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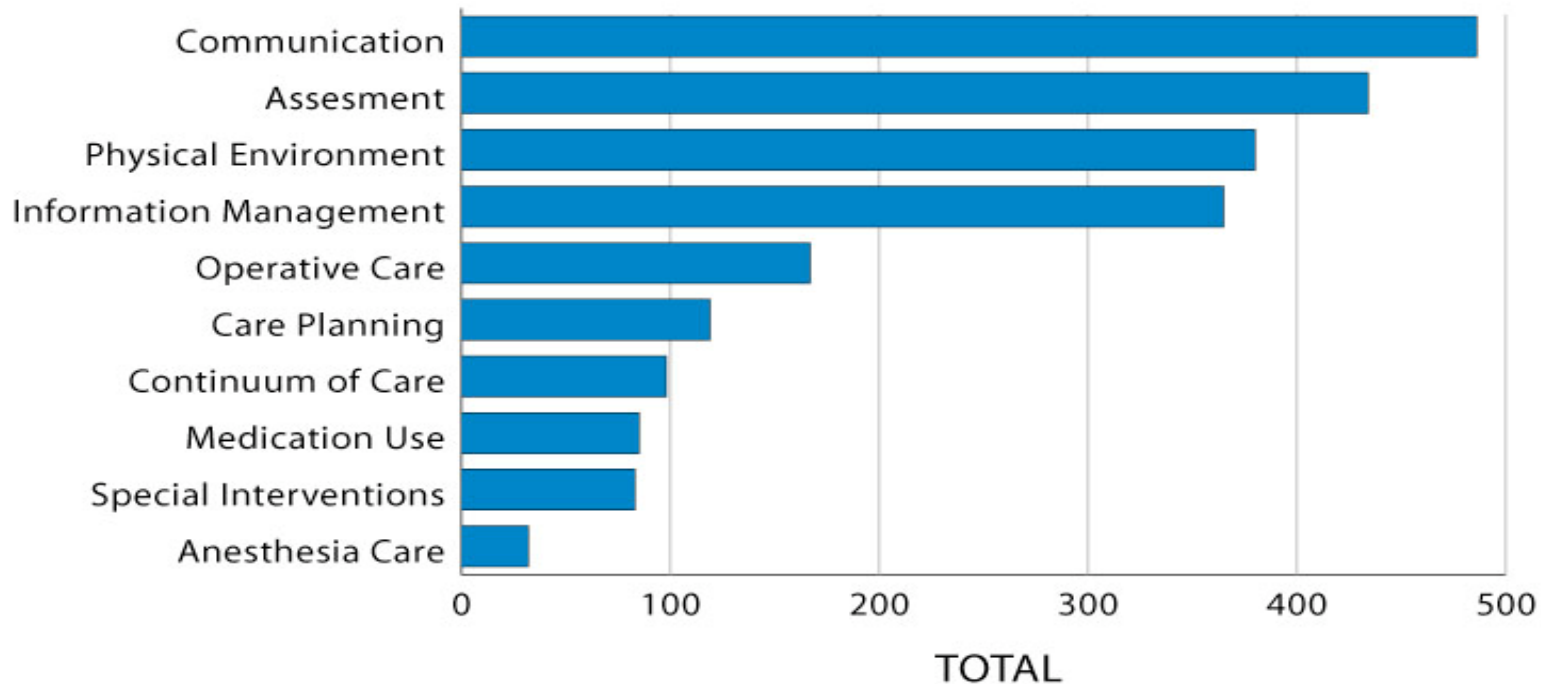# Improving Resident Handoff
Quality Improvement Project

Luisa Cabebe MD
UCSF Pediatrics PGY-3

Root Causes of Sentinel Events

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Sentinel Event

"Patient safety event that results in death, permanent harm, or severe temporary harm. Sentinel events are debilitating to both patients and health care providers involved in the event"

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Plan

- How can we improve our current resident handoff to help improve patient safety and resident confidence while taking care of patients overnight?

- Prior handoff:
  - Disorganized / Messy
  - Not concise for the night team
  - Lack of contingencies

Pt. Information	Comments
	HPI To Do List: [ ] Asthma Action Plan
	HPI To Do List: [ ] Consult pulmonology

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The mission of the I-PASS Study Group is to **improve** patient safety by standardizing provider communication, with a specific focus on improving **transitions** of care.

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The I-PASS study group is a **collaborative** of researchers, hospitalists and medical education specialists who developed tools to standardize the I-PASS handoff process and study its impact.

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- Dominant system in healthcare for structured, standardized handovers

- I-PASS is an **evidence-based** package of interventions created to reduce communication failures during patient handoffs.

