

Handoffs and Transitions Learning Network

Tips and Strategies on Handoffs

In 2007, the Handoffs & Transitions Learning Network (H&T) was established to support the mid-Atlantic healthcare community in tackling the complex problem of handoffs and transitions within and between providers of care, with a particular emphasis on medication reconciliation. Participants had the opportunity to collaborate with facilities in the region to test and implement strategies aimed at improving transitions across the continuum of care. The Network's focus was fully aligned with the IHI 5 Million Lives Campaign and Joint Commission National Patient Safety Goals.

A handoff involves the transfer of patient information and primary responsibility between providers. Examples of handoffs include staff shift changes within the unit, as well as when the patient is transferred from one site of care to another (i.e. ICU to stepdown; ED to floor; acute care to rehabilitation facility). By improving the handoff process, participating organizations can experience reductions in communication failures at patient handoffs and improve patient safety.

A learning network is a coordinating structure for shared learning that enables interested organizations to gain knowledge from each other and from recognized experts in topic areas. Key features include learning sessions, facilitated discussions of lessons learned, and using data to measure progress. The goal of the Network was to implement processes that clearly define the transfer of responsibility from one provider to another and to standardize the communication process between providers.

It was expected that teams would expand their successful interventions across their departments and across hospitals. This model of collaboration provided participating teams access to breakthrough improvement methods, training and technical assistance to implement effective strategies in everyday practice. The expectation for diffusion of improvements within the facilities and across hospitals was a critical component of the initiative.

The H&T Learning Network was hosted by Maryland Patient Safety Center and Delmarva Foundation with funding from CareFirst BlueCross BlueShield.

This report provides a summary of the knowledge exchanged through the Handoffs and Transitions Learning Network. It also provides results of a survey conducted to determine the implementation of various strategies among participating facilities. For simplicity, the exchanges and knowledge shared in this report has been divided into five different types of handoffs:

- from the ED to the floor;
- from the floor to ancillary units;
- between units;
- between shifts; and,
- to outside providers.

In addition, participating facilities provided implementation tips during workshops and conference calls that have been summarized according to handoff types.

List of Strategies Summarized in this Report

- **ED to the Floor**
 - Fax Reporting
 - Admissions Unit
 - Verbal Reports
 - Computer Report followed by Phone Call

- **Handoff to Ancillary Units**
 - Ticket to Ride/Trip Ticket/Travel Form
 - Transport Log
 - Radiology Order Form
 - Other Recommendations

- **Unit-to-Unit & Shift-to-Shift Handoffs**
 - Report Form
 - Electronic Report
 - 5 Ps / 7 Ps
 - Computerized Telephone Report
 - Huddles

- **Handoff to Outside Providers**
 - Medication Card
 - Inter-facility Transfer Form
 - Discharge Checklist

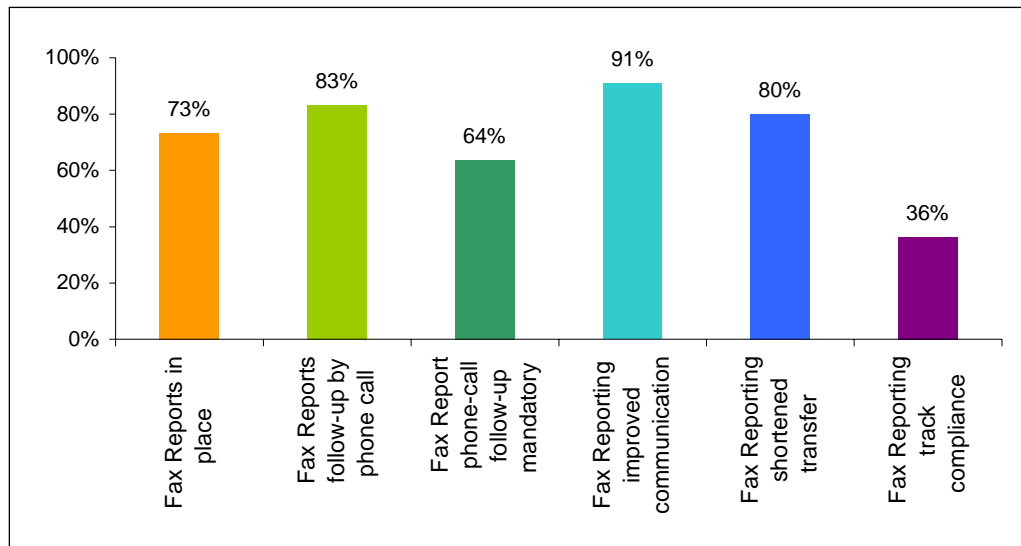
- **SBAR**
 - SBAR Form
 - Online Education Module
 - SBAR Pads and Guide Packets

