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.

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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- Internal 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 (3) 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)

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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