I-PASS: Resident Workshop Slides

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- Decreases medical errors

- Preventable patient harm

- Used by >50 leading hospitals in the US
  - Boston Children
  - Texas Children
  - Stanford Children Health

A PROVEN METHOD

A three-year, multicenter study on more than 11,000 patients published in the *New England Journal of Medicine*

Overall rate of medical errors	23% reduction
Preventable adverse events	30% reduction
Duration of handoff	No change

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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; timeline and ownership

S   Situation Awareness & 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

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Plan

- iPASS workshop during didactics:

  - Introduction to iPASS and explanation of mnemonic

  - Video Examples

  - Practice session

- Pre-Survey prior to implementing iPASS to assess resident's thoughts on current problems with handoff and present issues

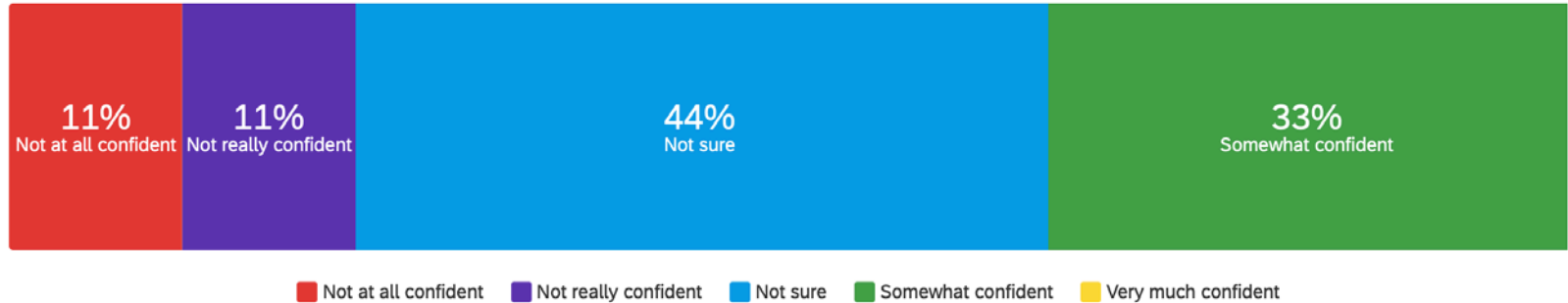- Post-Survey to assess for any improvements

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Plan

- Provide more structure and easier to read sign outs by creating columns on sign out sheet based on iPASS

  - Illness severity

  - Pt Summary

  - Action List

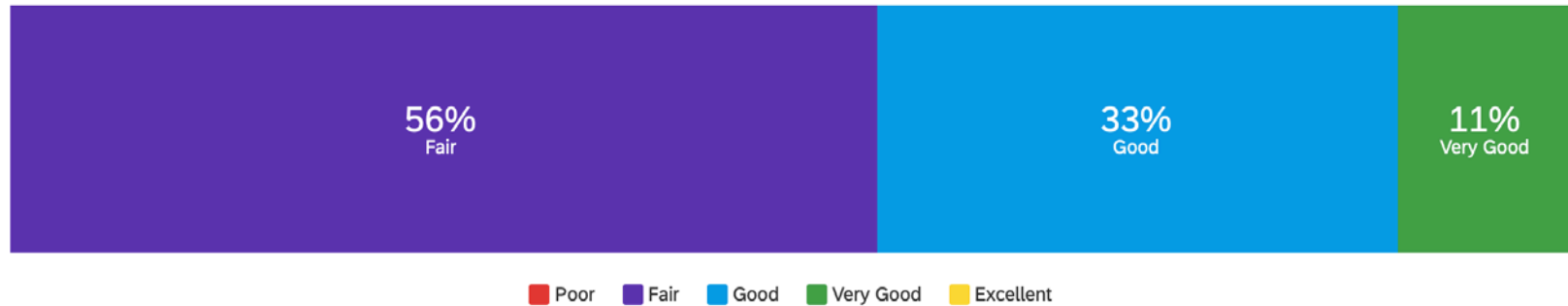 - Situation Awareness/Contingency Planning