- **Measurement**

ED TO THE FLOOR

STRATEGIES AND TIPS

Fax Reporting: The Emergency Department (ED) handoff communication record is faxed to the receiving inpatient unit. Some hospitals require the fax to be followed with a phone call and a waiting period before the patient can be transferred to the unit. Based on survey results, seventy-three percent of survey respondents reported having a fax reporting system in place. Ninety-one percent agree that fax reporting helped to improve communication between the ED and the receiving unit.



Tips:

- Organize the form in SBAR format.
- Avoid making the form too lengthy.
- Include labs and medications ordered and/or completed in the ED.
- Ensure that someone is available to receive the fax report so that it does not get lost and the floor is prepared to receive the patient. One idea is to send a copy of the form with the patient.
- Provide opportunities for floor nurses to contact the ED to clarify information or ask follow-up questions.
- Make sure the fax machines are always in working order.
- According to one facility, the Joint Commission would rather patient reports be conducted either face-to-face or over the telephone between two nurses. Their concern is that nurses are not given the opportunity to clarify information or ask questions about a patient without a verbal patient handoff report, and recommends that nurses not rely solely on the faxed report.

Admissions Unit: This is a dedicated unit that admits patients to the floor. The ED staff verbally hands the patient off to the admissions unit through a face-to-face conversation or telephone nurse-to-nurse conversation. The admissions unit then communicates the required patient information to the accepting floor.

Tips:

- Use alternative methods of admitting patients to the floor (i.e. fax reporting) when the admissions unit is closed.

Verbal Reports: Reports provided verbally allow the receiver to ask questions and clarify important information about a patient's status. Not only do they help practitioners ensure that the information has been received, they also eliminate frustrations over non-functioning fax machines and misplaced/never-received faxes.

Tips:

- Recognize the importance of verbal reports when handing off critically ill patients.
- Direct report calls to the charge nurse if primary nurse is not available.
- Investigate the use of a telephone-based system. These systems have been found to decrease times, and provide a more organized and focused report. See Computerized Telephone Report described in the Unit-to-Unit handoff section.
- Eliminate opportunities for distractions and disruptions.

Computer Report followed by Phone Call: This is a pre-populated computer report for handing patients off to the unit. The receiving unit reviews the information on the computer. Then the ED contacts the unit to make sure that they are ready for the patient, giving the receiving unit an opportunity to clarify information or get updates.

