Creation of an Institutional Toolkit for Evaluation of Multidisciplinary Handoffs
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BACKGROUND

• An estimated 4,000 patient care handoffs occur daily at academic hospitals.¹
• Transitions of care are a targeted National Safety Goal by the Joint Commission.
  - Hospital miscommunication annually responsible for:
    - Over 1.7 billion dollars in waste
    - Over 2,000 patient deaths²
• Standardized handoff protocols improve:
  - Information transfer
  - Patient outcomes
  - Provider satisfaction
  - Institutional efficiency³
• Implementation of the I-PASS format for handoffs is associated with:
  - 23% reduction in medical errors
  - 30% reduction in preventable adverse events⁴
• I-PASS handoffs have shown documented improvements in postoperative handoffs to the Surgical ICU at TJUH.
• Results from the 2018 CLER report and Hospital Survey on Patient Safety (HSOPS) indicate Patient Care Transitions and Handoffs as a major target for improvement
  - Specifically ICUs and Perioperative environment as targeted settings

OBJECTIVES

1. Create a method for analyzing different handoffs in a variety of clinical settings and scenarios at TJUH.
2. Develop a set of standardized survey tools using existing validated language to quantify the perceptions, quality, and needs for different patient care transitions.
3. Use results from these tools to cater focused handoff improvement interventions for specific patient care settings.

METHODS

• Members of the HQSLC Sub-committee for Patient Care Transitions created a survey tool using the RedCap database.
• Important components of the survey include:
  - Standardized language based off the validated HSOPS survey components
  - Branching logic to track handoff practice differences between “sending” and “receiving” teams
  - Opportunity for prompted as well as free-text feedback to the survey group.
• The following handoffs were used to pilot the survey toolkit, given their relatively high acuity.
  - OR to Neuro-Intensive Care Unit (NICU)
  - OR to Post-Anesthesia Recovery Unit (PACU)
  - Post Rapid-Response (RRT) to Medical/Respiratory Intensive Care Unit (MRICU)

RESULTS AND DISCUSSION

• The survey was successfully administered in the 3 previously mentioned care environments with significant differences in response.

Handoff Perceptions

<table>
<thead>
<tr>
<th>Handoff Description</th>
<th>OR to NICU</th>
<th>OR to PACU</th>
<th>RRT to MRICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organized</td>
<td>40%</td>
<td>45%</td>
<td>50%</td>
</tr>
<tr>
<td>Efficient</td>
<td>35%</td>
<td>40%</td>
<td>45%</td>
</tr>
<tr>
<td>Safe</td>
<td>30%</td>
<td>35%</td>
<td>40%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
</tr>
</tbody>
</table>

• Findings suggest higher need for targeted handoff improvement interventions in the NICU and PACU compared to the MRICU
  - Resulted in increased effort and resource allocation to initiate I-PASS handoffs in these environments.
  - Clearly identifies variability in handoff perceptions and practices between different practice settings.

Conclusions and Next Steps

• There is high variability in both the perceptions and practice of handoffs throughout different care environments at TJUH
  - Identification of high risk patient care settings requiring intervention is possible using a standardized assessment approach.
  - The Handoff Assessment Toolkit provides a nuanced look at specific practices — enabling targeted interventions.

Next Steps:
1. Identifying and assessing new high-risk patient care environments (i.e. overnight team handoffs).
2. Expand the toolkit to include follow-up assessments following interventions and other forms of data tracking, (i.e. observation checklists, patient outcome metrics).
3. Educate practitioners on the existence of the handoff toolkit to enable practitioner guided interventions.

REFERENCES