  - Day-to-do list

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Pre-Survey

1. Clinical year

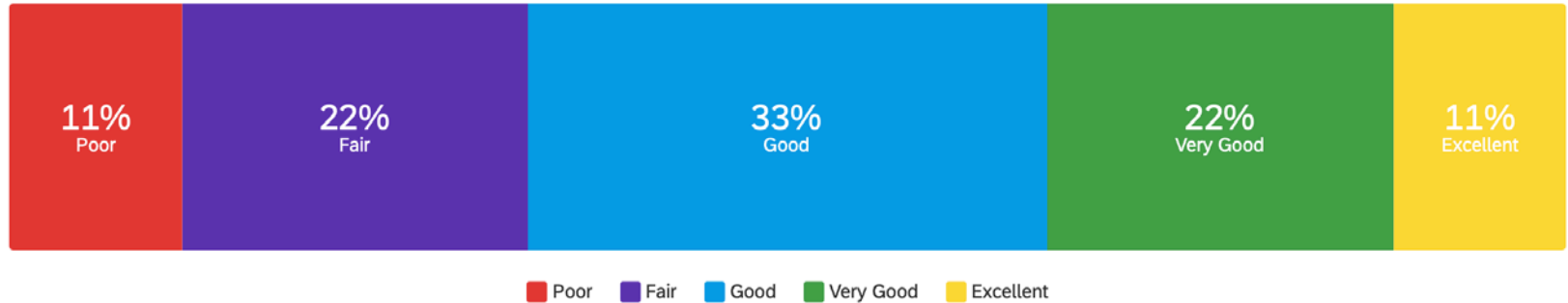2. How confident do you feel caring for patients overnight?

3. How would you rate our current handoff (sign-out)?

4. What is the single most important thing about our handoff that needs to be improved?

5. How would you rate the quality of the printed handoff tool?

6. How helpful is our handoff in providing information to manage night floor calls?

7. On average, how many unexpected floor calls do you receive during a night shift?

8. Overall, what are your unexpected floor calls typically about?

9. What source do you mostly use to help answer these unexpected floor calls?

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How confident do you feel caring for patients overnight?

11% Not at all confident | 11% Not really confident | 44% Not sure | 33% Somewhat confident

Legend: ■ Not at all confident ■ Not really confident ■ Not sure ■ Somewhat confident ■ Very much confident

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How would you rate our current handoff (sign-out)?

| 56% Fair | 33% Good | 11% Very Good |

Legend: ■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent

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What is the single most important thing about our handoff that needs to be improved?

- 5 responses: contingencies

- Making sure we know what needs to be done

- We need a section that is concise for the night team
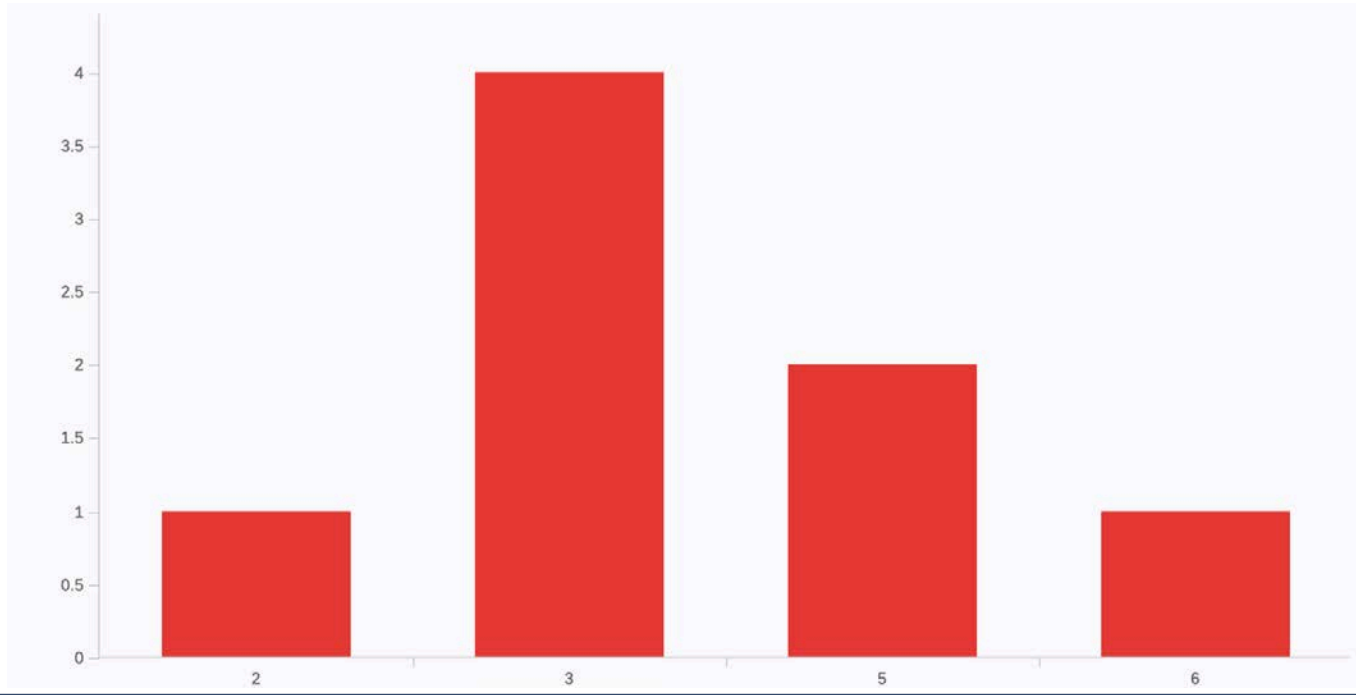
- Structure

  - The handoff on epic is very busy and hard to read

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How would you rate the quality of the printed handoff tool?