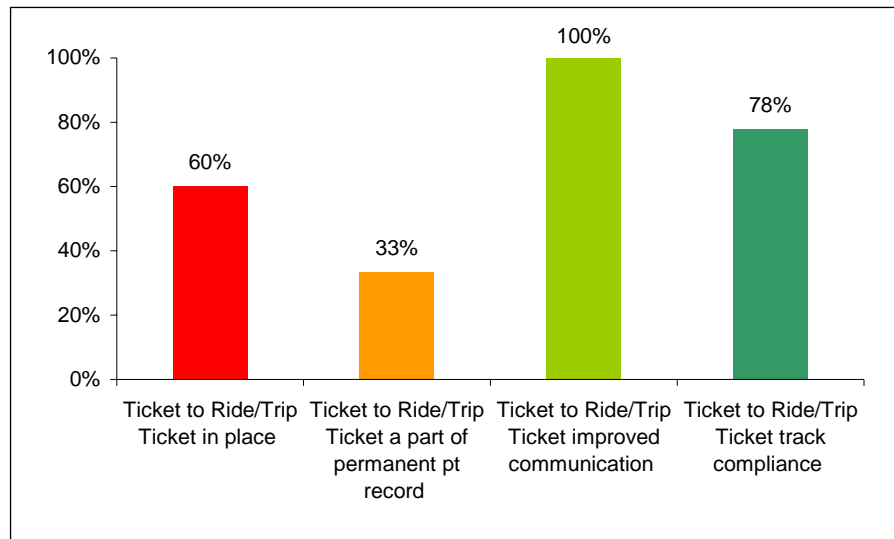
Tips:

- Add a 15 minute grace period before sending the patient to the floor.
- Implement a bed tracking system to identify which beds are empty or have patients awaiting discharge.
- Include any labs ordered and/or completed in the ED.
- Implement a way for the report to pull the information from the patient's electronic record, if available. This reduces the amount of work for the ED nurse while providing the floor nurse with access to key information about the patient.

HANDOFFS TO ANCILLARY UNITS

STRATEGIES AND TIPS

Ticket to Ride / Trip Ticket / Travel Form: The Trip Ticket provides background information on patients who need to leave their units for a procedure or test. Unless the patient's regular nurse is going to accompany the patient for the duration of their time away from the unit, a form must be filled out and accompany the patient to the next unit. The Trip Ticket also functions as a check of patient identification to ensure that transporters are picking up the correct patient and taking them to the correct department for the correct procedure. It is also used to protect the patient, transporters and the receiving unit from potentially dangerous situations, as information such as precautions and pending medications can be listed on the form. Of the 60% of respondents that implemented a Ticket to Ride form, 100% report an improvement in communication.



Tips:

- Empower transporters to stop the transport either from Nursing or from the Clinical Department if that form is not completed at either end. These types of checks and balances benefit everybody involved in the process to help each other out to make sure the right information about the patient is transferred.
- Make the nurse's phone number easily accessible so that the tech and/or transporter can contact the appropriate nurse if questions arise. Get direct phone lines into all areas of Radiology, Nuclear Medicine and other areas so that callers don't have wait to get through to someone.
- On a daily basis, give transporters and other key staff a list that identifies which nurses are assigned to which patients.
- Provide transporters with PDAs in order to track their movements and collect data to measure the effectiveness of the handoff procedure.
- Code patients by color to indicate the severity of their status. This can help to make the ancillary unit more aware of the patient's condition and risk status.
- If using an electronic form, program a pop-up window to communicate when a patient is transferred between units. That field can appear in red and can show whether the patient is on contact isolation or any other precautions.
- Require a signature at every handoff point in the process, such as when the patient leaves the floor, once the patient gets to the procedure area, and then again when the patient

returns to the original unit. This may need to be expanded when a patient makes multiple ancillary visits while off of their unit.

- Ensure there is direct face-to-face communication between nurses for high risk patients such as ICU patients.
- Keep the form succinct to make it easy to complete. This may lead to higher compliance rates.
- Use a Trip Ticket for both their unit-to-unit transfers and transfers to Ancillary Units for procedures.
- Use the same form for multiple trips to ancillary units.
- Format the tool in the SBAR format.
- Focus on the patient's status rather than the operations of the nursing units.
- Have the nurse and the transporter check the patient's identification together before signing off on the form.
- Include the following information on the form:
 - Patient's medical record number, weight, blood pressure, IV specifications, and use of O₂
 - Fall risk, isolation precautions, and mental status
 - Precautions that need to be taken if the patient is diabetic (NPO, etc.)
 - Rapid Response Team calls within the within the last 24 hours
 - Time and dose of last pain medicine dose. It is helpful for the Receiving Department to know if the patient has to wait or, depending upon the procedure, will need more medication during their time in the ancillary unit
 - If the patient is able to stand, transfer and ambulate
 - Synopsis of the patient's status to avoid flipping through the chart

Transport Log: The log is a recorded account of transfer requests, requiring a signature when the patient is transferred from the unit. The log, kept at the nurse's station, ensures that transporters and nurses are performing the appropriate patient identifier checks at the time of transfer and helps to determine if additional training is needed.

