Avoid Devastating Handoff Errors: Improving Transitions of Care

Presented by Edward Leigh, M.A.

THE CENTER FOR HEALTHCARE COMMUNICATION

P O Box 18819 ● Cleveland, OH 44118-0819
440-338-3056 / 1-800-677-3256 ● 440-338-3076 FAX
www.CommunicatingWithPatients.com

Every conversation about a resident is a handoff!

Handoff Definition. According to the Merriam-Webster Online Dictionary, "Handoff" is described as, “To hand (e.g., a football) to a nearby teammate on a play."

I. Harmful Effects of Botched Handoffs

The Joint Commission estimates 70-80 percent of serious medical errors involve miscommunication between caregivers when responsibility for residents / patients is transferred or handed-off. In addition to resident / patient harm, defective hand-offs can lead to delays in treatment, inappropriate treatment, and increased length of stay in the hospital.

The Telephone Game. Children sit or stand in a circle and whisper a message into the ear of the person next to them. By the time the original message gets to the last child -- the message is usually quite different than the original message. Kids usually laugh during this process. Poorly done handoffs can lead to “Telephone Game” results – botched information, which is no laughing matter.

II. Preparing for Handoffs

Utilize a quiet space or room. This area / room should include computers so professionals can access resident / patient data and other important information.

Avoid interruptions (as much as possible). It is important to limit distractions caused by pagers, phone calls, etc., except in cases of emergencies. If an interruption occurs, the professional should begin the resident / patient discussion from the start and not try to find where they left off.

Allocation of sufficient time. Everyone is very busy; however, an appropriate amount of time must be allocated to insure for communicating critical information and for staff to ask and answer questions (using the check-back method – discussed later).

III. Tips on Clear Communication

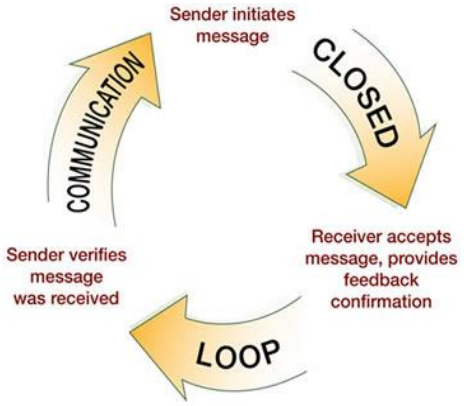
Be precise. Avoid expressions like, “Resident / patient seemed a little confused.” What does, “a little,” mean? Words like, “somewhat,” are also ambiguous.

Caution with abbreviations. HL may mean Hyperlipidemia to you and Hodgkin's Lymphoma to another professional.

Avoid interrupting. Let the “sender” complete their report of information before asking questions.

Brevity. Think about what the most important pieces of information are. Rather than put everything out there, think about what is most vital and mention that information first. If you had to pick the 2-3 most important items about the resident / patient – what would you say?

IV. Check Back Method



Check Back Method Example

Nurse:	Hello. This is Sandy Stevens, RN
Lab Tech:	Hello. This is Bob King. I am calling with the lab results for Mr. John Smith, ID #12345678. Mr. Smith's potassium level is 5.1, which was drawn at 0700 today.
Nurse:	(writing the info). I understand John Smith's potassium is 5.1.
Lab Tech:	Yes, that is correct. John Smith's potassium level is 5.1. Thank you.

Graphic courtesy of the Agency for Healthcare Research and Quality

V. Handoff Strategies

- Creates a standard tool of communication (everyone is on the "same page")
- Removes issues of hierarchy (i.e., levels the playing field).
- Saves time by removing extraneous details.

I-SBAR

Introduction
Name and role (Individuals involved in the handoff identify themselves, their roles / jobs)

Situation
What is going on with the resident / patient? (Complaint, diagnosis, treatment plan and resident / patient's wants and needs) 1-2 sentences.

Background
What is the clinical background or context? (Vital signs, mental and code status, list of medications and lab results)

Assessment
What do I think the problem is? (Current provider's assessment of the situation). Summarize your observations.

Recommendation
What would I recommend? (Identify pending lab results and what needs to be done over the next few hours and other recommendations for care)

Allow for Questions & Answers

The Institute for Healthcare Improvement has a wonderful Toolkit to help implement SBAR in healthcare organizations. This is the link:
http://www.ihi.org/resources/Pages/Tools/sbartoolkit.aspx (or Google, "IHI SBAR")

V. Handoff Strategies

SBAR Case Study

This is an example of an aide speaking with a nurse about a resident.

- **Situation**: “Mrs. Smith fell asleep in her clothes this evening and cursed at me.”
- **Background**: “She is 85 years old and in room 123; she is usually pretty friendly.”
- **Assessment**: “She seems OK physically, but I’m worried.”
- **Recommendation**: “I’d feel better if you would take a look at her and make an assessment.”

