Transitions of Care: Vital to Quality Patient Care

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WVU GME Orientation
June 2017

Goals of Session

- Define transition of care
- What makes for a "good" or "bad" handoff?
- ACGME expectations
- WVU GME Policy on Handoffs and Care Transitions
- Other important Transitions of Care

What is a care transition?

- A time when there is a transfer of responsibility for a patient from one caregiver to another.

  - Inpatient physician handoffs (several times a day)
  - End of the rotation
  - End of training
  - Admission
  - Discharge
  - ED to floor (ED to OR)
  - ICU to floor (and floor to ICU)
  - OR to floor (and floor to OR)
  - Service transfer

-PCP to hospital
-PCP to clinic
-Hospital to hospital transfer
-Hospital to skilled nursing
-Clinic to PCP

Why are Care Transitions Important?

Handoffs and Patient Safety

- Joint commission: miscommunication is a key component in 60% of sentinel events
- "Cross-coverage" is #1 risk factor for avoidable medical errors (doubles the risk)
- Communication errors associated with twice as many deaths as clinical inadequacy
- 2008 IOM report recommends all residents receive training in patient handoffs

Solet. Acad Med, Dec 2005.80;12.

Real time action…

- Handoff Video
- http://www.youtube.com/watch?v=JzCdoQEYHkY

“Bad” Handoffs

- Identify areas for improvement
  - Template
  - Up to date information
  - Interactive
  - Limit distractions

Structure of Handoffs

- Process
- Content
- Handoff Templates

Structure of Handoffs

- Content
  - IPASSBATON (Department of Defense)
    - Introduction
    - Patient
    - Assessment
    - Situation
    - Safety Concerns
    - Background
    - Actions
    - Timing
    - Ownership
    - Next
  - SBAR-Q(US Navy used on submarines)
    - Situation, Background, Assessment, Recommendations, Q&A

Structure

- Structure handoff template critical
  - Mnemonics: 2009 review revealed 46 articles with 24 handoff mnemonics
- Flexible standardization
  - Mandate minimum core standards while still allowing for customization
- EMR considered superior to written

DeRienzo. Acad Med 2012;87:403-410.

Structure Best Practice

- Minimum data set
- Updated Information
- Face to face with written support
  - Quiet area
  - Minimize interruptions
  - Allow time for and encourage questions
  - Read back
- Appropriate supervision
- Clear Policy Guidance

Clarke. Journal of Patient Safety.7:1 (11-18) March 201
Solet. Acad Med, Dec 2005.80;12.

Structure: Handoffs

- Template in EPIC
- Can develop dot phrases for different specialties

What makes a "Good" Handoff

- Template
- Accurate and up to date information
- Interactive
- Limited distractions
- Professional

Retake: "From "Bad" to "Good"

- Handoff Video
- http://www.youtube.com/watch?v=JzCdoQEYHkY

TOC and Professionalism

"I don't know. It's not my patient."

ACGME and Care Transitions

TOC versus Duty Hours

- Most studies show no benefit of duty hour regulations in decreasing errors
- The number of patient handoffs has increased since the implementation of duty hours
- ACGME concerned that this increase will offset benefits of duty hour regulations

The ACGME 2011 Duty Hours Standards

ACGME

Programs must design clinical assignments to minimize the number of transitions in patient care.

ACGME

The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.

ACGME

Sponsoring institutions and programs must ensure and monitor effective, structured handover processes to facilitate both continuity of care and patient safety.

Programs must ensure that residents are competent in communicating with team members in the handover process.

WVU GME Handoff/TOC Policy

- **Located on GME webpage**

- Requirements:
  - Minimize TOC: review call schedule annually
    - Document in Annual Program Evaluation
  - Each program with inpatients:
    - Updated call schedule for hospital operators
    - Standardized process: verbal and written
    - Electronic template

WVU GME Handoff/TOC Policy

Handoff Template Requirements

- Patient name
- Age
- Room number
- ID number
- Name of responsible resident and attending physician
- Pertinent diagnoses
- Allergies
- Pending laboratory and X-rays
- Overnight care issues with a "to do" list
- Code status

WVU GME Handoff/TOC Policy

- Programs must ensure trainee competency in TOC
  - Curriculum
  - Evaluation
    - All residents yearly
    - Must be in e-value
- Faculty and residents must assess the effectiveness of their handoff process at least annually
  - Document during Annual Program Evaluation

Other Transitions of Care

Consults

Written and verbal

Even for follow up questions (case)

Documentation of Staff

Direct communication for change of test results

Transfer Between Services

- Communication with patient and/or family
  - Including transitions in team at end of rotation
- Written summary and verbal checkout to allow time for questions (case)

Discharge

- Discharge Instructions
  - Written and verbal to allow for questions
- Discharge Summary
  - Timely completion
  - Accurate and thorough
  - Bullet key info, especially follow up tasks
- Communication with PCP

Medicine Reconciliation

- Admission
  - DO NOT assume med list in computer is accurate (case)
  - Review with patient, family, PCP, pharmacy

- Discharge
  - DO NOT just "resume home meds" (case)
  - Review changes with patients directly

Summary

- Care transitions are a critical component of patient safety
- Use direct and written communication whenever possible
- Ensure that patients/families and coworkers can identify physicians responsible for their care
- Structured handoffs
  - Templates
  - Face-to-face
  - Accurate, up to date
- Professionalism
  - Accept responsibility

CT Pathway #1: Education

1. Residents/fellows and faculty members know the clinical site's TOC policies and procedures

2. Residents/fellows participate in simulated or real-time interprofessional training on communication

3. Faculty members participate in training

CT Pathway #2

Resident/fellow engagement in change of duty handoffs

1. Residents/fellows use a common clinical site-based process for change of duty handoffs
2. Hand offs involve interprofessional staff
3. Hand offs involve patients and families

Care Transitions: Pathway #3

Resident/fellow and faculty member engagement in patient transfers between services and locations

1. Residents/fellows use a standardized direct verbal communication process for patient transfers between services and locations

2. Transfers involve interprofessional services

3. Resident fellows participate with clinical site leadership in the development of strategies for improving transitions of care

Care Transitions: Pathway #4

Faculty member engagement in assessing resident/fellow related patient transitions of care

1. Through program-based standardized processes and direct observation, residents/fellows are assessed for their ability to move from direct to indirect faculty supervision

2. Faculty members periodically monitor resident /fellow transfers of patient care, and resident/fellow transfers of patients between services for quality control

Care Transitions: Pathway #5

Resident/fellow and faculty member engagement in communication between primary and consulting teams

Care Transitions: Pathway #6

Clinical site monitoring of care transitions

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Questions?

Good luck!!!