Better handoffs. Safer care.

Just-in-time Module
Root Causes of Sentinel Events

**TeamSTEPPS™**

**Team Strategies and Tools to Enhance Performance and Patient Safety**

- Evidence-based team training curriculum
- High performing teams
  - Must have effective leaders
  - Use structured communication strategies
  - Develop situational awareness
  - Provide mutual support
Building a Shared Mental Model
When Mental Models are Not Shared

- Example: When your child takes the bus home and you thought the plan was to pick him up at school

Photo courtesy of Wikimedia Commons
Cross Monitoring

- ‘Watch each other’s back’
- Monitor actions of team members
- Help others maintain Situation Awareness
### Briefs and Debriefs

<table>
<thead>
<tr>
<th>Briefs</th>
<th>Debriefs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning of shift</strong></td>
<td></td>
</tr>
<tr>
<td>• Team Members?</td>
<td></td>
</tr>
<tr>
<td>• Goals understood?</td>
<td></td>
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<tr>
<td>• Roles and responsibilities?</td>
<td></td>
</tr>
<tr>
<td>• Plan of Care?</td>
<td></td>
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<tr>
<td>• Staff Availability?</td>
<td></td>
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<tr>
<td>• Workload?</td>
<td></td>
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<tr>
<td>• Resources</td>
<td></td>
</tr>
<tr>
<td><strong>End of shift</strong></td>
<td></td>
</tr>
<tr>
<td>• Clear communication?</td>
<td></td>
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<tr>
<td>• Roles understood?</td>
<td></td>
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<tr>
<td>• Situation awareness?</td>
<td></td>
</tr>
<tr>
<td>• Work load ok?</td>
<td></td>
</tr>
<tr>
<td>• Assistance offered?</td>
<td></td>
</tr>
<tr>
<td>• Errors?</td>
<td></td>
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<tr>
<td>• Feedback?</td>
<td></td>
</tr>
</tbody>
</table>
Huddle

- Opportunity to express concerns
- Anticipate outcomes and talk about contingency plans
- Assign Resources
- Come to Consensus
Check-Back

Sender initiates message

COMMUNICATION

Sender verifies message was received

LOOP

Receiver accepts message, provides feedback confirmation

CLOSED
# Putting it all together

Using **TeamSTEPPS in Handoffs**

<table>
<thead>
<tr>
<th>Cross Monitoring</th>
<th>Night team recognizes medication error during handoff and informs the day team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief</td>
<td>Night team goes over action list and divides tasks and new admits and plans for time to regroup</td>
</tr>
<tr>
<td>Debrief</td>
<td>In the morning, the night team and day team discuss what went well with the handoff and items the night team would have liked to know</td>
</tr>
<tr>
<td>Huddle</td>
<td>A patient is unstable, the day and night team examines the patient together and discusses plans for the night with the nurse</td>
</tr>
<tr>
<td>Check-Back</td>
<td>The intern obtains new information to add to the hand off from the senior resident, this information is repeated by the intern to confirm communication</td>
</tr>
</tbody>
</table>
Essentials of Team Function

**BARRIERS**
- Organizational Culture
- Communication
- Environment
- Work Compression

**TOOLS & STRATEGIES**
- Brief
- Huddle
- Debrief
- Cross Monitor
- Advocate & Assert
- Check Back
- Feedback
- Handoff

**OUTCOMES**
- Team Performance
- Shared Mental Model

**PATIENT SAFETY**
Communication and Teamwork come together in HANDOFFS!
Effective Handoffs

- Leader, assigned roles
- Unambiguous transfer of responsibility
- Protected time and space
- Standardized format
- Up-to-date, accurate, relevant information
- Awareness of participants’
  - Learning styles
  - Level of training
  - Knowledge of patients
  - Clinical experience
- Creation of a shared mental model through active participation of receiver
Effective Verbal Handoffs

- Face-to-face
- Structured format, beginning with high-level overview
- Appropriate pace
- Closed-loop communication → shared mental model
The Printed Handoff Document

- Supplements the verbal handoff
  - Allows receiver to follow along
  - Provides more comprehensive information
- Succinct, specific, accurate, up to date
- Senior/supervising resident should edit and ensure quality
  - Incorporate time for review and update into daily workflow
The I-PASS Mnemonic

I  Illness Severity
   Stable, “Watcher,” Unstable

P  Patient Summary
   Summary statement; events leading up to admission; hospital course; 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
Illness Severity
A Continuum

- Watcher: *any* clinician’s “gut feeling” that a patient is at risk of deterioration or “close to the edge”
P = Patient Summary

- Describes succinctly:
  - Reason for admission (summary statement)
  - Events leading up to admission
  - Hospital course
  - Ongoing Assessment
  - Plan for hospitalization

- Is concise, utilizes semantic qualifiers, focuses on active issues
P = Patient Summary

It’s flexible, as long as it’s complete!

