Handoffs & Transitions of Care

March 8, 2018

The Quality Center
Patient Safety Organization

Patient Safety
Listed PSO
Organization

Our Presenters

- Amy Starmer, MD, MPH
  - Boston Children's Hospital
- Nan Henderson, DNP
  - St. Jude Children's Research Hospital
- Maggie Halladay, BSN, CCRN, SRNA
  - Duke University Nurse Anesthesia Program
- Katie Steider, MPH, CPH
  - Division of Public Health, Communicable Disease Branch, North Carolina Department of Health and Human Services

Today's Agenda

- IPASS Handoff
- Anesthesia (OR to PACU)
- Interfacility Handoff

Polling Question 1

Does your organization promote a standardized handoff tool?

1. Yes
2. No
3. Don't Know

Polling Question 2

Which type of handoff would you like discussed at our upcoming Safe Tables in March?

1. ED to inpatient
2. OR to post-anesthesia
3. Acute care to outside facility
4. Shift to shift
5. Inpatient to ancillary unit

Adapting the I-PASS Handoff Program Across a Variety of Clinical Settings

Amy J. Starmer, MD, MPH

Nan Henderson, DNP

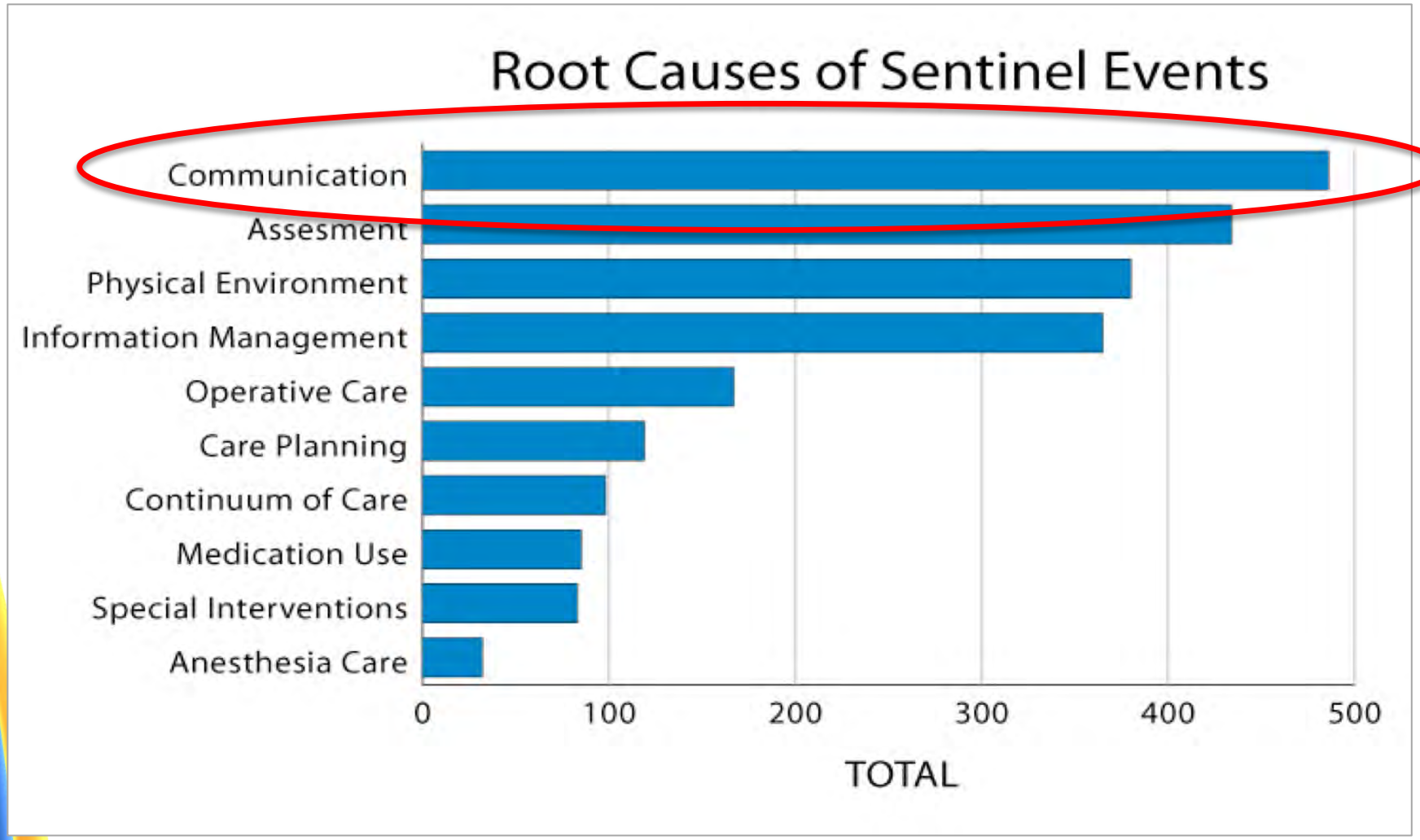
Disclosures

- Dr. Starmer has
  - Received grant funding from the US Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ), and Patient Centered Outcomes Research Institute.
  - Received consulting fees for helping various institutions implement I-PASS.
  - Co-founded, serves as a board member, holds equity interest, and serves as a consultant for the I-PASS Institute, a company which aims to assist institutions in the implementation of the I-PASS Handoff Program.
  - Documented that this presentation will not involve discussion of unapproved or off-label, experimental or investigational use.
- St. Jude Children's Hospital is a client of the I-PASS Institute
- We will