Poor | Fair | Good | Very Good | Excellent

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How helpful is our handoff in providing information to manage night floor calls?

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On average, how many unexpected floor calls do you receive during a night shift?

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Overall, what are your unexpected floor calls typically about?

Other:
- Diet orders, nursing communications
- Feeds, Medications
- Things day team did do/didn't do

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What source do you mostly use to help answer these unexpected floor calls?

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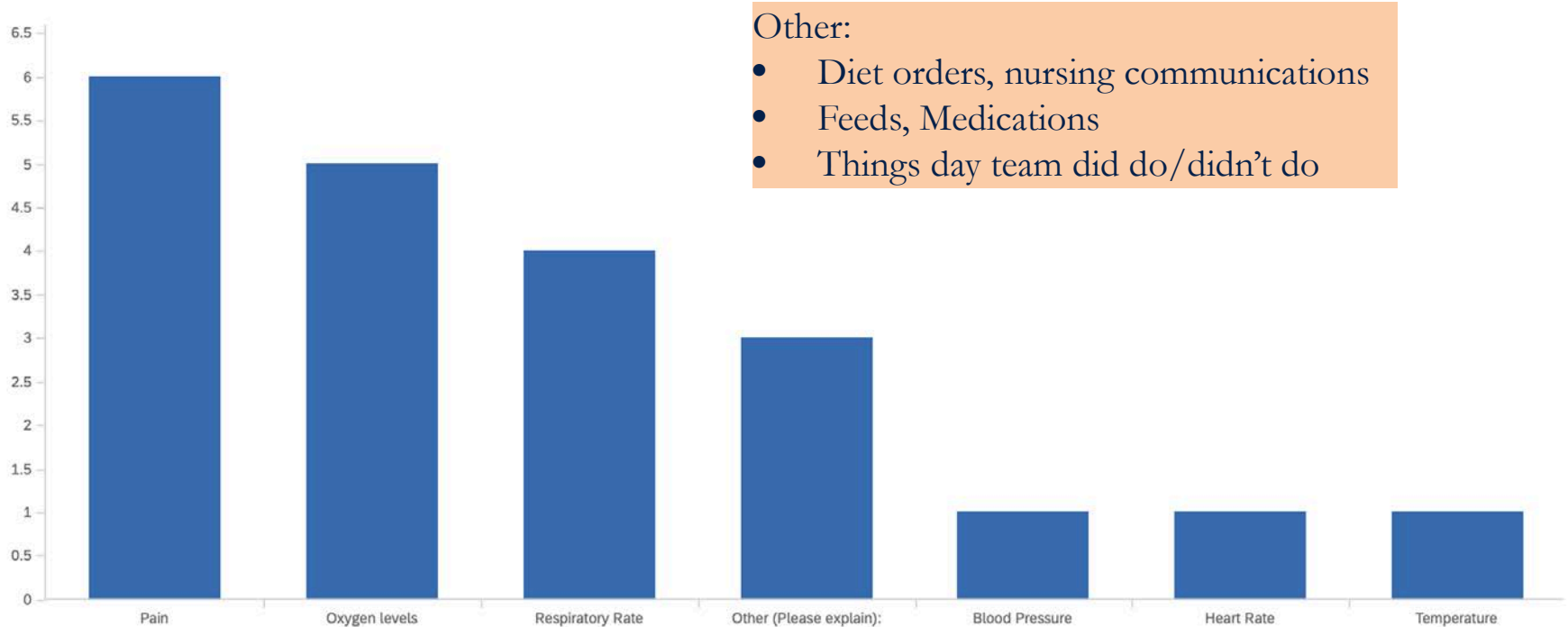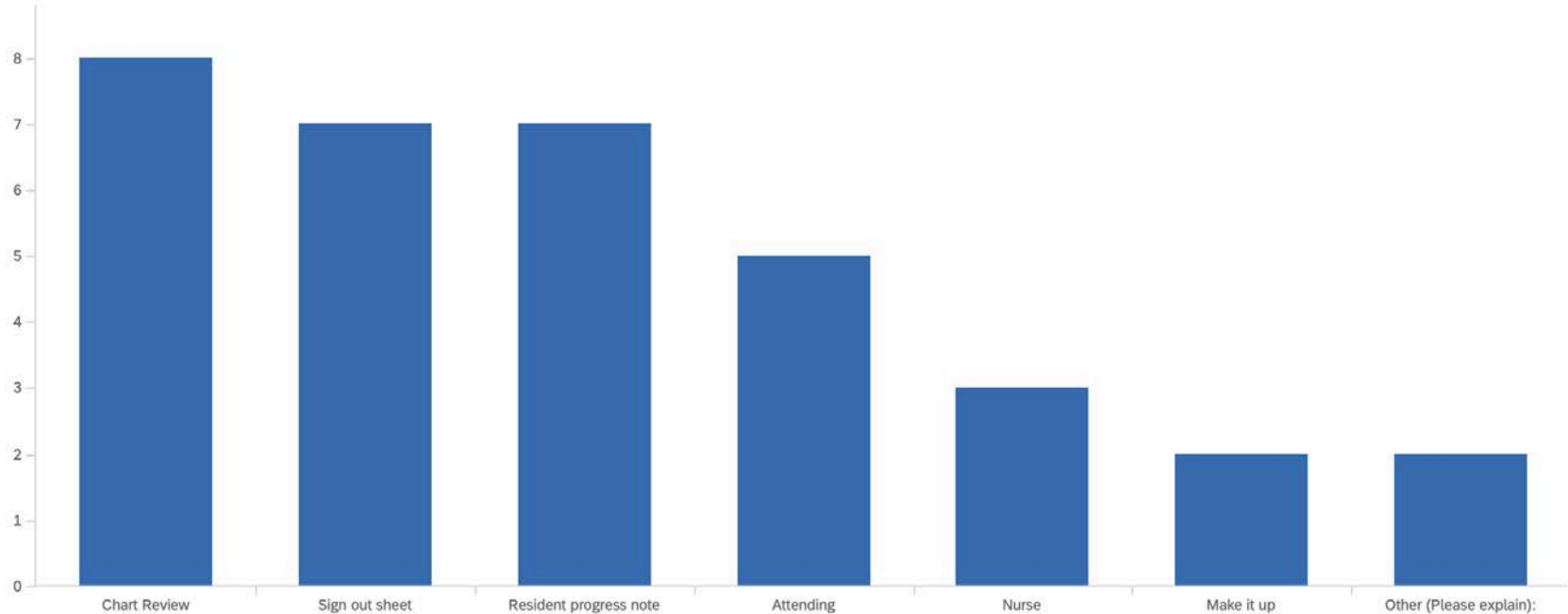
Patient Lists