Radiology Order Form: This is a manual form attached to the front of the charts to help facilitate communication between Radiology and the nursing units. The order sheet has a second page that tracks the communication between the tech and other staff to identify any issues that might cause a delay. When an order is placed with Radiology, the tech calls the nurse to discuss and provide instructions for care. When the transporter arrives to pick up the patient, communication must occur between them and then they both sign the form to confirm their discussion.

Tips:

- Communication should occur directly between radiology techs and the nurses.
- Include the nurse's name and phone number in the order sent to Radiology.

Other Recommendations:

- Address variation in transport staff availability, which sometimes varies by shift.
- Include transport and ancillary unit staff early in the process. Ask what would help them make the process stronger and where there may currently be risks.

- Communicate and agree on timelines needed for critical tests, such as STAT CT scans, to avoid delays. First, define what those critical tests are in consultation with the ancillary unit, select desired timeframes, and then track the compliance with the selected timeframes.
- Assess if there is a communication mechanism for patients left in a waiting area in ancillary units and if there is regular monitoring of those patients.
- Staff a CNA or a certified diagnostic assistant to be in the patient waiting area while patients are waiting for exams. Detail that person to other areas of the facility, such as the ED, during slow times.

UNIT-TO-UNIT & SHIFT-TO-SHIFT HANDOFFS

STRATEGIES AND TIPS

Report Form: A reporting form or checklist provides a standard format that helps staff to remember what needs to be communicated during a unit-to-unit or shift-to-shift handoff. Some facilities use the same or similar tools for both types of handoffs, and may adapt the form to identify which type of handoff is being completed.

Tips:

- Allow units to customize forms to meet the needs of their patient population.
- Provide a checklist for face-to-face handoffs to ensure a consistent format for communication.
- Make forms easy to access by placing them online.
- Include information about Rapid Response Team calls and dates so that this information is conveyed when a patient is transferred to another unit.
- Allow for lengthy tools in cases where much vital information needs to be transferred.
- Keep the format and elements of the shift report as similar as possible to the trip ticket (if applicable). This is helpful for the individuals who use both forms. By making the forms similar, it doesn't appear to be an entirely new form each time around.
- Information included on the form can include patient identification, vitals, input-output, medications and labs ordered, allergies, co-morbidities, code status, core measures, and past medical and surgical history, among other information.
- Use unit-to-unit transfers as an opportunity to reconcile medications.

Electronic Report: This handoff tool, developed within an electronic medical record, allows for staff to review information in an electronic format while they complete the handoff process. Because of the availability of robust information on the patient, it can be an opportunity to recognizing and review trends and important issues that needed to be acted upon. The type of information to include in the report are consistent with those listed above.

Tips:

- Develop a shift report that shows trends over 24 hours or more including the patient's labs and other pertinent information. This report can be printed or reviewed on the computer screen.
- Within a nursing clinical documentation system, there may be the capability of maintaining shift-to-shift information on a snapshot screen that can be pulled up at one time.

5 Ps / 7 Ps: Use the 5 or 7Ps format to structure communication during a handoff. The 7 Ps include: patient identification, patient data, precautions/code status, pharmacy issues, pain, problems/plan, physician orders. This format meets the Joint Commission's requirement for information that needs to be passed on between handoffs.

Tips:

- Adapt the 7 Ps by adjusting sub-categories of information to make them specific to the unit's patient population.
- Determine if Information Technology can use the information to generate graphs allowing users to analyze the patient's status over time.

