Effective Communication during Transitions in Care

Hand-offs of Patient Care
Objectives

- Describe the importance of communication among health care members.
- Recognize the connection between communication and medical error.
- Define hand-offs and discuss the standards of effective transitions in care.
  - I.e. Transitions of Care = Hand-offs or sign-outs.
- Describe strategies to maximize effective hand-offs.
It is estimated that 44,000 to 98,000 Americans die in hospitals due to human error annually.
Background: Sentinel Events

- Defined by Joint Commission.
- An unexpected occurrence involving death or serious physical or psychological injury or risk thereof.
- E.g. surgery on wrong patient or limb.
Background: Sentinel Events

Root Causes of Sentinel Events, 1995-2005

- Communication
- Orientation/training
- Patient assessment
- Staffing
- Availability of info
- Competency/credentialing
- Procedural compliance
- Environ. Safety/security
- Leadership
- Continuum of care
- Care planning
- Organization culture

Joint Commission
Definition of Hand-offs

- Mechanism of transferring information, responsibility and/or authority from one set of care-givers to another.

- Also known as Transitions of Care.
  - Transitions = Hand-offs & Sign-out

- Critical element is maximizing patient safety.
Effect of Inadequate Handoffs

- “Forgetting to transmit information during sign-out” as one of most common suboptimal care practices reported by residents.

Effect of Inadequate Handoffs

- Patients with potentially preventable Adverse Events were more likely to be covered by a physician from another team at the time of the event.

- Handoffs are a major contributing factor in trainee-related malpractice cases.

Effective Transitions (Hand-offs)

- **TEAM CARE**
  - Team members must hand over patient care via verbal and written “sign-out.”
  - Must contain complete and accurate information to allow for smooth transitions in care.
  - Your teammates’ care can only be as good as the sign-out they get from you.
Effective Transitions (Hand-offs)

**Must Include Both:**

<table>
<thead>
<tr>
<th><strong>Verbal Sign-out</strong></th>
<th><strong>Written Sign-out</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated time &amp; place.</td>
<td>Legible.</td>
</tr>
<tr>
<td>Uninterrupted.</td>
<td>Relevant.</td>
</tr>
<tr>
<td>Organized.</td>
<td>Accurate.</td>
</tr>
<tr>
<td>Thorough.</td>
<td>Up to date.</td>
</tr>
<tr>
<td>Concise (2-3 min/pt).</td>
<td>Copy available for recipient.</td>
</tr>
<tr>
<td>Time for questions.</td>
<td></td>
</tr>
</tbody>
</table>

10 Must Include Both:
Essential Elements of Sign-out List

- Demographics:
  - Name
  - Medical Record Number
  - Unit/room number
  - Age
  - Weight
  - Gender
  - Allergies
  - Admit date

- Attending physician/Service/Consults.

- Phone numbers and covering physician.
Essential Elements of Sign-out List

- History and Problem List:
  - Primary diagnosis(es).
  - Chronic problems (pertinent to this admission/shift).

- Current condition/status.

- System-based factors:
  - Pertinent Medications and Treatments:
    - Oral and IV medications & IV fluids
    - Blood products
    - Oxygen
    - Respiratory therapy interventions

- Pertinent lab data.
Essential Elements of Sign-out List

- **To-do list:**
  - Check x-ray, labs, wean treatments.
  - Include rationale.

- **Contingency Planning:**
  - What may go wrong and what to do.
  - ANTICIPATE what will happen to your patient.
  - Ex: “If patient seizes > 5 minutes, give him Ativan 0.05mg/kg. If he still seizes load him with 5mg/kg of fosphenytoin.”
Essential Elements of Sign-out List

- Code status/family situations:
  - Difficult family or psychosocial situations.
  - Code status, especially recent changes or family discussions.
Other Essential Elements

- Proper Environment:
  - No distractions.
  - Quiet place.
  - Always face-to-face.
- Start with sickest patient.
- Consider going to bedside.
- Never say, “This is not my patient….I am just covering for the night.”
Ask Questions

- If you are getting sign-out and you don’t know something, ASK.
- If you don’t understand something, ASK.
- Don’t leave until all questions are asked and answered.
Oversight of Hand-offs

- Critical element for training programs.
- Resident work schedules must be designed in order to minimize the number of transitions.
- All training programs must:
  - Monitor hand-offs.
  - Ensure residents’ competence in hand-offs.
Oversight of Hand-offs

Must include a documented process of monitoring the hand-off. May involve:

- Regular review of samples of hand-offs.
- Reviewing sample patient charts.
- Interviewing the incoming resident after the hand-off to see if the critical elements were transmitted and understood.
  - Physical exam and lab data.
  - Family contact information.
  - Attending physician responsible for the patient.
Transitions of care = Hand-offs & Sign-outs

Accurate exchange of information is vital during sign-outs.

Both the giver and receiver have specific roles and responsibilities.

Effective communication among residents will result in better patient outcomes and maximal patient safety.

Program monitoring of resident hand-offs is mandatory.
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