🔧 Edit List ▾ Properties | — Remove Patient | ➕ Add Patient | 📁 Open Chart | 📋 Orders | 🗐 Patient Report | 💬 Patient Msg | ⚡ Write Handoff | 🖨 Print Handoff

My Lists	iPASS 12 Patients					Refreshed 1 minute ago 🔄	Search All Admitted... ▾
▾ ▼ 5C and Newborn ⌃	Bed ▲	Name (MRN)	Age/Gender	Severity	Summary	Night To-Do	Contingencies
👥 UCSF Consult - Pe...	321-NB		1 days / M	—	—	—	—
👥 UCSF Peds Team							
▾ ▼ ED	323-NB		1 days / F	—	—	—	—
👥 ED-CRMC							
▸ ▼ Educational	329-NB		2 days / M	—	—	—	—
▸ ▼ Follow							
▾ ▼ iPASS 12	341-NA		1 days / M	—	—	—	—
👥 UCSF Consult - Pe...							
👥 UCSF Peds Team	344-NA		1 days / F	—	—	—	—
▾ ▼ NICU	501-A		15 y.o. / M	—	—	—	—
👥 NICU Team Red							
▾ ▼ NICU iPASS ⌄	503-A		16 y.o. / F	—	—	—	—
Available Lists ⌄	504-A		3 y.o. / F	—	—	—	—
🔢 Recent Searches	507-A		7 y.o. / M	—	—	—	—
▸ 📁 System Lists							
▸ 📁 ED Billing Log	542-A		16 y.o. / F	—	—	—	—
▸ 📁 HSD							
▸ 📁 Morgue Census	542-B		15 y.o. / F	—	—	—	—
▸ 📁 My Admitted Patients							
▸ 📁 Pended Babies	R-08		3 y.o. / F	—	—	—	—
▸ 📁 Preadmitted Patients							
▸ 📁 Recently Discharged							

LUISA C.   EpicCare

My Lists

- 5C and Newborn
  - UCSF Consult - Pediatrics
  - UCSF Peds Team
- ED
- Educational
- Follow
- iPASS
- NICU
- NICU Day — 15
- NICU iPASS
- PICU
  - UCSF Consult - Pediatric Intensivist
  - UCSF Pediatric Intensivist
- My Favorite Lists

Available Lists

- Recent Searches
- System Lists
- ED Billing Log
- HSD
- Morgue Census
- My Admitted Patients
- Pended Babies
- Preadmitted Patients
- Recently Discharged

iPASS 21 Patients

Refreshed 8 minutes ago

Search All Admitted...

