Handoff Workshop Script

1. Introduction and Background (10 min)
    a. [Slide 1] Introduction
        i. Go around the room, make introductions
    b. [Slide 2] What is a Hand-Off?
        i. A transfer of patient care responsibility
    c. [Slide 3] Why is it Important?
        i. Ask group to come up with reasons:
            1. Important patient related communication
            2. Prevention of Adverse events
            3. Vulnerable time
            4. Opportunity to improve processes
            5. Increasingly common (with ACGME duty hours)
            6. Others…
    d. [Slide 4] Highlight a case-control study showing increased odds ratio of preventable adverse events for a patient being cross-covered. Make note that this is a greater effect then the patient's APACHE II score.
    e. [Slide 5] Errors in Creation of the Handoff Document
        i. A slide that contains data from hand-off literature on problems related to creating/populating a hand-off.
        ii. Discuss medical record systems in the hospitals they work in and how they address/don't address these deficiencies
        iii. References:

1. Arora V, Kao J, Lovinger D, Seiden SC, Meltzer D. Medication discrepancies in resident sign-outs and their potential to harm. *Journal of general internal medicine. 2007;22(12):1751-1755.*

2. Aylward M, Rogers T, Duane P, Inaccuracy in Patient Handoffs: Discrepancies between Resident-Generated Reports and the Medical Record**,** Minn. Med. 2011; 94(12) 38-41.

3. Frank G, Lawler L, Jackson A, Steinberg T, Lawless S. Resident miscommunication: Accuracy of the resident sign-out sheet. *J Healthc Qual. 2005;27(2).*

f. [Slide 6] Errors in Communication

i. A slide that contains data from hand-off literature on problems related to communication and training around hand-offs.

ii. This will be the focus of the workshop

iii. References:

1. Horwitz LI, Krumholz HM, Green ML, Huot SJ. Transfers of patient care between house staff on internal medicine wards: a national survey. *Archives of Internal Medicine. 2006;166(11):1173-1177.*

2. Kitch BT, Cooper JB, Zapol WM, et al. Handoffs causing patient harm: a survey of medical and surgical house staff. *Joint Commission journal on quality and patient safety / Joint Commission Resources. 2008;34(10):563-570.*

g. [Slide 7] A Tao of Hand-offs

i. There is no one way, but there are wrong ways.

ii. Understanding principles and concepts will allow people to navigate the complex variability around transitions of care.

2. Components of the Hand-Off (5 min)

a. [Slide 8] Environment

i. Ask: How does the environment we work in effect hand-offs?

ii. Distractions, rushed, lack of priority, no space, HIPAA issues….

iii. Ask: What happens when a physician interrupts a nursing hand-off? Universally, the answer is typically that they are rebuffed, or told to wait.

iv. Emphasize that there is nothing wrong with this, and that in fact it is a good model.

v. Example script to be used by the interns– "I am in the middle of a hand-off, I'll find you as soon as we are done here."

b. [Slide 9] Content

i. Many mnemonics, none evidence based.

1. Riesenberg LA, Leitzsch J, Little BW. Systematic review of handoff mnemonics literature. *American Journal of Medical Quality : The Official Journal of the American College of Medical Quality*. *2009;24(3):196-204*.

ii. Discuss SBAR, as that is commonly used by nursing

c. [Slide 10] Provide Framework (taken from Patterson article, list):

i. Triage (the patients on the team, sickest first).

ii. Tell the Story (A concise summary statement and a prioritized, relevant problem list)

iii. Details on Demand (interactive discussion, questioning).

iv. Contingency Plans and Concerns

v. Reference:

1. Patterson ES. Structuring flexibility: the potential good, bad and ugly in standardisation of handovers. *Quality & safety in health care*. 2008;17(1):4-5.

vi. Much of "content" should be automated -- medical problems, code status, allergies, medications.

d. [Slide 11] Introduce "If…Then" statements as a format for communicating to-do items.

i. Examples: If the hemoglobin is less then 8, transfuse. (Be sure to get consent BEFORE signing this out).

ii. If CT scan shows appendicitis then call general surgery.

3. Case Presentation -- see case presentation document (15 min)

a. Presented in a morning report style format, go to marker board/flipboard for this part

i. Chief-Complaint told to interns

ii. They then ask clarifying questions with goal of developing a differential diagnosis and management plan.

iii. Create a differential diagnosis.

iv. Ask what labs they would like.

v. Before labs come back, they need to "sign out" the patient.

vi. What do you sign out?

1. Demographics
2. Medications
3. Relevent clinical information
4. To Do's. In this case, specifically serial abdominal exams.

vii. Resident seeing the patient overnight exams him several times. Is called with abnormal vital signs, re-examines and finds peritoneal signs. Patient taken to surgery with perforated peptic ulcer.

b. Goals of case = "if...then" statements, emphasis of responsibility during cross coverage, even to the point of signing-out seeing the patient or doing serial abdominal exams.

4. Components of Hand-Off (Part II) (5 min)

a. [Slide 12] Communication

i. Ask: What are the attributes of good communication?

ii. Ask:How do you know someone is listening to you?

iii. Ask: How do you show someone you are listening to them?

