CMPA- Improving handover communication

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McGill Annual Refresher Course for Family Medicine
Nov 27, 2019

Faculty / presenter disclosure

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Relationships with commercial interests:
- Grants / Research Support: None
- Speakers Bureau / Honoraria: None
- Consulting Fees: None
- Other: None

Conflict of Interest - I have no financial or professional affiliation with any organization that can be perceived as a conflict of interest in the context of this presentation.

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- This is an abridged handout of the presentation with cases and videos removed

Objectives

- Describe how poorly performed handovers can impact patient safety and increase medical-legal risk
- Identify 5 strategies to improve handover communication
- Develop an action plan to improve patient safety when doing handovers

What does handover look like where you work?

Handovers
Top 5 Messages

Remember breakdown in handover communication can put patient safety at **Risk**

Interruptions, distractions should be limited

Standardize content. **S**tart with the sickest person

Know the pending tasks and contingency plan

Synthesize, ask questions and document essential points

- Serious medical errors due to communication break-down during transfer of care

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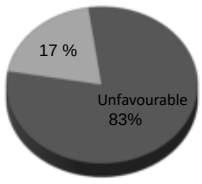
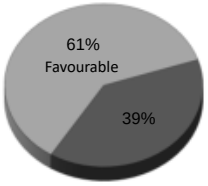
CMPA legal actions 2012 - 2016



Transition in care (742)



CMPA (N = 4,563)

- Universal standards
- Training and CPD for all physicians

Physicians overestimate the quality of their communication

60%

lacked the most important piece of information despite MD handing over believing it *was* communicated

Chang et al. Pediatrics 2010; 125:491-6.

How can handovers be improved?

Shared Mental Model:
Most important aspect of handovers

Face-face whenever possible

vs

Written only handoff

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Allowed to respond to only 30% of overnight inquiries to hospitalists

Verbal + written handoff: 84% important data retained over 5 handovers vs 26% with written only

Effectiveness of Written Hospitalist Sign-outs in Answering Overnight Inquiries
Journal of Hospital Medicine 2013;8:609–614.

British Journal of Nursing, 2005, Vol 14, No 19

Are you doing handovers in a suboptimal environment?

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98% handoffs were interrupted

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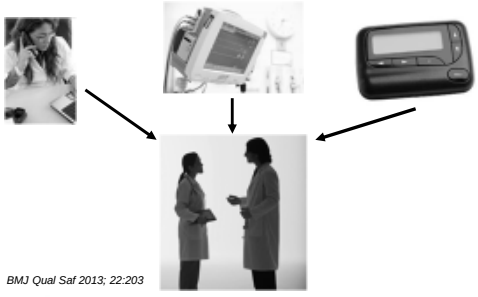

BMJ Qual Saf 2013; 22:203

Communication of clinically important issue at handover

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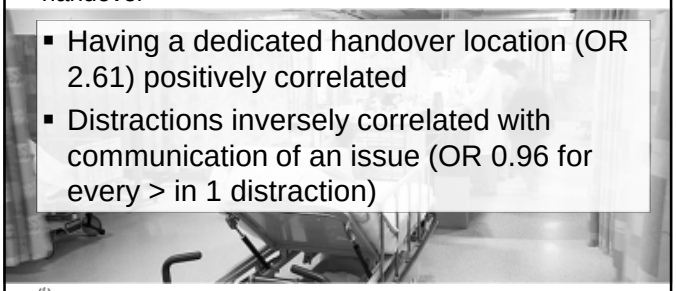
- Having a dedicated handover location (OR 2.61) positively correlated
- Distractions inversely correlated with communication of an issue (OR 0.96 for every > in 1 distraction)



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JAMA Internal Medicine Published online July 21, 2014

Multi-tasking

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3 Ways to Limit Distractions and Interruptions

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1. Designate time and space
2. Avoid multi-tasking
3. Limit side-bar conversations