SBAR Benefits

- Creates a standard tool of communication (everyone is on the "same page")
- Removes issues of hierarchy (i.e., levels the playing field).
- Saves time by removing extraneous details. (A SBAR briefing can be done in as little as 60 seconds.
- Reduces deaths, injuries and malpractice claims.

I-PASS

I-PASS
BETTER HANDOFFS. SAFER CARE.

I	Illness Severity	• Stable, “watcher,” unstable
P	Patient Summary	• Summary statement • Events leading up to admission • Hospital course • Ongoing assessment • Plan
A	Action List	• To do list • Time line and ownership
S	Situation Awareness and Contingency Planning	• Know what’s going on • Plan for what might happen
S	Synthesis by Receiver	• Receiver summarizes what was heard • Asks questions • Restates key action/to do items

Graphic courtesy of
I-PASS Study Group /
Boston Children’s Hospital

V. Handoff Strategies

I-PASS in action!

Boston's Children's Hospital implemented a handoff strategy call I-PASS. The earliest version of the Boston Children's handoff strategy, implemented over three months in late 2009 and early 2010, led to a:

- 40% drop in overall medical errors—from 33.8 per 100 admissions to 18.3 per 100 admissions
- 50% reduction in errors that cause patient harm—from 3.3 per 100 admissions to 1.5 per 100 admissions

For more information about the I-PASS Handoff Strategy, please visit this website:

http://www.ipasshandoffstudy.com

Sample Verbal Handoff		
I	Illness Severity	OK, this is our sickest patient, and he's full code.
P	Patient Summary	AJ is a 4-year-old boy with a history of ex 26-week gestation admitted with hypoxia and respiratory distress secondary to a left lower lobe pneumonia. He presented with cough and high fevers for 2 days before admission, and on the day he presented to the emergency department he had worsening respiratory distress. In the emergency department, he was found to have an Na of 130, likely secondary to volume depletion versus syndrome of inappropriate secretion of antidiuretic hormone. He received a fluid bolus and was started on O_2 at 2.5 L. He is on Ceftriaxone.
A	Action List	Please look in on him at approximately midnight and make sure his vitals are unchanged and his oxygen saturation is stable. Check to determine if his blood culture is positive tonight.
S	Situation Awareness and Contingency Planning	If his respiratory status worsens, please get another chest radiograph to determine if he is developing an effusion.
S	Synthesis by Receiver	OK, so AJ is a 4-year-old ex-premie admitted with hypoxia and respiratory distress secondary to a left lower lobe pneumonia on Ceftriaxone, O_2, and fluids. You want me to check on him at midnight to make sure he's stable and check his blood culture. If his respiratory status worsens, I will repeat a radiograph to look for an effusion. I think I have it.

VI. Special Scenarios

Bedside Shift Report

- Allows the outgoing staff nurse to introduce the in-coming staff nurse to the resident / patient.
- Promotes resident / patient-centered care by allowing the resident / patient to hear the report and take an active role in their care.
- Improves resident / patient safety (allows for earlier detection of resident / patient issues).
- Decreases resident / patient anxiety and reassures resident / patients that staff works as a team.
- Improves accountability and staff relationships.
- Caution with medical jargon!

VI. Special Scenarios

Handing Off Residents / Patients to Family Members

- Use the "Check Back" method to verify the information was communicated correctly.
- Begin with end in mind. If you are working in a rehab setting where the patient will be returning home, be sure they are receiving consistent messages throughout their stay.
- Clear jargon-free discharge instructions written at a sixth-grade level. Include visuals. Highlight key areas with a highlighter or pen

** Implementing Handoff Strategies **

- **Assessment**. Survey staff members to determine their needs. What do they struggle with in regard to transitions of care? Ask about tools they are currently using to create successful transitions of care
- **Select Tool**. After reviewing the resources, select the tool that best meets your needs. For some organizations it could be SBAR, while others may prefer IPASS.
- **Develop Training**. After your selection of the right tools and assessment process, develop a training program and be sure all staff are properly trained.
- **Reinforcement**. Use it or lose it! Continually remind staff about the handoff tools. Ask for examples as to how they are being implemented.

Resources

I-PASS Handoff Strategy
Outstanding worksheets and toolkits on implementing I-PASS in healthcare organizations.
http://www.ipasshandoffstudy.com

National Transitions of Care Coalition
Excellent tools and resources to improve handoffs.
http://www.ntocc.org/WhoWeServe/HealthCareProfessionals.aspx

SBAR Toolkit
The Institute for Healthcare Improvement has an excellent toolkit to help implement SBAR in healthcare organizations.
http://www.ihi.org/resources/Pages/Tools/SBARToolkit.aspx

TeamSTEPPS
The Agency for Healthcare Research and Quality has excellent LTC-specific materials.
http://www.ahrq.gov/professionals/systems/long-term-care/resources/facilities/ptsafety/
http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/longtermcare/module6/igltccommunication.html#sbarsl9