

Case 11

Hand-offs are incomplete and sometimes wrong

Your hospital has adopted I-PASS as a structure for patient handovers. It is September, and Tiffany, a PGY1 resident, is on her first block of night shifts. Her role includes being first call to inpatient issues that occur overnight, as well as do admissions. It is her mandate to update patient lists and verbally handover night issues to the day teams, of which you are the preceptor of one of them.

Tiffany seems to be a pleasant, keen resident, who has a solid foundation of pediatric knowledge. She delivers her handovers in a confident matter. However, you start to realize that the handover sheets are not being updated with essential information with regards to newly admitted patients. Nor are overnight issues relayed such that when you review the patient with the nurses, or at bedside rounds, you feel you can rely on their accuracy. You feel there is significant risk for ongoing medical error, especially after you were told a patient with gastroenteritis was made NPO for worsening symptoms overnight, but that a stool-replacement iv order was missing, as was the order for follow-up labs, even though she handed over that these were the issues and plans.

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Feedback Script

Case 11 – Handoffs are incomplete and wrong

<p>Step 1: Action Identify the Trigger Behavior</p> <ul style="list-style-type: none"> • <i>Describe specific examples</i> 	<p>Tiffany missed handing over a patient issue, which could have had adverse medical consequences. Tiffany has not been consistently updating the handover sheets as per protocol. Tiffany confidently relays information about overnight patient issues without verifying that orders corroborate the verbal handover.</p>
<p>Step 2: Subcompetency Identify Milestone-based correlation</p> <ul style="list-style-type: none"> • <i>Correlate behavior to milestone/EPA anchor</i> 	<p>PC3 Level 1 : “Demonstrates variability in transfer of information (content, accuracy, efficiency and synthesis) from one patient to the next; makes frequent errors of omission and commission</p> <p>CanMEDS COL 3.2 Level: Entry to Residency & Transition to Discipline “Demonstrate safe handover of care... “ “Describe specific information required for safe handover during transitions in care”</p>
<p>Step 3: Evidence Target High Yield Feedback Points</p> <ul style="list-style-type: none"> • <i>Real issue behind behavior</i> • <i>Identify impact of behaviors</i> 	<ul style="list-style-type: none"> • Does not recognize need to verify follow-through with plans. • Risk of adverse medical outcomes • Day team has additional burden of revising handover list to accurately reflect updated issues and plans
<p>Step 4: Script Create Brief Script</p> <ul style="list-style-type: none"> • <i>No more than 3-4 sentences</i> • <i>Neutral language</i> • <i>Focus on behaviors and actions</i> 	<p>Tiffany, you clearly demonstrate a solid foundation of pediatric knowledge when you handover patients in the morning. Unfortunately, what you have relayed verbally, doesn’t accurately reflect what was done for your patients. While you may feel you have communicated the necessary and accurate information, we are ultimately responsible for whether that information makes it to the patient. These issues can create a safety issue for our patients even if that is not our intent. There is a specific case that I want to bring to your attention, to underscore this impression. I also have noted that the handover sheets are not being consistently updated with new issues and change in plans that have occurred overnight. This has resulted in members of the day team having to spend extra time ensuring that the handover list for nights is updated and accurate.</p>

<p>Step 5: Strategy Describe Possible Plan for Improvement</p> <ul style="list-style-type: none">• <i>Create 1-2 specific methods for improvement</i>	<p>Try to take the time, when you finish your charting on a patient issue to immediately update the handover list thereafter. If you are called away, develop a system of listing “to-dos” that you can quickly update, so that when you have time later, you can come back to it to ensure completed. If you can prompt yourself to review the orders at the same time you are updating the lists, it can serve as a double-check that all written and verbal communication align.</p>
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