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Heads Up Information

Start with the sickest person

Standardize the content

Communicate pending tasks and contingency plan

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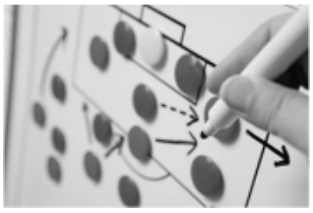

Structured Handover Tools

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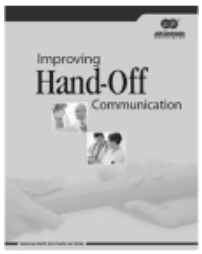
- SBAR/ ISBAR
- SIGNOUT
- ANTICipate
- DRAW
- IPASS

[*Am J Med Qual* 2009:24(3);196-204]



SBAR

Handover Mnemonics

S ituation

B ackground

A ssessment & Action

R ecommendation / read-back/ risks

Crit Care Med 2012 Vol. 40, No. 7

Standardized postoperative handover process improves outcomes in the intensive care unit: A model for operational sustainability and improved team performance*

Hemant S. Agarwal, MBBS; Benjamin R. Saville, PhD; Jennifer M. Slayton, RN; Brian S. Donahue, MD, PhD; Suzanne Downs, MD; Karla S. Chrobian, MD; David P. Bichell, MD; Zena L. Harris, MD

- Much less loss of info in all clinical categories
- < adverse events (CPR, post-op complications) post implementation

I-PASS

Handover Mnemonic

I llness severity

P atient summary

A ction list

S ituation awareness and contingency plan

S ynthesis by receiver


SPECIAL ARTICLE

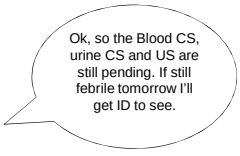
Changes in Medical Errors after Implementation of a Handoff Program

- 10,740 pt admissions at 9 sites
- Pre/post intervention:
  - Medical error rates ↓ 23% (24.5 vs 18.8/100 admissions, p<0.001)
  - Preventable medical error rates ↓ 30% (4.7 vs 3.3 events/ 100 admissions, p< 0.001)
  - Duration of handoff unchanged (2.4 vs. 2.5 min/ pt)

The Read-back

Promote active listening during handover

- 1 study:
  - Read-back only occurred 17% of time



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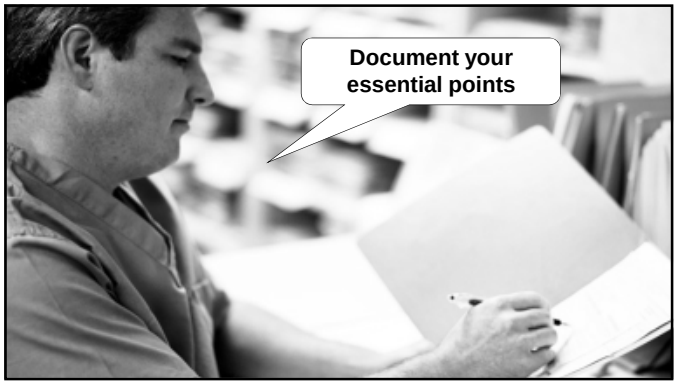

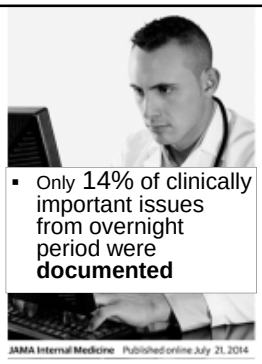

- Only 14% of clinically important issues from overnight period were **documented**

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Does your handover documentation look like this?

