


CMPA- Improving handover communication

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The Canadian Medical Protective Association

Faculty / presenter disclosure **CMPA**
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- Other: None

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

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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

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What does handover look like where you work?



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Case



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

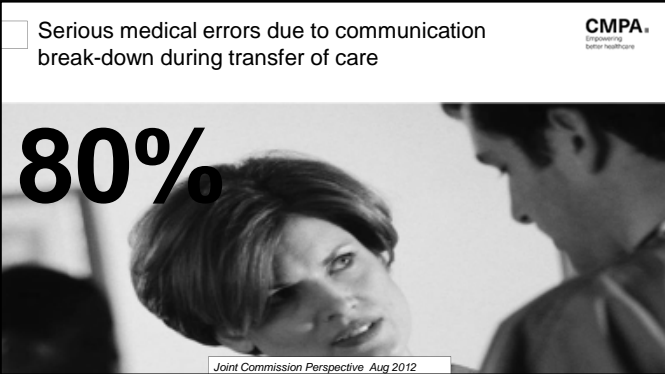
Remember hand-over is of high medical-legal risk and a patient safety issue



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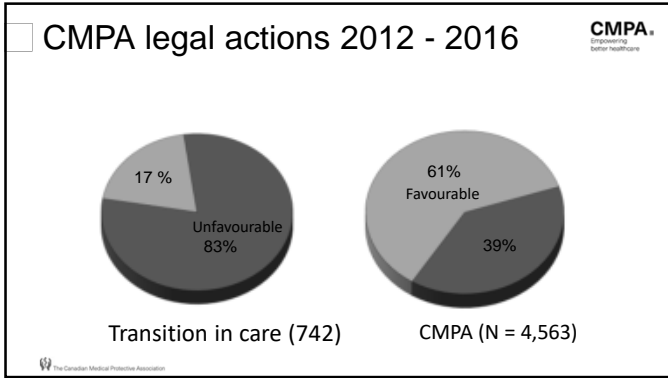
Serious medical errors due to communication break-down during transfer of care

80%



Joint Commission Perspective Aug 2012

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ASSOCIATION MÉDICALE CANADIENNE **CANADIAN MEDICAL ASSOCIATION**

- Universal standards
- Training and CPD for all physicians

ROYAL COLLEGE COLLEGE ROYAL **Competence by Design** **CanMEDS 2015**

ACCREDITATION CANADA
Better Quality. Better Health.

Doctors seek universal standards for handovers

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Physicians overestimate the quality of their communication **CMPA**
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60% lacked the most important piece of information despite MD handing over believing it was communicated


The Canadian Medical Protective Association Chang et al. Pediatrics 2010; 125:491-6.

How can handovers be improved? **CMPA.**
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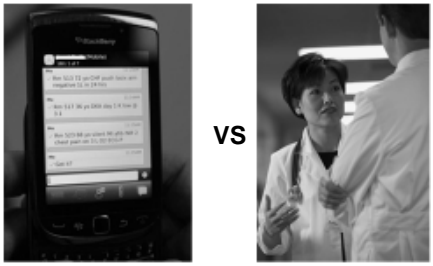
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Shared Mental Model:
Most important aspect of handovers **CMPA.**
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Face-face whenever possible **CMPA.**
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Written only handoff



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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

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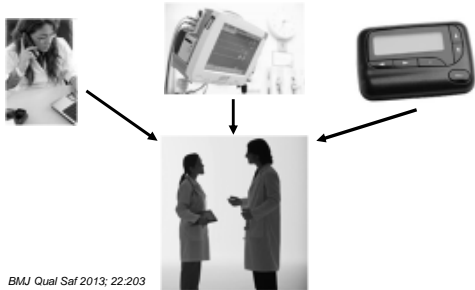
Are you doing handovers in a suboptimal environment?



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98% handoffs were interrupted



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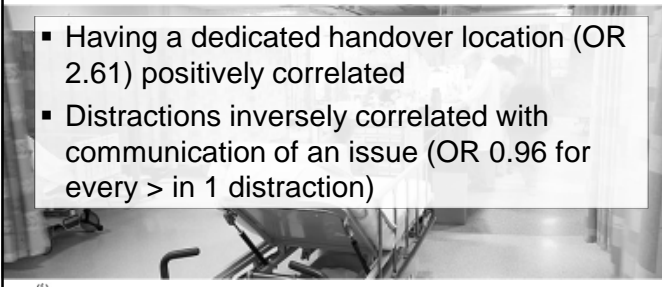
BMJ Qual Saf 2013; 22:203

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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)



The Canadian Medical Protective Association **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 **CMPA.**
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Dr. W. David Campbell
University of Toronto, St. Michael's Hospital

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Start with the sickest person **CMPA.**
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**50% > time on
1st patient vs last
in handoff**

Arch intern med 2012

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Standardize the content **CMPA.**
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1 History **2 What may happen next** **3 Recommendations** **Interactive questions**

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Communicate pending tasks and contingency plan



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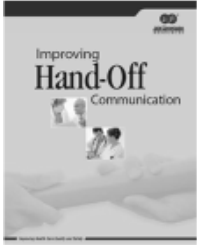
Who is the MRP?



