Handoff Tool Kit

Educational Tools

- Signout Pocket Card
- Video: Handoffs: A Typical Day on the Wards, available at [http://www.youtube.com/MergeLab](http://www.youtube.com/MergeLab)
- Checklists for Video Debriefing
  - Blank checklist for video
  - Filled in checklist for video

Intervention Tools

- Process Map Tutorial (used in Arora, Johnson, Jt Comm Jo Quality Saf, 2006)

Evaluation Tools

- Handoff CEX Tool for Real Time Observation of Handoffs & Feedback (Sender and Receiver Versions) [Developed in conjunction with Leora Horwitz, MD at Yale]
- Competency-Based Signout for End of Rotation Peer Evaluation (New Innovations Version)

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1. Prior to workshop
   a. Print copies of blank and filled in checklist for participants
   b. Test the video in the room you will be using including volume
      Computer with internet access:
      Teaching video is available at http://www.youtube.com/mergelab and click on the Handoff playlist
      Computer without internet access:
      Request a DVD to be sent to you – patienthandoffs@gmail.com

2. Have blank checklist available for participants before starting

3. Start slide show
   a. Explain that in order to improve handoffs its first important to understand how they can fail
   b. So the goal is for them to watch the video and document on the checklist what they see
   c. Observation is key – someone always finds something “new” in the video that we do not have on the filled in
      answer key– that is OK and just email us to let us know what they saw.

4. Start Video (either online or via DVD)

5. Start Debriefing
   a. Does this actually happen? Most people will nod yes – you can highlight that it does and its scary for
      nonmedical people who have seen this video to think that this actually could go wrong
   b. What barriers did they observe – this part you want to encourage their thoughts. You can use white
      board / flip chart and write the names of the 3 categories
   c. What went well in the scenario? Someone will usually pick up that the only thing that went well is that the
      doctor went to dinner – if they don’t say it, you can offer it.
   d. [OPTIONAL if time] Ask what could have done better to facilitate strategies if you have time
   e. Pass out filled in checklist

6. Finish slides – notes below
   The goal of the Handoff Theater is to highlight to participants that many things actually contribute to failure – like
   the Reason Swiss Cheese Model – its not just one thing that often leads to failure and its simple things that can
   lead to big mess ups – such as not having a functional printer.

   The video is based on findings from our research documented in these 2 papers:
   Specifically, the worst patient event that interns reported due to bad signout was a patient who was resuscitated
   despite wishes to the contrary due to failure to update code status in the signout. Lastly, its more than just
   communication, it’s the process that includes events prior to and after the signout. If the handoff is used as a
   learning opportunity, then the incoming physician has an easier time and is not as uncertain.

   References:
   • Farnan JM, Paro JA, Rodriguez RM, Reddy ST, Horwitz LI, Johnson JK, Arora VM. Hand-off Education and
     Feb;25(2):129-34. Available online at: http://tinyurl.com/y8qs53r
   • Arora VM, Johnson J, Lovinger D, Humphrey H, Meltzer D. Communication failures in patient signout and
     online at: http://qshc.bmj.com/content/14/6/401.full.pdf

Thank you for your interest in our work. Please email patienthandoffs@gmail.com with questions or feedback.
Role Play Exercise:
“Handoffs: A Typical Day on the Wards”

Please record cultural, communication, and environmental barriers that interfere with successful patient hand-off practices in patient care.

To view the handoff theatre, please visit our youtube channel at: http://www.youtube.com/user/MergeLab

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<th>Facilitators</th>
<th>Observations</th>
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<td>What went well in this scenario?</td>
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Vineet Arora, MD, MAPP, Jeanne Farnan, MD, MHPE, Julie Johnson, PhD

For more information, please email us at: patienthandoffs@gmail.com
## Role Play Exercise:
“Handoffs: A Typical Day on the Wards”

*Please record cultural, communication, and environmental barriers that interfere with successful patient hand-off practices in patient care.*

