Standardizing ED-Hospitalist Handoffs

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Introduction

Ineffective ED handoff can lead to adverse events and near misses for inpatients during transitions of care.[1] It has been demonstrated that a standardized handoff process can lead to a reduction in errors and improvement in patient safety.[2,3.] We determined that variation exists throughout the Children's system in the content and quality of ED to hospitalist verbal handoffs and sought to improve this process.

Objective

- To implement a standardized handoff checklist between pediatric ED and admitting hospitalist clinicians
- Demonstrate improvement in handoff satisfaction among providers
- Demonstrate use of handoff tool in at least 85% of admission by 2019

Context

- 2-campus, 430-bed, tertiary children's hospital (~15,000 inpatient and 92,000 ED visits annually)
- 2 hospitalist teams
- ED handoffs occur between an ED provider (MD, NP, fellow, or resident) and an admitting hospitalist MD
- Project team: 4 hospitalists, 2 ED physicians, 4 resident physicians
- Team incentives: MOC part 4 credits, financial incentive

- **Introduction of provider**
- **Patient name**
- **Reason for admission**
- **Code status**
- **Interpreter needs**
- **Chief complaint**
- **Brief history**
- **Past medical history**
- **Home medications**
- **Initial vital signs**
- **Physical exam**
- **Interventions in ED**
- **Medications given in ED**
- **Respiratory support**
- **Changes in vital signs**
- **Labs/imaging**
- **Consults**
- **IV access**
- **Pending labs**
- **To-do items**

Figure 1. 20 component hand off check list

Interventions

Four plan-do-study-act (PDSA) cycles:

1. 20-item checklist implemented
2. Placard on ED computer
   - Educating staff at meetings and via e-mail
3. Revision of checklist placard (addition of primary clinic)
4. Electronic surveys to clinicians
5. Summary page with run chart posted in hospitalist workrooms

Outcomes/Measures

1. Checklist item adherence – 20 core elements
2. Provider satisfaction and awareness of checklist

Results

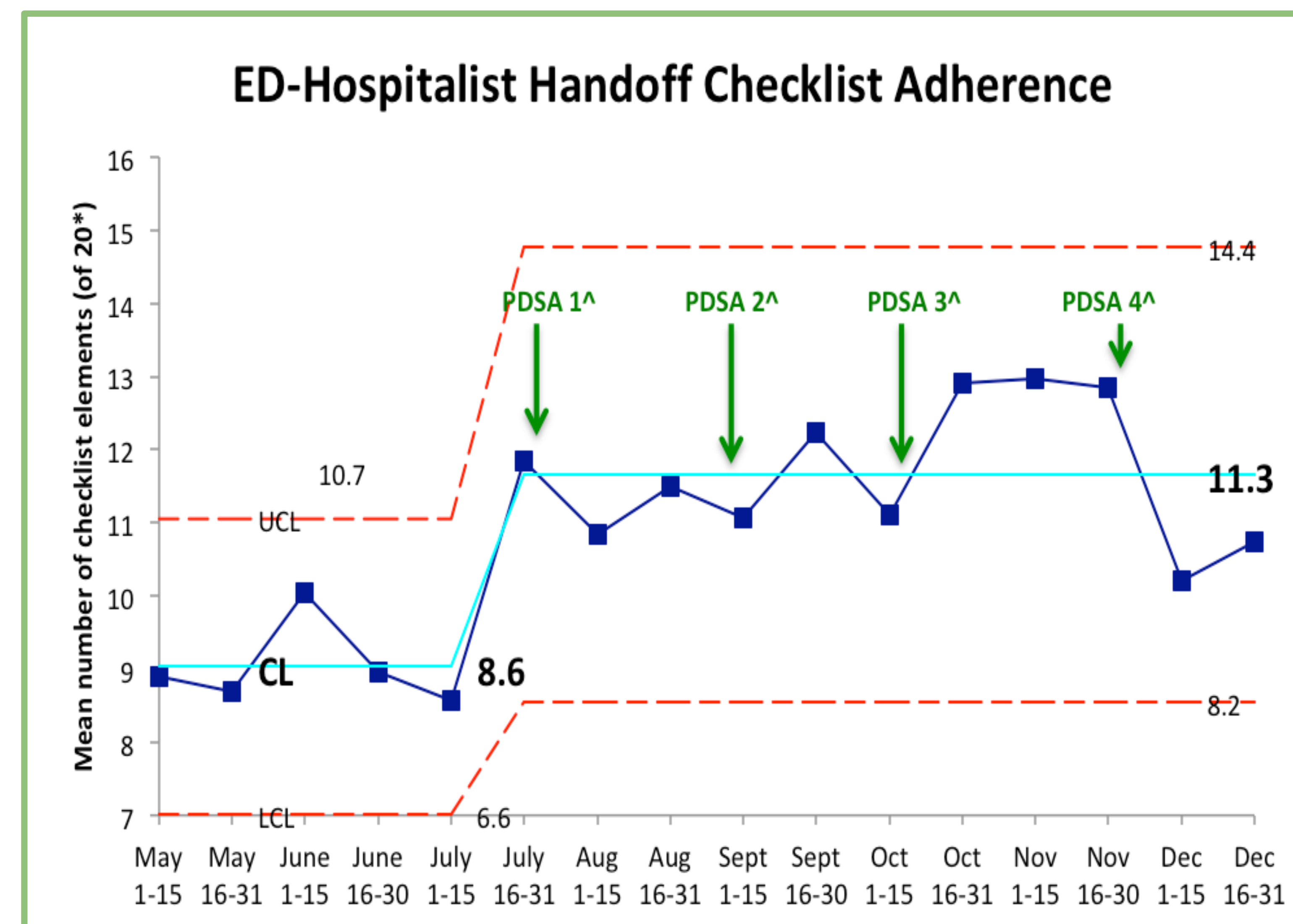

Figure 2. Checklist Adherence

- 382 handoffs assessed
- Pre-implementation: average of 8.6 checklist elements
- Post-implementation: adherence increased to an average of 11.3 checklist elements on (*Figure 2*)