  - Present copyrighted materials and has obtained permission from Boston Children's Hospital and the I-PASS Study Group.

Objectives

- Review the development and implementation of the I-PASS Handoff Program for end of shift handoffs and its associated impact on medical errors and patient safety
- Describe representative examples where the I-PASS framework has been successfully adapted for other provider and handoff types
  - Focus on Nursing I-PASS adaptation

Communication Failures



Joint Commission. (2011). Sentinel Event Statistics Data - Root Causes by Event Type (2004 - Third Quarter 2011)

IIPE-PRIS Accelerating Safe Sign-outs

- Multisite study at 9 Children's Hospitals
- Implemented I-PASS handoff bundle for resident physician change of shift handoffs
- Supported by
  - Initiative for Innovation in Pediatric Education (IIPE)
  - Pediatric Research in Inpatient Settings (PRIS)
- Funded by $3 million grant from U.S. Dept of Health and Human Services September 2010

Intervention:
I-PASS Handoff Bundle Components

Standardized Structure for Communication: The I-PASS Mnemonic

I	Illness Severity	• Stable, "watcher," unstable
P	Patient Summary	• Summary statement • Events leading up to admission • Hospital course • Ongoing assessment • Plan
A	Action List	• To do list • Timeline and ownership
S	Situation Awareness and Contingency Planning	• Know what's going on • Plan for what might happen
S	Synthesis by Receiver	• Receiver summarizes what was heard • Asks questions • Restates key action/to do items

Starmer. Pediatrics. 2012 Feb;129(2):201-4.

Results: I-PASS Study Findings

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

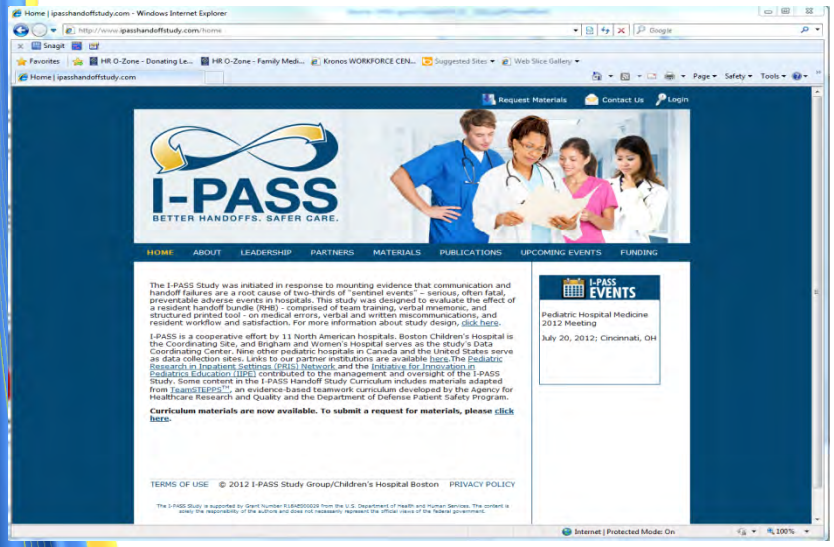
Changes in Medical Errors after Implementation of a Handoff Program

