IMPLEMENTATION OF ATTENDING-SUPERVISED IPASS HANDOFF IN THE NEURO-ICU
Laura Cifrese MD, Sonia Gill MD, Megan Margiotta MD, Muhammad Athar MD, Rodney Bell MD, Sara Hefton MD, Fred Rincon MD MSc MBE, Syed Shah MD MBA, Jacqueline Urtecho MD, Matthew Vibbert MD, David Wyler MD, Amandeep Dolla MD
Departments of Neurology, Neurosurgery, Divisions of Critical Care and Neurotrauma Thomas Jefferson University Hospital, Philadelphia PA

BACKGROUND
- Duty hour restrictions, cross coverage, and the growing number of mid-level practitioners has led to an increased number of handoffs across medical specialties
- These handoffs are well-known points of communication breakdown which can lead to patient safety issues
- Factors contributing to an effective handoff include standardization of communication, appropriate training and supervision, ample time, a quiet environment, and a supportive culture
- We hypothesize that attending supervision of handoffs is feasible and can improve practitioner perception of transitions of care

METHODS
- Beginning in January 2018, attending supervised handoffs were implemented in the Neurologic ICU
- Attending physicians were either physically or telepresent during handoffs at 6:30am and 5pm
- Handoffs followed standard IPASS format
- A quantitative and qualitative survey was administered to practitioners regarding this change in the handoff practice

RESULTS
- 37 providers completed the survey: 5 Neurointensivists, 4 Neurocritical care/Stroke fellows, 5 PGY-4 residents, 8 PGY-3 residents, 8 PGY-2 residents, and 7 NICU nurse practitioners
- The majority (56%) of respondents had >1 month of experience with attending supervised handoffs

CONCLUSION
- 98% of respondents felt that attendings clarified patient information or contingency plans during handoff
- 60% agreed that having attending supervision has led to less miscommunications and improved patient safety
- After implementation, handoffs have become more structured and with less interruptions, less errors, better provider preparedness, and improved patient safety
- The main barrier to implementing a standardized handoff was lack of time followed by lack of interest
- Further work to streamline an efficient handoff and educate providers about its importance is needed