Handoff Communication

By Mark Parker, MD, VP, Quality and Safety

Handoff communication is at the fore of Maine Medical Center patient safety initiatives for FY19, signified by the Annual Implementation Plan target, "Select and implement standardized handoff communications (consistent with Joint Commission requirements) for inpatient transitions between shifts or between services." The decision to highlight handoff communication as an organizational priority sits at the nexus of suboptimal findings in our 2017 safety culture survey, observations of our ACGME Clinical Learning Environment Review (CLER) site visitors, new requirements of The Joint Commission, and increasing recognition in quality and safety circles of the potential to enhance patient safety through standardization of communications at care transitions.

MMC Handoff Communication Facts and Opportunities:

- ***37 percent** of staff responded favorably about safety of hospital handoffs and transitions (2017 AHRQ Culture of Safety Survey) – national benchmark: **44 percent***
- ***14 percent** of RL Solutions reports (January, 2017 - April, 2018) cite Handoff/Communication as a factor in an adverse event*
- ***67 percent** of housestaff report use of standardized change-of-shift processes (report of 2017 CLER visit)*
- ***40 percent** of training program directors report formally teaching "transitions of care" to new learners in orientation*

To support the effort to reach the AIP handoff communication goal, a steering committee composed of institutional leaders from Medical Executive Committee, quality and safety, nursing, advanced practice providers, rehabilitation medicine and medical education has convened. Process mapping and gap analysis will guide smaller workgroups in these areas to navigate academic recommendations for best practice and regulatory requirements with a goal of establishing and maintaining consistent standardized handoffs appropriate to each profession or discipline.

Culture of Good Care Transitions*

- *Leadership commitment to successful hand-offs and safety culture*
- *Standardized critical content – verbal and written: Standardized tools/methods – templates, mnemonics*
- *Hand-off done in areas free of interruptions*
- *Standardize hand-off training*
- *Use EHR and other technologies (e.g. apps/telehealth)*
- *Use Performance Improvement processes (e.g. Operational Excellence) to monitor hand-off communication success and drive improvement*
- *Sustain and spread best practices*

**Modified from Sentinel Event Alert of The Joint Commission, Issue 58, 9/12/17*

In advance of this work, nursing services have conducted a successful pilot of written and verbal handoff communication for patients transferring from the Emergency Department to R2 or P3CD. A written SBAR tool has been optimized in Epic and accompanying verbal reporting follows a similar format. KPIs in Operational Excellence were utilized to hardwire the workflows. Implementation and spread to other units is in progress.

Medical Education has conducted a survey of MMC GME programs to assess penetrance of standardized handoff communication and existing gaps for our learners in order to prioritize needs and improve performance. Next steps will include work in the GMEC to

outline minimum standards and discussions with training program directors and housestaff to develop strategies for optimizing handoff communication. The advance work in nursing and in medical education will help inform the broader effort to enhance safe transitions for patients at MMC.