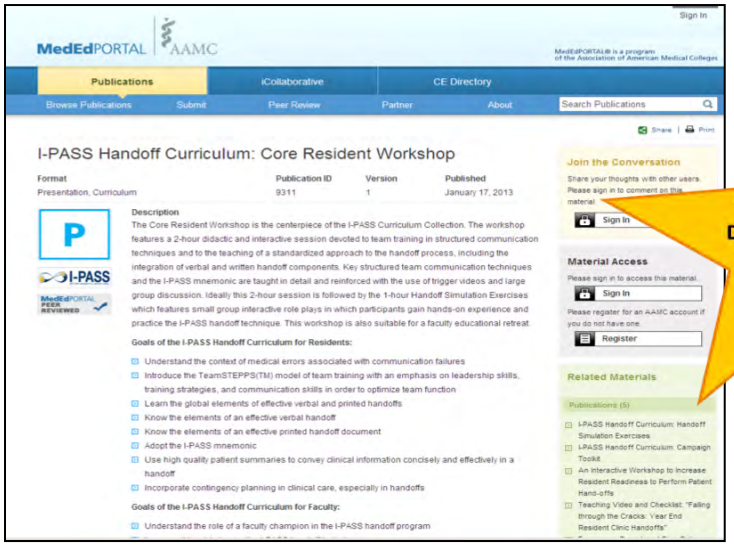
A.J. Starmer, N.D. Spector, R. Srivastava, D.C. West, G. Rosenbluth, A.D. Allen, E.L. Noble, L.L. Tse, A.K. Dalal, C.A. Keohane, S.R. Lipsitz, J.M. Rothschild, M.F. Wien, C.S. Yoon, K.R. Zigmont, K.M. Wilson, J.K. O'Toole, L.G. Solan, M. Aylor, Z. Bismilla, M. Coffey, S. Mahant, R.L. Blankenburg, L.A. Destino, J.L. E[illegible]

"In 10,740 patient admissions, the medical-error rate decreased by 23% from the preintervention period to the postintervention period (24.5 vs. 18.8 per 100 admissions, P<0.001), and the rate of preventable adverse events decreased by 30% (4.7 vs. 3.3 events per 100 admissions, P<0.001). …Across sites, significant increases were observed in the inclusion of all prespecified key elements in written documents and oral communication during handoff ... There were no significant changes from the preintervention period to the postintervention period in the duration of oral handoffs (2.4 and 2.5 minutes per patient, respectively; P = 0.55) or in resident workflow, including patient–family contact and computer time."