Handoff

346-NB|346N

Pediatric

Severity

100%

Summary

100%

Day To-Do

100%

Night To-Do

100%

Contingencies

100%

View Sign Out Report notes

Edit List | Properties | Remove Patient | Add Patient | Open Chart | Orders | Patient Report | Patient Msg | Write Handoff | Print Handoff

Prev | Next | Close | Cancel

Issues

- Residents and attendings were accustomed to old sign out

- iPASS issues with NICU and Newborn

  - Sign-out did not have enough information

  - Residents had to look through chart

- Residents printing out sign-out, had different columns

  - Eg, printing out day-to-do columns rather than night-to-do columns

- Technical issues with iPASS in EPIC

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How confident do you feel caring for patients overnight?

How would you rate our current handoff (sign-out)?

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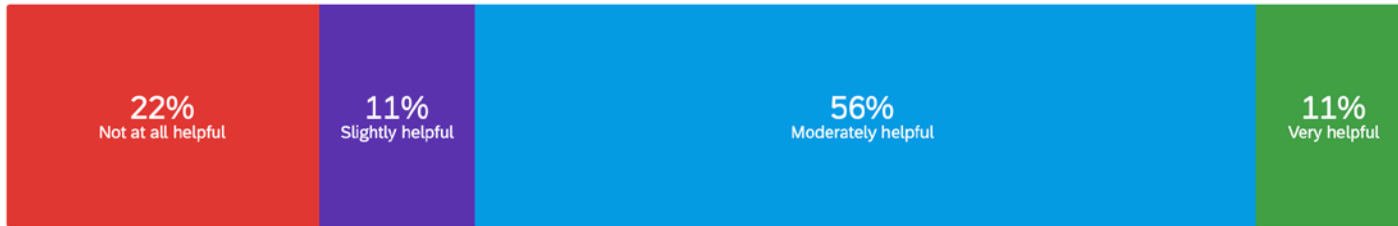UCSF Fresno Medical Education Program
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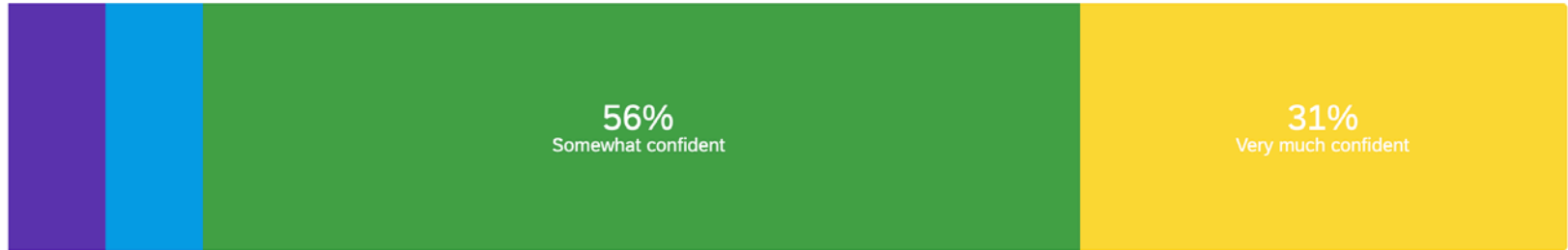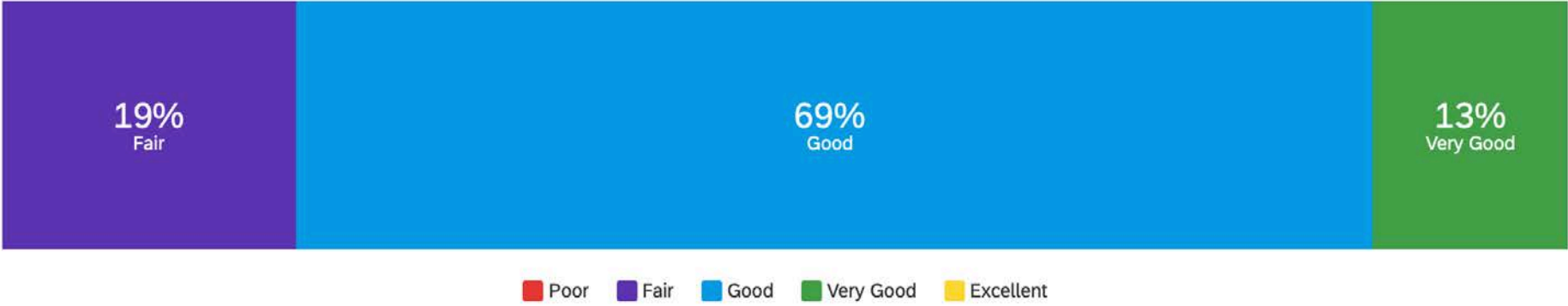
What is the single most important thing about our handoff that needs to be improved?

