Introduction to Handoffs

In hospitals, handoffs are episodes in which control of, or responsibility for, a patient passes from one health professional to another, and in which important information about the patient is also exchanged. An estimated 80% of serious medical errors involve miscommunication between providers during the patient handoff period.\(^1\) Evidence suggests that implementation of structured handoff reform measures may considerably improve patient safety during this transition.\(^2\) The Accreditation Council for Graduate Medical Education, or ACGME, requires that residency programs maintain formal education programs in handoffs and care transitions.\(^3\)

At the beginning of this project in July 2016, there was no standardized procedure for handoffs, or sign-out, between the day teams and the night float resident at the University Neuropsychiatric Institute. In order to improve patient safety and meet accreditation requirements, second-year psychiatry residents designed two PDSA cycles to implement a standardized method of sign-out at UNI.

PDSA Cycle #1

Goal: Improve overnight UNI adult inpatient patient sign-out compliance from current level of <30% to 60% to improve patient safety and care.

**PLAN**

Measured initial rate of non-standardized UNI sign-out completion

- Mean rate 28%

At this point, there was no standardized method of sign-out at UNI. The "MD Handoff Anticipated Issues" Epic tab was chosen by team members as it was felt to be easy-to-use and was externally validated as the method of sign-out used on internal medicine services.

**DO**

Attendings and residents were educated face-to-face

- Stakeholders were provided with a handout showing how to find the "MD Handoff Anticipated Issues" tab and what to include:

  We would appreciate the following information:
  
  - Patient ID with one-liner
  - Anticipated issues
  - Pending labs/studies with follow-up

**STUDY**

Sampled sign-out completion mid-intervention and post-intervention:

- Mid-intervention mean = 42%, Post-intervention mean = 49%

  → Did not meet goal of 60%

**ACT**

- Significant improvement; however results were below goal
- Limited buy-in by stakeholders – inconvenient and time-consuming

  → PDSA cycle #2

PDSA Cycle #2

Goal: Improve overnight UNI adult inpatient sign-out compliance from current level of 20% to 60% to improve patient safety and care and to comply with Joint Commission and ACGME requirements.

**PLAN**

Measured rate of "MD Handoff Anticipated Issues" tab sign-out completion approximately 1 year after initial intervention

- Mean rate 20% (decreased 29% compared to end of PDSA cycle #1)

Assessed attitudes regarding the current sign-out process with survey

- Respondents felt Epic “sticky note” would be best location for sign-out and gave feedback about what should be included

**DO**

Attendings, residents, and PAs were educated via email

- Stakeholders were given instructions to find new “sticky note” location and access Epic smart phrase .unisignout:

**STUDY**

Measured subsequent rate of sign-out completion

- Mean rate 60% → Met goal of 60%

**ACT**

- Possible issues: Sign-outs often not updated throughout admission; no future system in place to ensure accountability
- Future exploration: How helpful is current process to night float resident? Are patient safety outcomes improving? PDSA #3?

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References