Disseminating and Adapting I-PASS: Ongoing Work and Future Directions

I-PASS Website and MedEdPORTAL





1 of Top 10 Downloaded Resources

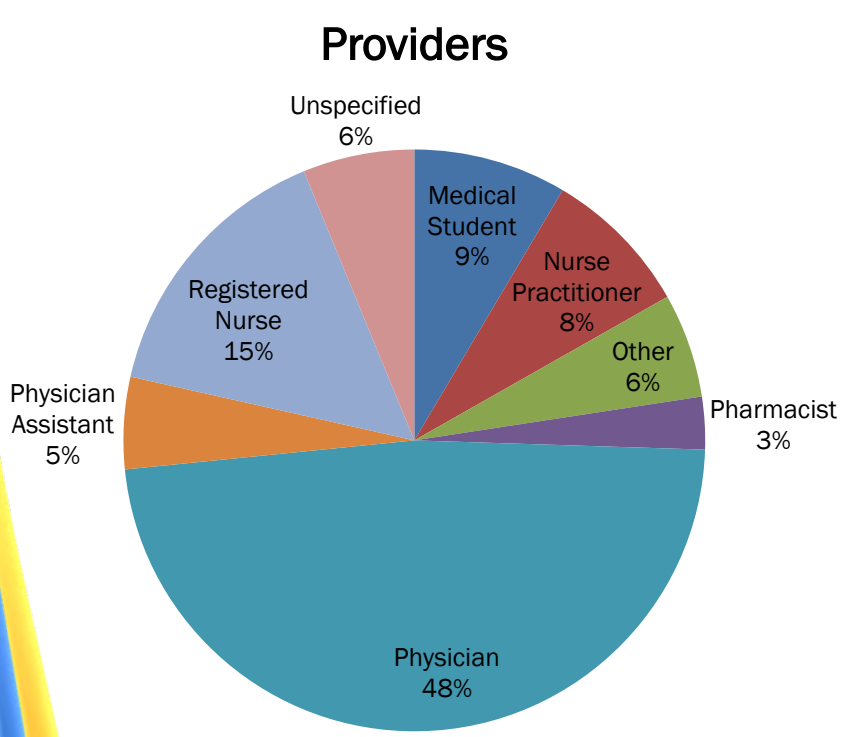
www.ipasshandoffstudy.com

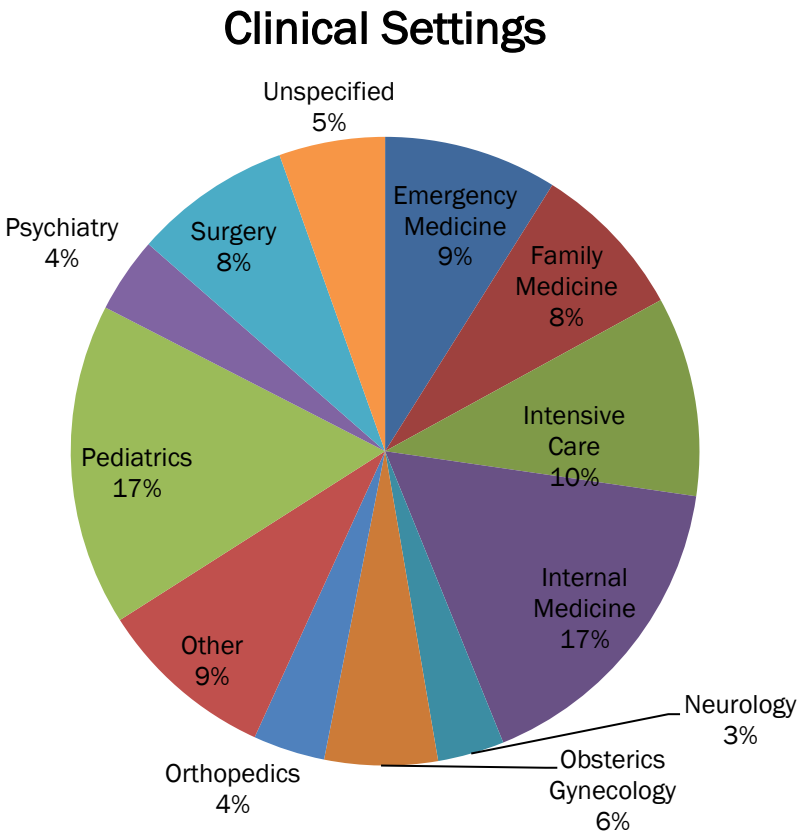
I-PASS Curricular Downloads

3,496 US Curricular Downloads

864 International Downloads

I-PASS Curricular Downloads By Provider Type And Clinical Setting





I-PASS
BETTER HANDOFFS. SAFER CARE.