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| **Cultural** (e.g., not prioritizing handoffs, following proper procedures, unprofessional behavior, etc.) | • delaying sign-out as a final activity, competing interest of leaving the hospital  
• competing interest taking priority  
• receiver is not placing a priority on the hand-off; hand-off is interrupting patient care activities,  
• sender is not placing a priority on hand-off such that verbal exchange does not take place which could be an opportunity to bring up the family meeting; uses general jargon “nothing serious”  
• nurse is reluctant but afraid to aggressively advocate due to hierarchy  
• lack of professional responsibility because not really “my patient”  
• no defined process for handing back off…an assumption that nothing happened  
• myth that multi-tasking is acceptable/necessary  
• no timely review from MD  
• no value on shared situation awareness |
| **Communication** (e.g., vague terms, incomplete information, lack of verification, etc.) | • no clear identification of providers “you are the third person I have called”  
• use of very general jargon “doesn’t look so good” with no specific recommendation  
• no further probing; shotgun approach to ordering with no dialogue on symptoms or work-up  
• nursing shift change not adequate  
• assumption that she was fine today based on her written sign-out; unfamiliarity with patient leads to ICU transfer with intubation  
• no read back  
• nurse and night MD lacked background information on patient  
• nurse was not informative: did not give priority and did not give recommendation |
| **Environmental** (e.g., distractions and obstacles interfering with completing proper hand-off procedure) | • printer malfunction  
• workaround of using yesterday’s sign-out, error made in haste  
• no designated time/place  
• occurred in front of another patient  
• other interruptions during hand-off. (pages, placing central line)  
• pressure to hurry/punitive environment |
| **Other** | • family requests discounted as they were difficult |
Process Mapping Tutorial

Steps for creating a process map:
1. Define the boundaries of the process. "This process begins with _______ and ends with _______."
2. The first boundary becomes the first step of your process.
3. The last boundary is the last step of your process.
4. List all the major steps that occur between.

Some Reasons To Create a Process Map:
√ Describe and document the process
√ Generate with improvement ideas
√ Determine best method
√ Train others

Some Hints:
√ Diagram the actual process -- not what the process "should" be
√ If you use "sticky notes" you can easily rearrange and add steps until you have a final draft

A key to the shapes used in flowcharts:
Ovals are beginnings and endings

Boxes are steps or activities

Diamonds are questions or decision points

Arrows show sequence and chronology

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Guide for use of Paper Tear Exercise to Highlight Effective Communication Strategies During Handoffs

1. Prior to exercise, you will need to distribute pieces of colored paper (at least enough for 2 per person) Note: white paper is also OK, but a little less engaging. Do not use cardstock or “thick paper”

2. Photocopy instructions for paper tear exercise but do not handout yet

Start slides on Handoffs as Communication

3. Psychology of miscommunication–people often miscommunicate with those they know best
   a. How many of you communicate on a fairly regular basis with a friend, family member or loved one? (Nearly everyone’s hands should go up – you may want to worry about those that actually don’t raise their hand to this question)
   b. How many of you have miscommunicated with that person in the last month (most of the hands should say up)
   c. Same is true in handoffs – pediatric study was under optimal conditions – a supervised handoff at a set time with a dedicated room – but interns overestimated how well they communicated

4. Face to face communication is best but mostly we use ‘paper’ everyday
   a. Read quote- Alistair Cockburn is a software engineer who models communication
   b. There are 2 places in which face to face communication in front of a ‘whiteboard’ often occur in healthcare handoffs. Does anyone know where they are?
   c. Answer – ER and L&D- very complex handoffs, multidisciplinary, high intensity work that also has routine shifts so handoffs are more ritualized

5. Handoffs in other industries
   a. Emily Patterson is a human factors researcher who studies handoffs in other industries
   b. Even though healthcare is different from some of these types of ‘routine’ work, it’s important to know that their handoffs were better
   c. Several strategies emerged – standardization, updating, limiting interruptions, use of structure like a Readback
   d. How many of you have participated in a readback? (Usually only a few hands go up)

6. Next slide, well actually if you go through your neighborhood drive through or order takeout food for delivery, you’ll notice that the restaurant staff read back your order? Why do they do that?
   a. Because they don’t want to get it wrong since you may not go back there. There is a business case for read-back.
   b. Readbacks in healthcare are also cost-effective. In a study of requested read-back of 822 lab results, 29 errors were detected & corrected. Errors were serious– 1/3 were incorrect name of patient.
   c. However, in 14% of cases, the recipient refused to repeat the message! So culture is important – and mandating something if no one will adhere won’t work

7. Health IT – some people say “Electronic health records” will fix everything. They are wrong. While there have been a few studies of computerized signout showing positive outcomes (Peterson – prescription drug errors, Van Eaton - # patients missed on rounds), IT solutions cannot substitute for a successful communication act. They could supplement it however.