- Survey response rate: 44% of hospitalists (28/64) and 44% of ED providers (31/71)
- Checklist Awareness:
  - 56% (14/25) of hospitalists
  - 63% (19/30) of ED providers
- Handoff Quality as "good" or "very good":
  - 96% (29/30) ED providers
  - 64% (16/25) of hospitalists

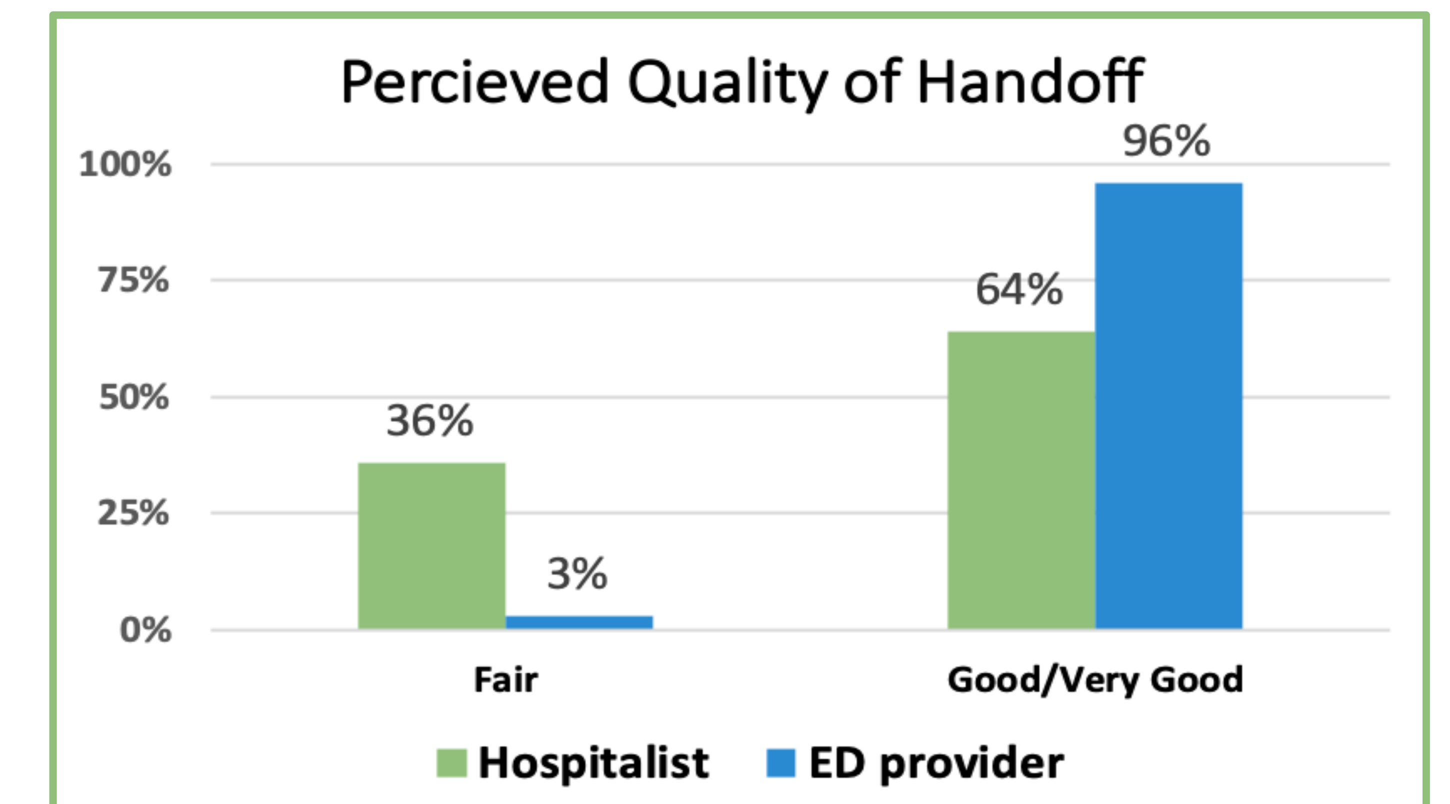

Figure 3. Perceived quality of handoff

Challenges

1. Differing perspectives and buy-in of ED providers vs. hospitalists
2. Low overall provider awareness
3. Limited trainee orientation to checklist

Conclusions/Next Steps

- Understanding and addressing differences in inter-departmental participation and motivation in the handoff process prior to undertaking similar projects
- Provide education on checklist/handoff process for ED residents prior to future PDSA cycles
- Improving hospitalist-PICU handoffs using a similar tool

References and Acknowledgements

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Special thanks to Dr. Christopher J. Smith for permission to modify his provider survey regarding handoffs from the 2015 Journal of Hospital Medicine article.