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Using a Standardized Admission Handoff (I-PASS) to Improve Communication Between Pediatric Urgent Care and Inpatient Providers

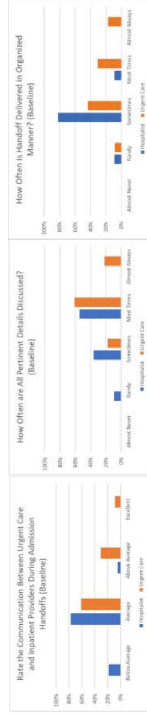
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Children's Mercy Kansas City



Background

Ineffective hand-off communication is recognized as a critical patient safety problem in health care. An estimated 80% of serious medical errors involve miscommunication between caregivers during the transfer of patients. Standardized handoffs associated with significant decrease in medical errors. A pre-interventions survey of pediatric urgent care providers and pediatric hospitalists demonstrated an opportunity for improvement of communication during admission handoffs.



All providers at Children's Mercy Urgent Care will use complete I-PASS (all 5 components verbalized) during verbal admission handoffs to general pediatric (med/surg) teams at least 75% of the time by May 31, 2019.

Methods

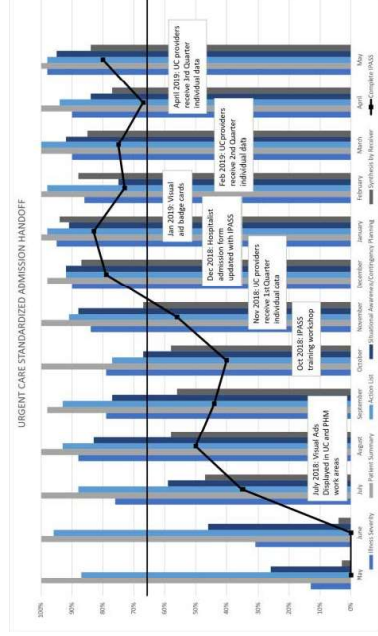
In July 2018, a team of PUC and pediatric hospital medicine (PHM) physicians launched a customized I-PASS handoff tool to highlight essential elements during admission handoff. Multiple PDSA were completed. Scoring of handoffs was done by individual reviewers who listened to recordings of the phone call and entered the results into a REDCap database. A handoff was considered to have a component if the provider mentioned at least one element from the "Description". In order to provide feedback to UC providers, scoring was not blinded.

Intervention Period: July 1, 2018 – May 31, 2019

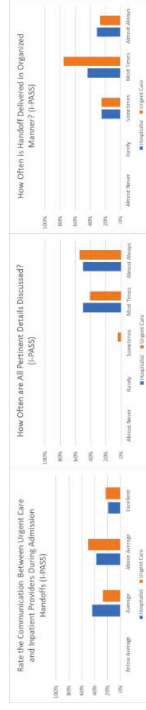
Inclusion Criteria: All admits by all core providers from Children's Mercy Urgent Care to general pediatric teams at Children's Mercy

Exclusion: Admissions from moonlighters or to subspecialty or critical care teams

Results



- This was a new process for admission handoffs. Our baseline was 0%.
- In May 2019, providers completed I-PASS in 80% of admission handoffs to general inpatient teams.
- Duration of handoff at baseline was 4 minutes and remained 4 minutes during the intervention period.
- Complete I-PASS improved significantly after urgent care providers completed I-PASS training.
- Synthesis by Receiver improved after hospitalists updated their admission handoff form.
- Perception of communication during admission handoffs improved from baseline.



Conclusions

Standardized handoffs improve communication without impeding provider workflow. We learned that subjective terms for illness severity ("stable", "watcher" and "unstable") did not translate well from urgent care to inpatient. We are planning on implementing an objective standardized tool (PEWS) to improve the communication of illness severity. We have also updated the I-PASS visual aid based on feedback. We plan to use more communication workshops to focus on individual components of I-PASS, specifically to improve the quality of Patient Summary.

Verbal Memorandum	Description
Illness Severity	Identify as stable, "watcher" or unstable Kansas vs. Adèle Hall (consider risk of decompensating and need for subspecialties)
Patient Summary	Summary statement Events leading up to UC arrival UC course including Meds given Ongoing assessment Plan
Action List	To do list Timeline and ownership Type of Transport Pending labs/rad
Situation Awareness/Contingency Planning	Plan for what might happen When to provide update and what could change admitting destination (Kansas v. Adèle Hall)
Synthesis by Receiver	Ensures receiver summarizes what was heard, asks questions and restates key action/to do items