Patient Summary

Summary Statement

Events Leading Up to Admission

Hospital Course

Ongoing Assessment by Problems/Diagnoses

Plan by Problems/Diagnoses

Patient Summary

Summary Statement

Events Leading Up to Admission

Hospital Course

Problem/Dx # 1
- Ongoing Assessment
- Plan

Problem/Dx # 2
- Ongoing Assessment
- Plan
To do list

Includes specific elements:
- Timeline
- Level of priority
- Clearly-assigned responsibility
- Indication of completion

Needs to be up-to-date

If no action items anticipated, clearly specify “nothing to do”
S = Situation Awareness & Contingency Planning

<table>
<thead>
<tr>
<th>Team level</th>
<th>Patient level</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Know what is going on around you”</td>
<td>“Know what’s going on with your patient”</td>
</tr>
<tr>
<td>- Status of patients</td>
<td>- Status of patient’s disease process</td>
</tr>
<tr>
<td>- Team members</td>
<td>- Team members’ role in this patient’s care</td>
</tr>
<tr>
<td>- Environment</td>
<td>- Environmental factors</td>
</tr>
<tr>
<td></td>
<td>- Progress toward goals of hospitalization</td>
</tr>
</tbody>
</table>
S = Situation Awareness & Contingency Planning

**Effective Contingency Planning**

- Identify concerns
- Articulate what might go wrong
- Define the plan
  - List interventions that have/have not worked
  - Identify resources for assistance
- For stable patients: “I don’t anticipate anything will go wrong.”
S = Synthesis by Receiver

- Brief re-statement of essential information in a cogent summary
  - Demonstrates information is received and understood
- Opportunity for receiver to
  - Clarify elements of handoff
  - Have an active role in handoff process
Remember,
*TeamSTEPPS™* elements and effective handoffs go hand-in-hand
Handoff is a Team Sport!
*The whole is greater than the sum of the parts*

- Team handoff is the “gold standard”
  - Very few programs achieve this
- If team handoff is not possible, do a BRIEF!
  - Intern and Senior plan for the night
  - Agree on roles, identify holes
    - Illness severity should be verified for all patients
      - Unstable patients should be reviewed in detail and examined together
    - PGY1 should do another read-back and verify
Handoffs At Our Hospital

Are we meeting the gold standard?

- Where do we do handoffs?
  - Is this a quiet place with minimal interruptions?
- When do we do handoffs?
  - Is it at a scheduled time?
- Who is present for handoffs?
  - Do we need an intern/senior brief?
    - When/where?
**Patient**: M6E Doe, Johnny  
**9/23/2009**  
**MRN**: 45612378  
**Visit**: 45615  
**Adv Dir**: M  
**Adm Date**: 3/18/11 HD#: 2  
**Attending**: Brown, Julie  
**Code Status**:  
**Allergies**: NKDA  
**Wt**: 12 kg  
**Access**: Resident: Cameron, Jack

**Medication / Diet**: Keppra po  
**Racemic Epi**

<table>
<thead>
<tr>
<th>Date Time</th>
<th>MBC</th>
<th>Hgb</th>
<th>Hct</th>
<th>Ptt</th>
<th>Na</th>
<th>K</th>
<th>Cl</th>
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<tbody>
<tr>
<td>07/19 08:10 T</td>
<td>In</td>
<td>Out</td>
<td>GI</td>
<td>Urine</td>
<td>Enesis</td>
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<tr>
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<td></td>
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<tr>
<td>07/19 08:10 DBP</td>
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<tr>
<td>07/19 08:10 RR</td>
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<tr>
<td>07/19 08:10 S02</td>
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<td>07/19 08:49 Wt</td>
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**Admission Diagnosis / Course**

**Illness Severity:**

**Patient Summary:**
18mo ex-24 week premature infant with h/o severe BPD, seizure disorder and FTT s/p G-tube, admitted for bronchiolitis.

Presented with 2 days of fever, one day of cough, and acute respiratory distress with severe subcostal retractions.

Hospital course: Bronchiolitis had been improving but developed deep retractions and crackles this afternoon, CXR ordered.

Developed fever today, cultures negative, not on antibiotics.

On GT feeds.

Continues on home seizure meds.

**Problem List**

**Patient Summary, cont:**
- Bronchiolitis - has been having more distress today and is febrile, still think this is primarily viral bronchiolitis but may need to consider pneumonia if he continues to deteriorate.
- FTT - on G-tube feeds at maintenance rate.
- Seizures - stable, none since admission, continue home med.

**Anticipated Problems / To Do List**

**Action List:**
- Assess baseline respiratory status after handoff and every few hours
- Follow up CXR
- Monitor ins and outs
- Monitor fever curve

**Situation Awareness and Contingency Planning:**
- If no improvement after racemic epi, call ICU eval
- If CXR suggestive of pneumonia or persistently febrile, discuss antibiotics with senior
- If continues on IVF, order electrolytes in the morning
- If seizure > 5 mins give anw

**Synthesis by Receiver:**

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Now You’re Ready for an I-PASS Handoff!
Editors

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