Better handoffs. Safer care.

Just-in-time Module
Root Causes of Sentinel Events

![Bar chart showing root causes of sentinel events]


1
TeamSTEPPS™

Team Strategies and Tools to Enhance Performance and Patient Safety

- Evidence-based team training curriculum
- High performing teams
  - Must have effective leaders
  - Use structured communication strategies
  - Develop situational awareness
  - Provide mutual support
Building a Shared Mental Model

- Situation Monitoring (Individual Skill)
- Situation Awareness (Individual Outcome)
- Shared Mental Model (Team Outcome)
When Mental Models are Not Shared

- Example: When your child takes the bus home and you thought the plan was to pick him up at school

Photo courtesy of H. Michael Miley/Wikimedia Commons
Cross Monitoring

- ‘Watch each other’s back’
- Monitor actions of team members
- Help others maintain Situation Awareness
### Briefs and Debriefs

#### Briefs

**Beginning of shift**
- Team Members?
- Goals understood?
- Roles and responsibilities?
- Plan of Care?
- Staff Availability?
- Workload?
- Resources

#### Debriefs

**End of shift**
- Clear communication?
- Roles understood?
- Situation awareness?
- Work load ok?
- Assistance offered?
- Errors?
- Feedback?
Huddle

- Opportunity to express concerns
- Anticipate outcomes and talk about contingency plans
- Assign Resources
- Come to Consensus
Check-Back

Sender initiates message

COMMUNICATION

Sender verifies message was received

LOOP

CLOSED

Receiver accepts message, provides feedback confirmation
## Putting it all together

**Using TeamSTEPPS in Handoffs**

<table>
<thead>
<tr>
<th>Cross Monitoring</th>
<th>Night team recognizes medication error during handoff and informs the day team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief</td>
<td>Night team goes over action list and divides tasks and new admits and plans for time to regroup</td>
</tr>
<tr>
<td>Debrief</td>
<td>In the morning, the night team and day team discuss what went well with the handoff and items the night team would have liked to know</td>
</tr>
<tr>
<td>Huddle</td>
<td>A patient is unstable, the day and night team examines the patient together and discusses plans for the night with the nurse</td>
</tr>
<tr>
<td>Check-Back</td>
<td>The intern obtains new information to add to the handoff from the senior resident, this information is repeated by the intern to confirm communication</td>
</tr>
</tbody>
</table>
Essentials of Team Function

- **Barriers**
  - Organizational Culture
  - Communication
  - Environment
  - Work Compression

- **Tools & Strategies**
  - Brief
  - Huddle
  - Debrief
  - Cross Monitor
  - Advocate & Assert
  - Check Back
  - Feedback
  - Handoff

- **Outcomes**
  - Team Performance
  - Shared Mental Model

- **Patient Safety**
Communication and Teamwork come together in HANDOFFS!
Effective Handoffs

- Leader, assigned roles
- Unambiguous transfer of responsibility
- Protected time and space
- Standardized format
- Up-to-date, accurate, relevant information
- Awareness of participants’
  - Learning styles
  - Level of training
  - Knowledge of patients
  - Clinical experience
- Creation of a shared mental model through active participation of receiver
Effective Verbal Handoffs

- Face-to-face
- Structured format, beginning with high-level overview
- Appropriate pace
- Closed-loop communication → shared mental model
The Printed Handoff Document

- Supplements the verbal handoff
  - Allows receiver to follow along
  - Provides more comprehensive information
- Succinct, specific, accurate, up to date
- Senior/supervising resident should edit and ensure quality
  - Incorporate time for review and update into daily workflow
The I-PASS Mnemonic

I  Illness Severity
   Stable, “Watcher,” Unstable

P  Patient Summary
   Summary statement; events leading up to admission; hospital course; assessment; plan

A  Action List
   To do list; timeline and ownership

S  Situation Awareness & Contingency Planning
   Know what’s going on; plan for what might happen

S  Synthesis by Receiver
   Receiver summarizes what was heard, asks questions; restates key action/to do items
Watcher: *any* clinician’s “gut feeling” that a patient is at risk of deterioration or “close to the edge”
**P = Patient Summary**

- Describes succinctly:
  - Reason for admission (summary statement)
  - Events leading up to admission
  - Hospital course
  - Ongoing Assessment
  - Plan for hospitalization

- Is concise, utilizes semantic qualifiers, focuses on active issues
P = Patient Summary

It’s flexible, as long as it’s complete!
A = Action List

- To do list
- Includes specific elements:
  - Timeline
  - Level of priority
  - Clearly-assigned responsibility
  - Indication of completion
- Needs to be up-to-date
- If no action items anticipated, clearly specify “nothing to do”
S = Situation Awareness & Contingency Planning

**Team level**

- “Know what is going on around you”
  - Status of patients
  - Team members
  - Environment

**Patient level**

- “Know what’s going on with your patient”
  - Status of patient’s disease process
  - Team members’ role in this patient’s care
  - Environmental factors
  - Progress toward goals of hospitalization
S = Situation Awareness & Contingency Planning

**Effective Contingency Planning**

- Identify concerns
- Articulate what might go wrong
- Define the plan
  - List interventions that have/have not worked
  - Identify resources for assistance
- For stable patients: “I don’t anticipate anything will go wrong.”
$S = \text{Synthesis by Receiver}$

- Brief re-statement of essential information in a cogent summary
  - Demonstrates information is received and understood
- Opportunity for receiver to
  - Clarify elements of handoff
  - Have an active role in handoff process
Remember, *TeamSTEPPS*™ elements and effective handoffs go hand-in-hand
Handoff is a Team Sport!

The whole is greater than the sum of the parts

- Team handoff is the “gold standard”
  - Very few programs achieve this
- If team handoff is not possible, do a BRIEF!
  - Intern and Senior plan for the night
  - Agree on roles, identify holes
    - Illness severity should be verified for all patients
      - Unstable patients should be reviewed in detail and examined together
    - PGY1 should do another read-back and verify
Handoffs At Our Hospital
Are we meeting the gold standard?

- Where do we do handoffs?
  - Is this a quiet place with minimal interruptions?
- When do we do handoffs?
  - Is it at a scheduled time?
- Who is present for handoffs?
  - Do we need an intern/senior brief?
    - When/where?
**Patient Summary:**

18mo ex-24 week premature infant with h/o severe BPD, seizure disorder and FTT s/p G-tube, admitted for bronchiolitis.

Presented with 2 days of fever, one day of cough, and acute respiratory distress with severe subcostal retractions.

Hospital course:
Bronchiolitis had been improving but developed deep retractions and crackles this afternoon, CXR ordered

Developed fever today, cultures negative, not on antibiotics

On GT feeds

Continues on home seizure meds

**Issue Severity:**

- Bronchiolitis - has been having more distress today and is febrile, still think this is primarily viral bronchiolitis but may need to consider pneumonia if he continues to deteriorate

- FTT - on G-tube feeds at maintenance rate

- Seizures: stable, none since admission; continue home med

**Action List:**

- Assess baseline respiratory status after handoff and every few hours
- Follow up CXR
- Monitor ins and outs
- Monitor fever curve

**Situation Awareness and Contingency Planning:**

- If no improvement after racemic epi, call ICU eval
- If CXR suggestive of pneumonia or persistently febrile, discuss antibiotics with senior
- If continues on IVF, order electrolytes in the morning
- If seizure > 5 mins give ativan

**Synthesis by Receiver:**
Now You’re Ready for an I-PASS Handoff!
Editors

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