- 2 responses: contingencies

- 3 responses: conciseness

- Needing to know what's critical about the patients on the floor
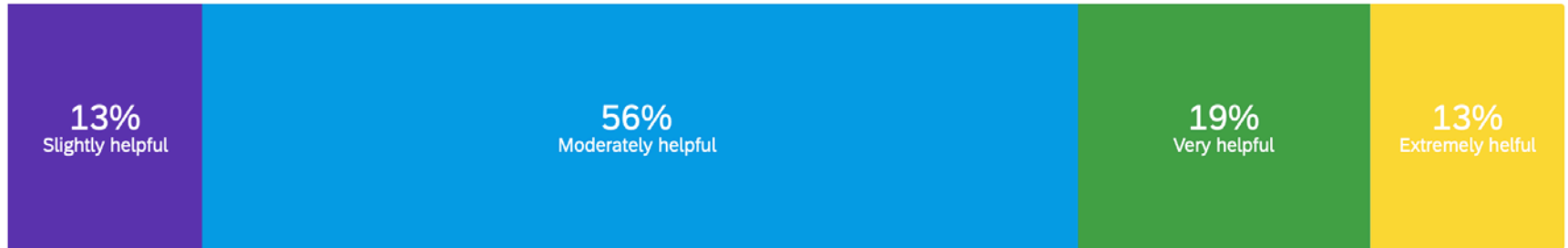
- Follow iPass format to make it more efficient
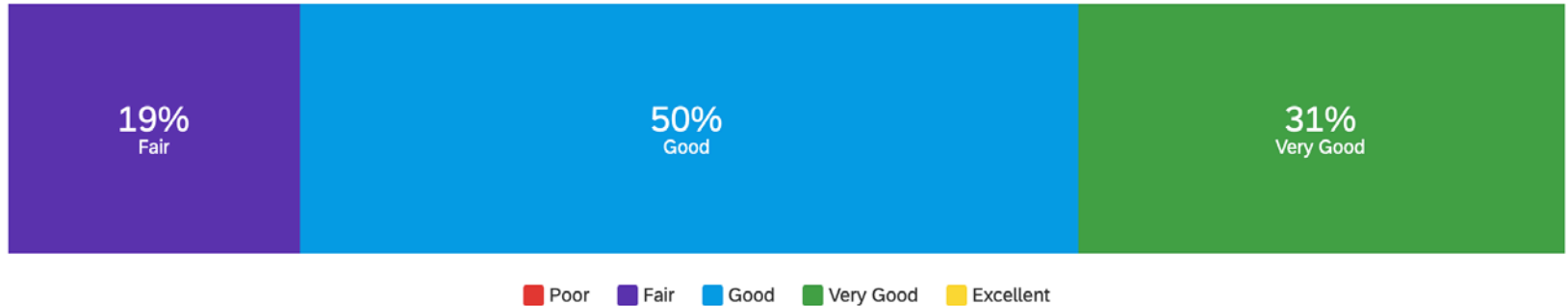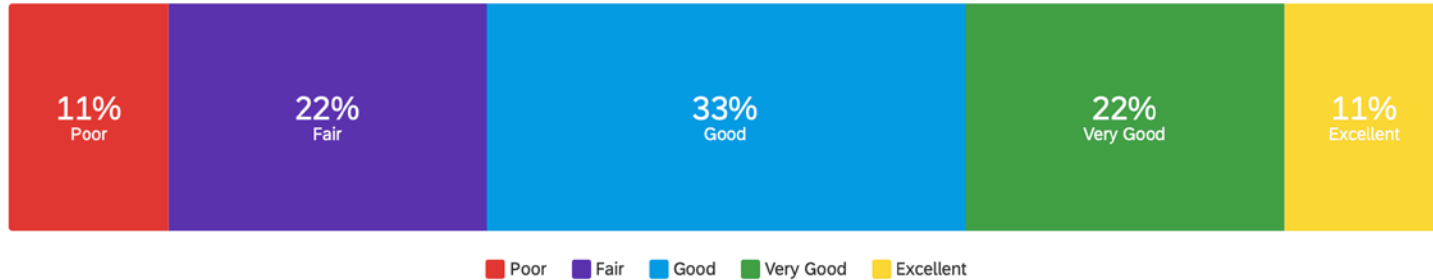
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How would you rate the quality of the printed handoff tool?

| 11% Poor | 22% Fair | 33% Good | 22% Very Good | 11% Excellent |

Poor | Fair | Good | Very Good | Excellent

| 19% Fair | 50% Good | 31% Very Good |

Poor | Fair | Good | Very Good | Excellent

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How helpful is our handoff in providing information to manage night floor calls?