Computerized Telephone Report: This telephone system offers a pre-programmed template of questions designed by the hospital for giving report to the next care provider when transitioning patients during a shift change or to another unit. Standardizing the information provided in the report reduces the frequency of inadequate reporting by not allowing a caregiver to proceed unless they have completed or addressed each section. This assists users with getting more organized and focused when they give the report. Ideally the receiving staff person will listen to the report and be able to ask questions before the departing staff member has completed their shift.

Tips:

- Eliminate opportunities for distractions and disruptions while recording handoff report.
- Require the shift that is leaving to stay for questions.
- Determine the most effective way to add addendums to the taped report. Ideas include recording the addendum on the phone or giving more critical addendums verbally.
- Track rates of reviewing the taped reports.

Huddles: Use huddles, or brief status meetings, as a way to gather staff at change of shift to review care plans for each patient.

HANDOFFS TO OUTSIDE PROVIDERS

STRATEGIES AND TIPS

Medication Cards: A medication card is a form for tracking medication information that is provided to patients at discharge. This can be pre-populated for patients, who are encouraged to keep it updated so that they are able to communicate their current medications to any future healthcare providers. Although medication information should be sent to a patient's primary care provider upon the patient's discharge, if the patient visits an urgent care center, another emergency department, or another provider, this information is vital to their treatment plan.

Tips:

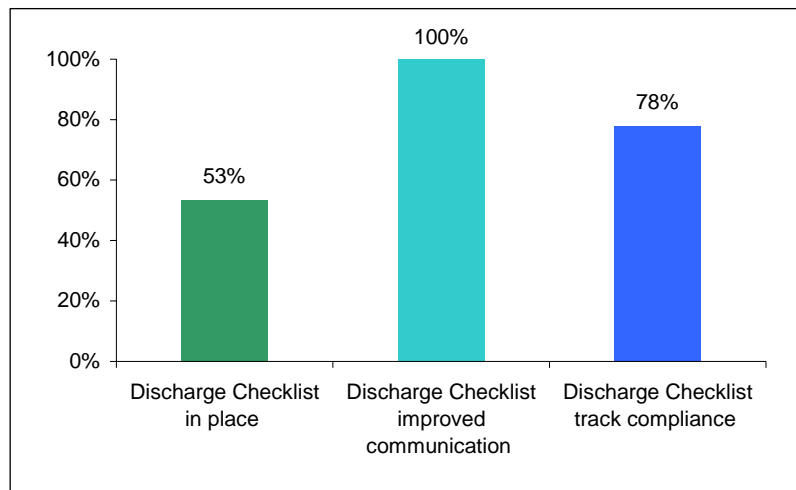
- Attend medical staff meetings to educate physicians on the card.
- Distribute the card in multiple locations.
- Hold community health fairs at daycare centers and senior centers to educate the community.

Inter-facility transfer form: This multidisciplinary form is used to inform the transfer process when a patient is being transferred between facilities and/or providers.

Tips:

- Involve case management and patient liaison staff representing various institutions in designing the discharge checklist and process.
- Include information such as:
 - Patient identification
 - Family contacts
 - Primary diagnosis
 - Insurance information
 - Primary Diagnosis
 - Where they live
 - Medical appointments to schedule
 - Ambulatory status
 - Precautions
 - Wound care
 - Home care needs, if applicable

Discharge Checklist: The checklist helps users to track completion of tasks that have proven to ensure an effective discharge handoff. The results of our survey reveal that about half of the respondents have implemented a discharge checklist as a part of their discharge process, resulting in an improvement in communication. In addition, many of the facilities (78%) tracked compliance of the use of the form.