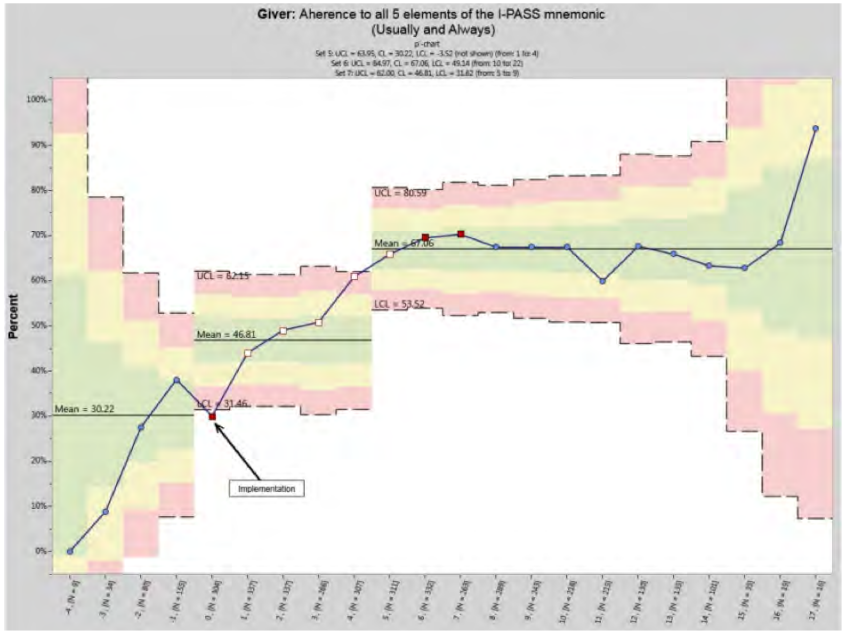
Adapting For Other Providers

I-PASS Mentored Implementation

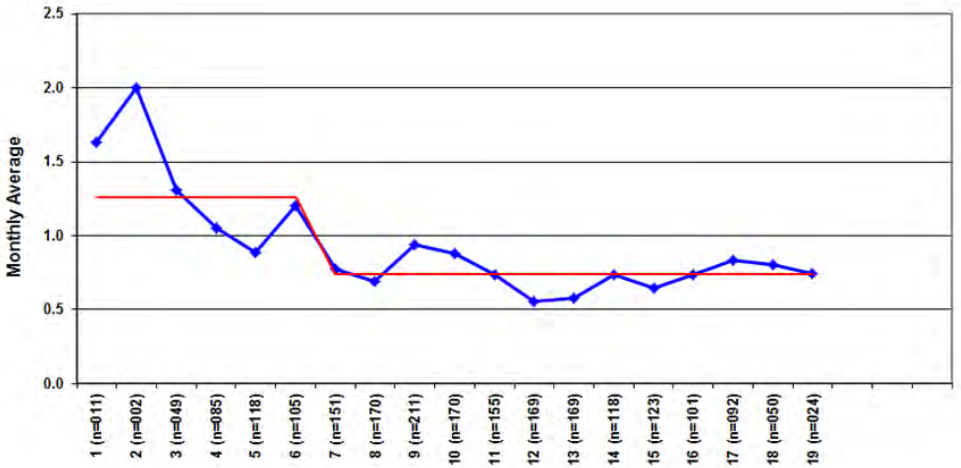
- I-PASS Study Group partnered with the Society for Hospital Medicine: Mentored Implementation approach
- Selection of 32 institutions across North America
- Adaptation of all curricular materials
  - Materials for adult providers
  - Implementation guide specifying key milestones
  - Focus on more independent and flexible learning (e.g. “flipped classroom” approach)
- Mentorship team and QI collaborative

Mentored Implementation Results

Adherence to All 5 I-PASS Mnemonic Elements (% Usually or Always)

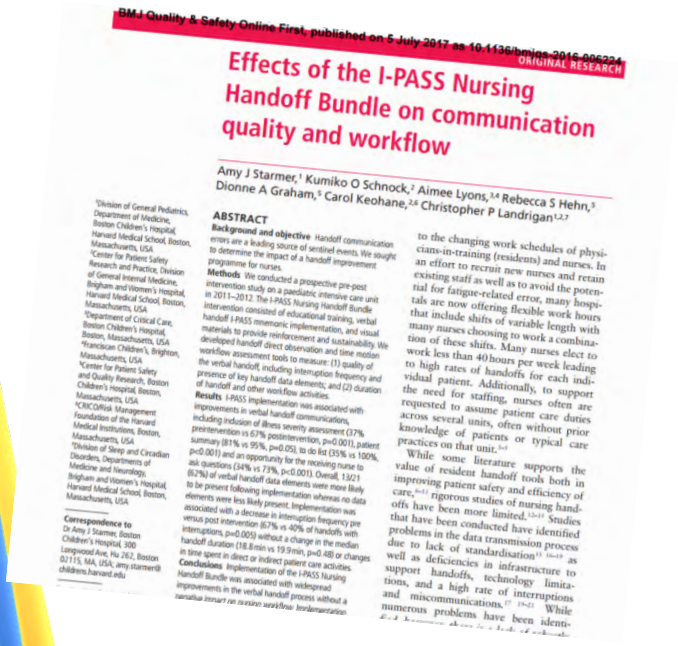


Handoff-Related Adverse Event Rate (Mean Patients per Rotation Experiencing Any Harm)



Adapting For Other Providers

Nurses



BMJ Quality & Safety Online First, published on 5 July 2017 as 10.1136/bmjqs-2016-006224

ORIGINAL RESEARCH

Effects of the I-PASS Nursing Handoff Bundle on communication quality and workflow

Amy J Starmer,[1] Kumiko O Schnock,[2] Aimee Lyons,[3,4] Rebecca S Hehn,[5] Dionne A Graham,[5] Carol Keohane,[2,6] Christopher P Landrigan[1,2,7]

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ABSTRACT

Background and objective Handoff communication errors are a leading source of sentinel events. We sought to determine the impact of a handoff improvement programme for nurses.