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On average, how many unexpected floor calls do you receive during a night shift?

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Overall, what are your unexpected floor calls typically about?

Other:
- IV needed
- Random clean up orders
- Diet

What source do you mostly use to help answer these unexpected floor calls?

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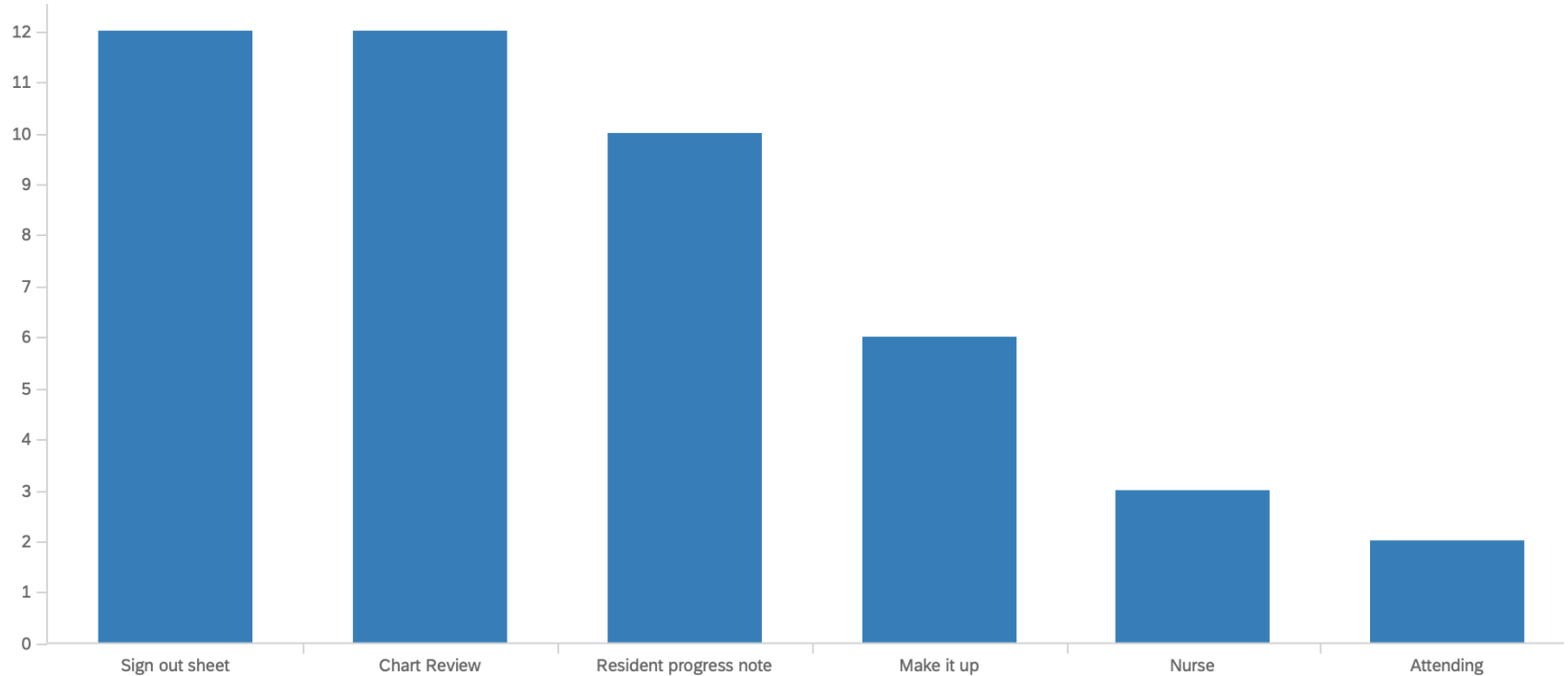
Next Steps

- Incorporating more iPASS practice sessions during didactics

- Attendings observe handoff and give feedback

- Seniors making sure iPASS is updated ensuring summary is concise, to-do's listed, and contingencies updated

- Making sure residents have consistent columns when printing out sign out

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