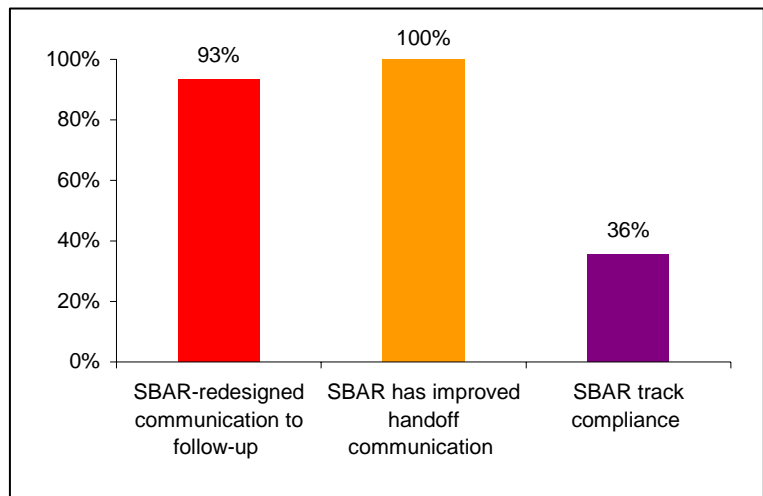


SBAR (Situation-Background-Assessment-Recommendation)

SBAR form: The SBAR technique provides a framework for communication between members of the health care team about a patient's condition. SBAR is an easy-to-remember, concrete mechanism useful for framing any conversation, especially critical ones, requiring a clinician's immediate attention and action.

Tips:

- Add bulleted lists of specific information to cover within each category in a checklist format so that caregivers can easily fill out the form by checking the box.
- Use SBAR format during rapid response calls.
- Reformat the Kardex to fit the SBAR format.
- Adapt the form to the specific needs of each unit's patient population.
- Add an "other" category in case additional information needs to be added.
 - Tip: If you begin to see patterns in the type of information added to the "other" category, incorporate this information into the form.



Online Education Module: Online education offers a convenient mechanism for disseminating knowledge to large groups of staff on new procedures and upcoming initiatives within an organization. Online education can be used as a method for training staff on the SBAR format and other tools used to standardize handoffs and communication.

Tips:

- Offer on-site training for personnel who do not have access to a computer.
- Develop a 5-minute video presentation to be used as a refresher course.

SBAR Pads and Guide Packets: Pads and packets are placed throughout the hospital help to remind staff to use this format when communicating information.

Tips:

- Place pads near telephones throughout the hospital so that the information is readily available to staff.

MEASUREMENT

- **Perform Observations:** Mentor the personnel that are learning a new process and encourage them to conduct informal and formal audits as the process gets off the ground. Use other available resources such as graduate students and volunteers to collect observational data.
- **Conduct Chart Audits:** Review a sample of charts from each unit to assess completeness. Audit form for completeness and accuracy. Consider selecting critical elements to audit in areas that receive large volumes of people.
- **Monitor Travel Forms:** Compare the information on the Travel Form with the information in the medical record to ensure that all elements were filled out. Track the items that are written in free space on the form. This will help to modify the form if important elements are consistently being added.
- **Use Checklists:** Checklist assist user maintaining compliance of procedures.
- **Conduct Spot Checks:** Hold random transport “spot checks” to ensure effective handoffs are occurring.
- **Hold “Pow Wows”:** Hold debriefing sessions to assess what happened and determine how to improve.
- **Obtain Feedback from Staff:** It is really important to involve staff in the development and monitoring of any implementations.
- **Track turnaround time:** One hospital reported that they track order to completed time for all radiological tests for ICU patients. Any order that takes more than 4 hours requires a review. This is for all ordered tests. STAT tests are done within 30 minutes, ASAP tests are within 2 hours, and Routine tests are within 6 hours. A daily report from IT assists in tracking the times.
- **Use Satisfaction Questionnaires:** Attached questionnaire to the form to gather feedback and comments during the pilot phase.
- Use a survey to gather input from staff before designing the form. The survey can be re-administered to check satisfaction with the form and to identify improvements.
- Monitor the process changes for up to a year or until it has become engrained and established into the culture.