1. Body Language – eye contact, posture, tone

2. Interactive communication, questioning, two-way-communication

3. In other words, these principles apply (and should be expected) in hand-offs as they do in other aspects of life.

b. [Slide 13] Hand-offs as an example of teamwork.

i. Show slide of teamwork principles.

ii. Ask:What aspects of the teamwork model are particularly applicable to hand-offs?

iii. There are no real right answers here. The idea is to begin to understand the formal aspects of teamwork, and how a hand-off plays into these.

iv. Diagram adapted from Baker DP, Salas E, King H, Battles J, Barach P. The role of teamwork in the professional education of physicians: current status and assessment recommendations. *Joint Commission journal on quality and patient safety / Joint Commission Resources*. 2005;31(4):185-202

5. Video and Debrief of Video (10 min)

a. [Slide 14] Video

i. A hand-off between two interns, one leaving for the day, the other staying on overnight.

ii. Ask:What did they do well?

1. Patients prioritized (half the time spent on 2 sickest, remaining time spent on 3 less sick)

2. Excellent Summary statements

3. Organized

4. Much of time spent on anticipatory guidance and "if…then" statements

5. Two-way communication

6. Dealt with distractions well (pager, nurse coming in)

7. Confirmation of to do's

8. Confidential

iii. Ask: What could have been done better?

1. Last few patients could be even more succinct – "55 year old woman with end-stage-liver-disease, not a tranplant candidate, awaiting placement, nothing to do."

2. Some distraction initially, difficult to hear at times. Not a quiet setting.

6. Role Play (40 min)

a. [Slide 15-17] Practice Session

i. The purpose of the practice session is for the interns to synthesize information and present it to a colleague while incorporating the practices they've learned in the workshop. Further, the nature of the hand-offs are designed to mimic a common pattern of hand-offs: the primary team hands off to the long call team, who then hands off to the Night float, who then hands off back to the primary team.

ii. Split interns into groups of 3

iii. Each intern is assigned a role and given the appropriate packet:

1. Primary Team

2. Long Call Team

3. Night Float

iv. With each "round" each intern from the group will complete ONE of the following tasks:

1. Read about patient events and update the hand-off template, then hand-off the team to the next intern

2. Read an article on use of vancomycin enemas in cases of C. Diff. The goal of this article is to introduce a piece of knowledge that the person who is getting the hand-off has that the person giving the hand-off (probably) doesn't have. Usually, this information makes its way into the plan for the patient. In the debrief, the importance of the receiving intern "adding to the knowledge pool" should be pointed out

3. Read a hand-off guide (provided) to review information from the workshop. Then use a behavioral checklist to evaluate the two people involved in the hand-off and give feedback based on this checklist. The checklist is based on the points made during the workshop. Alternatively, a fourth person can be an observer and provide feedback to the whole group at the end of each round. This would ideally be a faculty member or chief resident, not a workshop participant.

4. Each round should be timed to be about 5-7 minutes – the interns will want to take much longer then that. The time should be spent initially in preparation (reading the material, creating the hand-off), and then they should begin the hand-off.

v. The role/task combinations, therefore, are:

1. Round 1

   a. Primary Team Intern – Read and Update Hand-off included in the packet. When done, begin hand-off to long call team.

   b. Long Call Team Intern– Read C. Diff Article while the primary team intern prepares the hand-off.

   c. Night Float Team Intern – Read Hand-off guide while the Primary team intern prepares hand-off and use behavioral checklist to give feedback during and after the hand-off between the primary team and the long call team.

2. Round 2

   a. Primary Team – Read Hand-off guide while the Long Call team intern update hand-off and use behavioral checklist to give feedback during

and after the hand-off between the long call and night float teams.

b. Long Call Team -- Read and Update Hand-off given to them by the primary team intern. The events "during their shift" are included in the packet. When done, begin hand-off to night float team.

c. Night Float Team -- Read C. Diff Article while the long call intern prepares the hand-off.

3. Round 3

a. Primary Team -- Read C. Diff Article while the Night FLoat intern prepares the hand-off.

b. Long Call Team -- Read Hand-off guide while the Night Float team intern updates hand-off and use behavioral checklist to give feedback during and after the hand-off between Night Float and Primary Team interns.

c. Night Float -- Read and Update Hand-off given to them by the Long Call intern. The events "during their shift" are included in the packet. When done, begin hand-off to Primary Team intern.

7. Debrief (5 min)

a. Ask: How did that go?

i. Common Responses:

1. Often they feel pressure and are short on time, while this is partly an artifact of the exercise, there are real-world time pressures as well.

2. They don't know the patients. Again, partly an artifact of the exercise, but also realistic with a new admission or, more commonly, in the role of long call team residents are typically handing patients off that they don't know.

3. "It was hard." And that's the point of the workshop.

ii. Ask “Who brought up the Vancomycin enema article? Highlight the value of have an active, engaged receiver contributing to the hand-off and to a patient’s care.

b. Ask: Name one thing you will be doing differently in your next handoff as a result of this workshop?