhaus, MSW, Clinical Trials Recruitment Program Coordinator, The Ohio State University Center for Clinical and Translational Science