8. Read dramatic example.

Core References


Thank you for your interest in our work. Please email patienthandoffs@gmail.com with questions or feedback.
Paper Tear Walk Through
1. In medical education, we often think of ourselves as excellent communicators
2. Now you will put my skills to the test.
3. Our goal…. is to produce identical sheets of paper.
4. But, here are the rules – #1 there is no talking. #2 - your eyes need to be closed.
5. Before we start, everyone take your piece of paper and hold it up.
6. Remember no talking and everyone’s eyes are closed.
7. At this point start reading the direction on the Paper Tear exercise
8. At the end of directions, ask them to open their eyes and hold up their paper (paper will look different)
9. “What’s wrong with all of you? I’m an excellent communicator” or “Thank god we weren’t taking care of patients”
10. Debrief – okay what could have made this scenario go better?
11. Answers – talking, ask questions, read-back, opening eyes, more precise language “fold holding lengthwise”, check for understanding, etc.
12. [OPTIONAL] Pass out the directions to one person per group (6-10) who will be the designated communicator; repeat exercise until 1 group “WINS” and produces identical paper the fastest

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Paper Tear
Table Exercise With Small Groups, Following Large Group Exercise

Choose one person to be the Communicator; and the other people at the table will be the Listeners

Instructions:
Step 1: Don’t start the exercise until everyone has a sheet of paper in their hands.

Step 2: Remind the listeners of the rules:
- There is no talking.
- Listeners must close their eyes and do exactly what the Communicator says to do.
- State that the goal is for everyone to produce identical patterns with their pieces of paper.

Step 3: The Communicator reads the following instructions, slowly and distinctly:
- Fold your paper in half and tear off the bottom right corner of the paper. (Pause and allow the group to try this.)
- Fold the paper in half again and tear off the upper right hand corner. (Pause)
- Fold the paper in half again and tear off the lower left hand corner. (Pause)
- Open your eyes, unfold your paper and hold it out for everyone to see.

Switch roles, i.e., someone else takes the role of the Communicator and the Communicator becomes a Listener.

Step 1: Don’t start the exercise until everyone has a sheet of paper in their hands.

Step 2: Remind the listeners of the rules:
- This time, Listeners are allowed to talk.
- Participants must close their eyes and do exactly what the communicator says to do.

Step 3: The Communicator reads the following instructions, slowly and distinctly:
- Fold your paper in half and tear off the bottom right corner of the paper. (Pause and allow the group to try this.)
- Fold the paper in half again and tear off the upper right hand corner. (Pause)
- Fold the paper in half again and tear off the lower left hand corner. (Pause)
- Open your eyes, unfold your paper and hold it out for everyone to see.
1. Setting
- Interruptions
  - no interruptions
  - minimal/no noise
- Noisy, chaotic
- Minimal/noise

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2. Communication Skills
- Disorganized
  - organized
- Vague language
  - concrete language
- Omitted or irrelevant information
  - essential information included
- Understanding not confirmed
  - understanding confirmed
- To do's lack plan, rationale
  - to do's have plan, rationale
- No recognition of sick patients
  - sick patients identified

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3. Professionalism
- Hurried, inattentive
  - focused on tasks
- Inappropriate comments
  - appropriate comments
- (re: patients, family, staff)

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4. Overall Sign-Out Quality
- Unsatisfactory
  - Satisfactory
  - Superior

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**Comments:**
Please evaluate resident's performance on delivering and receiving sign-outs.

**PATIENT CARE**

**Evaluate cointern performance when delivering sign out:**

**Written sign-out**

*Low Unsatisfactory* (1) Incomplete written content; ‘to do's' omitted or requested with no rationale or plan, or with inadequate preparation (i.e. request to transfuse but consent not obtained)

*High Superior* (9) Content is complete with ‘to do's' accompanied by clear plan of action and rationale

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**INTERPERSONAL AND COMMUNICATION SKILLS**

**Listening behavior when receiving sign-outs**

*Low Unsatisfactory* (1) Absence of eye contact, inattentive, unfocused and/or performing other tasks during sign out

*High Superior* (9) Focused, attentive, maintains eye contact, interactive

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**Communication Skills**

*Low Unsatisfactory* (1) No questions, no acknowledgement of to do tasks, transfer of information face to face not a priority

*High Superior* (9) Appropriate use of questions, acknowledgement and read-back of to do a priority tasks, face to face communication a priority

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**PROFESSIONALISM**

**Acknowledgement of professional responsibility**

*Low Unsatisfactory* (1) No clear acceptance of transfer of accountability for patient

*High Superior* (9) Clear acceptance/acknowledgement of accountability for patient

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**Overall / Summary**

OVERALL CLINICAL COMPETETENCE SIGN-OUT PRACTICE

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Please enter overall comments. (Please type a minimum of 25 characters.)

Comments

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