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Improving Handoffs By Incorporating A Standardized IPASS Section Into The Written Handoff Document

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Into The Written Handoff Document**

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Describe role of Submitting/Presenting Trainee in this project: Helped organize and analyze data, and in abstract/poster composition

Problem Statement/Question: Will incorporating IPASS into written handoffs improve resident compliance with the use of IPASS?

Background/Project Intent (Aim Statement): Communication errors are implicated in as many as two-thirds of sentinel events in hospitals. Communication errors occurring during handoff between shifts carry a high risk of causing patient harm. Standardizing handoff has been shown to improve their safety. Our institution joined a multi-center group to study the effectiveness of handoffs using a standardized mnemonic, "IPASS," which stands for Illness severity, Patient summary, Action items, Situational awareness, and Synthesis by receiver. To improve compliance with the IPASS handoff tool, we updated the system-generated patient information report, or "Rounds Report," to include a dedicated section for IPASS handoff. We assessed compliance with IPASS before and after updating the formatting of Rounds Report, and found both improved compliance and resident physician satisfaction about IPASS handoffs after implementing the updated formatting.

Methods (include PDSA cycles): The primary method of this intervention was reformatting the Rounds Report to include a dedicated IPASS section for handoff. Feedback from senior residents about the current format was obtained. Subsequently, we created mockups of the proposed new formatting and performed a PDSA cycle involving resident physicians using the current and proposed Rounds Reports to provide an end-of-shift handoff about an inpatient to another resident. Once we agreed on new formatting, we met with attending physicians and medical informatics professionals with our EHR (PowerChart, Cerner) to automatically apply the new format to all Rounds Reports generated. Compliance with IPASS items was tracked by attending physicians and discharge coordinators observing end-of-shift handoffs.

Results: Including a dedicated IPASS section at the top of the Rounds Report has led to improved compliance with the IPASS handoff tool and improved resident physician satisfaction with the handoff process. After introduction of the reformatted Rounds Report, compliance with each of the IPASS elements improved. However, it is also possible that these results are limited or confounded by resident physicians necessarily gaining more experience and routine with using IPASS as they gained experience during residency. Resident physicians reported improved satisfaction with the handoff process because the handoff tool was easier to use with the reformatted Rounds Report.

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 end-of-shift handoffs. In addition to improving compliance with the standardized handoff mnemonic IPASS to improve patient safety, the reformatted Rounds Report also improved resident physician satisfaction with the handoff process. In summary, reformatting the Rounds Report is an elegant solution to both improve potentially high-risk communication and also improve the handoff experience.