Improving Handoffs by Incorporating a Standardized IPASS Section Into the Written Handoff Document

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Improving handoffs by incorporating a standardized IPASS section into the written handoff document

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Background

• Communication errors are implicated in as many as two-thirds of sentinel events
• Communication errors that occur during handoff between shifts inherently carry a high risk of causing patient harm
• Standardizing handoffs has been shown to improve the safety of handoffs
• Our institution joined a multi-center group to study the effectiveness of handoffs using a standardized mnemonic, “IPASS”
• To improve compliance with IPASS, we updated the system-generated patient report (Rounds Report) to include a dedicated section for IPASS.

What is IPASS?

• Standardized handoff process
• Illness severity: stable, unstable, or “watcher”
• Patient summary: brief summary of past medical history and reason for admission
• Action items: tasks the oncoming shift needs to address
• Situational awareness: series of “if, then” scenarios for contingency planning
• Synthesis by receiver: reminder for receiver to briefly summarize so giver can verify accuracy

Methods

Goal: provide visual reminder and organized section dedicated to handoff utilizing the IPASS process.

Developed focus group of senior residents to provide feedback about original Rounds Report

Performed PDSA cycle involving residents using the original and proposed formats to provide an end-of-shift handoff

Collected feedback about compliance with IPASS, resident satisfaction, and ease of use

Implemented new formatting, which is automatically applied to all new Rounds Reports generated.

Results

• Reformatted rounds report includes all the same content as the original one, but rearranges the handoff parts to be more intuitive and organized
• Some departments did not like the length of the new document, so there is an additional option not to print some elements of the report
• Improved compliance with IPASS process—both written and spoken components—as tracked by attending physician observers of handoffs
• Improved resident physician satisfaction with handoff process

Conclusions

• Automatically generating a written summary of patient information organized into sections dedicated for handoff and sections dedicated for daily work is an intuitive way to improve communication during handoffs
• Reformatting Rounds Report led to improved compliance with the standardized IPASS mnemonic and improved resident physician satisfaction with the handoff experience