" I thought you were doing it! "
" No – I thought *you* were doing it! "

Structured Handover Tools

- SBAR/ ISBAR
- SIGNOUT
- ANTICIPate
- DRAW
- IPASS



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

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SBAR
Handover Mnemonics

Situation

Background

Assessment & Action

Recommendation / read-back/ risks

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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

Herward S. Agarwal, MBBS; Benjamin R. Saville, PhD; Jennifer M. Slayton, RN; Brian S. Denahue, MD, PhD; Suzanne Davies, MD; Karla G. Christman, MD; David P. Rothwell, MD; Zora L. Harris, MD

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

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I-PASS
Handover Mnemonic

Illness severity

Patient summary

Action list

Situation awareness and contingency plan

Synthesis by receiver

PEDIATRICS

I-PASS: A Mnemonic to Standardize Handoffs

Herward S. Agarwal, MBBS; Benjamin R. Saville, PhD; Jennifer M. Slayton, RN; Brian S. Denahue, MD, PhD; Suzanne Davies, MD; Karla G. Christman, MD; David P. Rothwell, MD; Zora L. Harris, MD

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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)

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The Read-back





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□ Promote active listening during handover

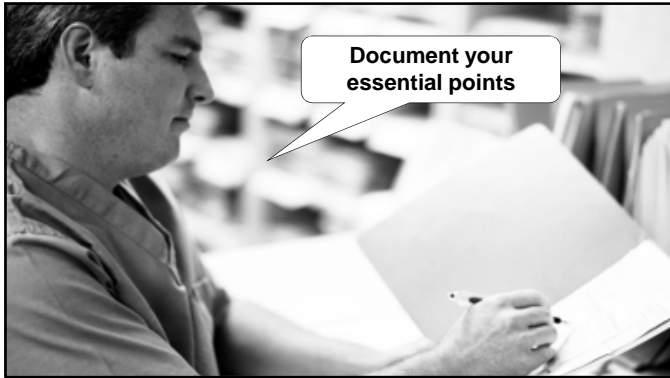
- 1 study:
 - Read-back only occurred 17% of time

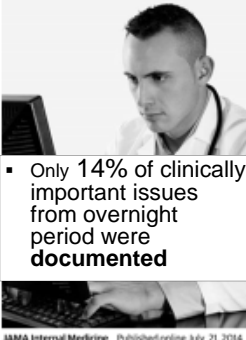


Ok, so the Blood CS, urine CS and US are still pending. If still febrile tomorrow I'll get ID to see.

BMJ Qual Saf 2013; 22:203

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

JAMA Internal Medicine | Published online July 21, 2014

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Does your handover documentation look like this?



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Out of hours handover (please complete in block capitals)

Handover details: _____
 Handover to: _____

Handover from: _____
 Mon Tue Wed Thu Fri Sat Sun

Handover person's name & title (MFL required)	Responsible consultant or other senior member	Significant problems (if any) (include any tests or investigations)	Review by handover	Outstanding issues (date & time due)	Notes and instructions for handover by next CP (if available) or handover person's signature

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Royal College
of Physicians

Safer Sign Out Form

Off-Going Clinician: _____ Receiving Clinician: _____ Date Shift Starts: _____

Check if the Receiver Signed Out	Patient Name & Age	Problem List & Key Issues	Pending Items	Disposition	Receiving Clinician's Notes
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

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FOR
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Handover Documentation Example

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 Referrals: K+ Pbx Card, Pbx +, EKG N, Ck, Tril N

A R/O ACS

R Pending C + r, 8 hrs Ck, Tril, EKG if N-ASA output Card clinic if abn- Card to see, NSTEMI protocol



I Inset Results All the test results pending and not yet seen

P Patient Summary All the test results pending and not yet seen

A Allergy Medication All the test results pending and not yet seen


S Social History All the test results pending and not yet seen

H Health History All the test results pending and not yet seen

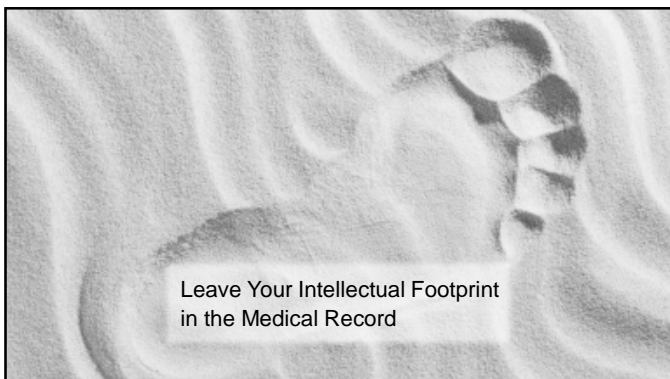
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Payne CE, Stein JM, Leong T, et al. BMJ Qual Saf (2012)

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“好记性不如烂笔头”
 “The palest ink is better than the best memory”



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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?



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Good Practices Guide

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Good Practices Guide
Safe care — reducing medical-legal risk

Handovers
Transferring care to others

Overview and objectives

This content

Key messages

Objectives

Share this information

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CMPA website

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Transfer of care can create problems
An article for physicians by physicians
Originally published Summer 1997 / Revised May 2008

OF INTEREST TO ALL PHYSICIANS

ABSTRACT

KEY MESSAGES

CASE EXAMPLE

Physicians

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HANDOVER TOOLKIT

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HANDOVER TOOLKIT
A resource to help teach, assess and implement a handover engagement program

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