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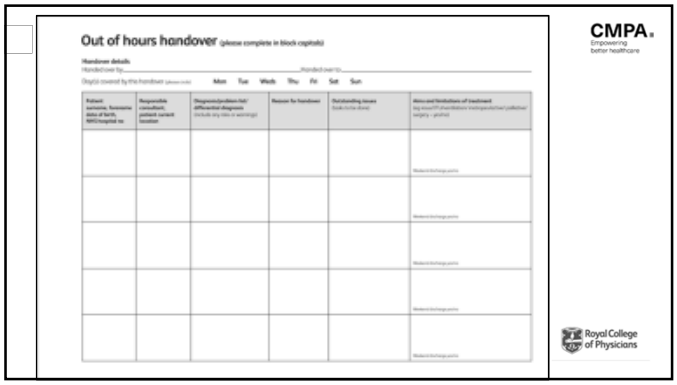

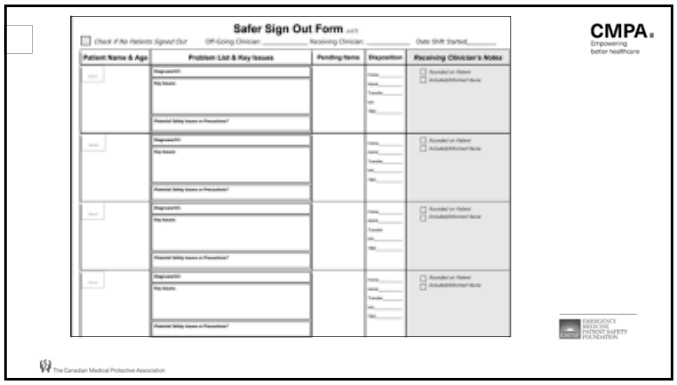

Handover Documentation Example

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1805 Admitted with Gastro + Syncopal episode-head injury. Now repeated vomiting +H/A. GCS 14.

Pending tasks

- Lytes, CT head (1700 booked)

Plan

- If labs/CT N → D/C in am if vomiting settles and tolerates fluids and GCS 15.
- If CT abn, call Neuro Sx to admit

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Documentation

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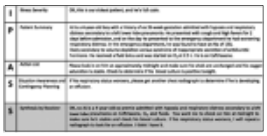
S	42 yr old RSCP X 20min 1400
B	K+ Fhx Card, Phx -, EKG N, Ck, Tnl N
A	R/O ACS
R	Pending C xr , 8 hrs Ck, Tnl, EKG If N-ASA outpt Card clinic If abn- Card to see, NSTEMI protocol



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Payne CE, Stein JM, Leong T, et al. BMJ Qual Saf (2012)

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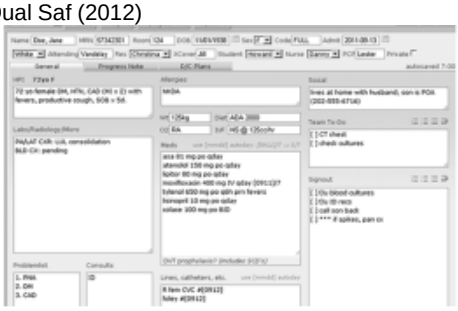

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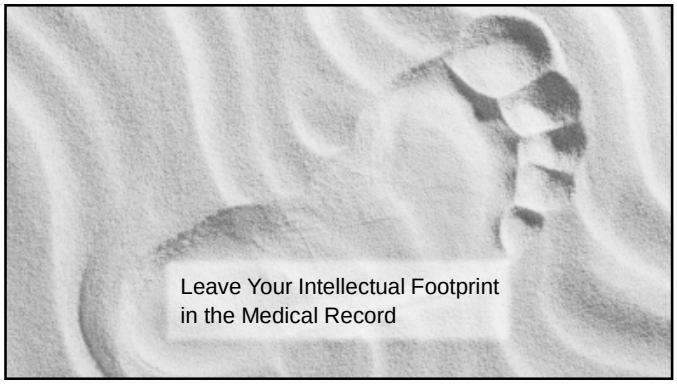

“好记性不如烂笔头”

“The palest ink is better than the best memory”

Handovers
Top 5 Messages

Remember breakdown in handover communication can put patient safety at **Risk**

Interruptions, distractions should be limited

Standardize content. **S**tart with the sickest person

Know the pending tasks and contingency plan

Synthesize, ask questions and document essential points

How will you change handovers where you work?

Good Practices Guide

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CMPA website

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