Methods We conducted a prospective pre-post intervention study on a paediatric intensive care unit in 2011–2012. The I-PASS Nursing Handoff Bundle intervention consisted of educational training, verbal handoff I-PASS mnemonic implementation, and visual materials to provide reinforcement and sustainability. We developed handoff direct observation and time motion workflow assessment tools to measure: (1) quality of the verbal handoff, including interruption frequency and presence of key handoff data elements; and (2) duration of handoff and other workflow activities.

Results I-PASS implementation was associated with improvements in verbal handoff communications, including inclusion of illness severity assessment (37% preintervention vs 67% postintervention, p=0.0011, patient summary (81% vs 95%, p=0.05), to do list (35% vs 100%, p<0.001) and an opportunity for the receiving nurse to ask questions (34% vs 73%, p<0.001). Overall, 13/21 (62%) of verbal handoff data elements were more likely to be present following implementation whereas no data elements were less likely present. Implementation was associated with a decrease in interruption frequency pre versus post intervention (67% vs 40% of handoffs with interruptions, p=0.005) without a change in the median handoff duration (18.8 min vs 19.9 min, p=0.48) or changes in time spent in direct or indirect patient care activities.

Conclusions Implementation of the I-PASS Nursing Handoff Bundle was associated with widespread improvements in the verbal handoff process without a negative impact on nursing workflow. Implementation

Nursing I-PASS Implementation

- Increased inclusion of
  - Illness severity assessment (37% vs 67%)
  - Patient summary (81% vs 95%)
  - To do list (35% vs 100%)
  - Opportunity for receiving nurse to ask questions (34% vs 73%).
- Overall, 13/21 (62%) of verbal handoff data elements were more likely to be present following implementation
- Decrease in interruption frequency (67% vs 40% of handoffs with interruptions)
- No change in the median handoff duration (18.8 min vs 19.9 min, p=0.48) or other workflow activities

RN to RN Care Handoff Improvements at St. Jude Children's Research Hospital

Nan Henderson, DNP
Director of Patient Safety
St. Jude Children's Research Hospital

St. Jude Children's Research Hospital

THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT. CONSISTENT WITH THE VISION OF OUR FOUNDER, DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY.

St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder

High Risk Patient Population

- Pediatric oncology and survivors(~2/3)
- Non-oncology (~1/3)
  - Sickle cell disease
  - Pediatric/adolescent HIV

Patient Volume and Care Model

- Licensed for 80 beds
  - ~6000 outpatient visits/month
  - ~7800 active patients/year
- Once patients accepted essentially all care provided by St. Jude during active treatment

Finding cures. Saving children.

Why I-PASS?

- Clearly best practice with substantial evidence base
- Creates a shared mental model between giver and receiver to communicate right information
- Designed specifically for handoffs
- Adaptable to different handoff types

I-PASS
BETTER HANDOFFS. SAFER CARE.

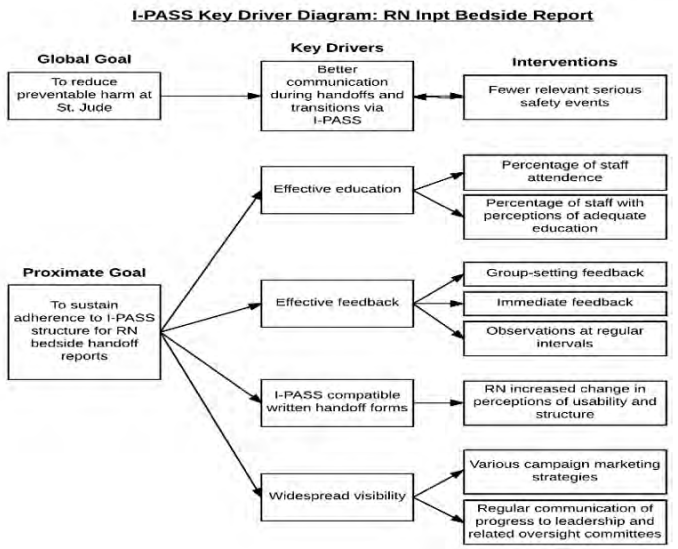
I	Illness Severity	• Stable, "watcher," unstable
P	Patient Summary	• Summary statement • Events leading up to admission • Hospital course • Ongoing assessment • Plan
A	Action List	• To do list • Time line and ownership
S	Situation Awareness and Contingency Planning	• Know what's going on • Plan for what might happen
S	Synthesis by Receiver	• Receiver summarizes what was heard • Asks questions • Restates key action/to do items

RN to RN: Our Choice to Start

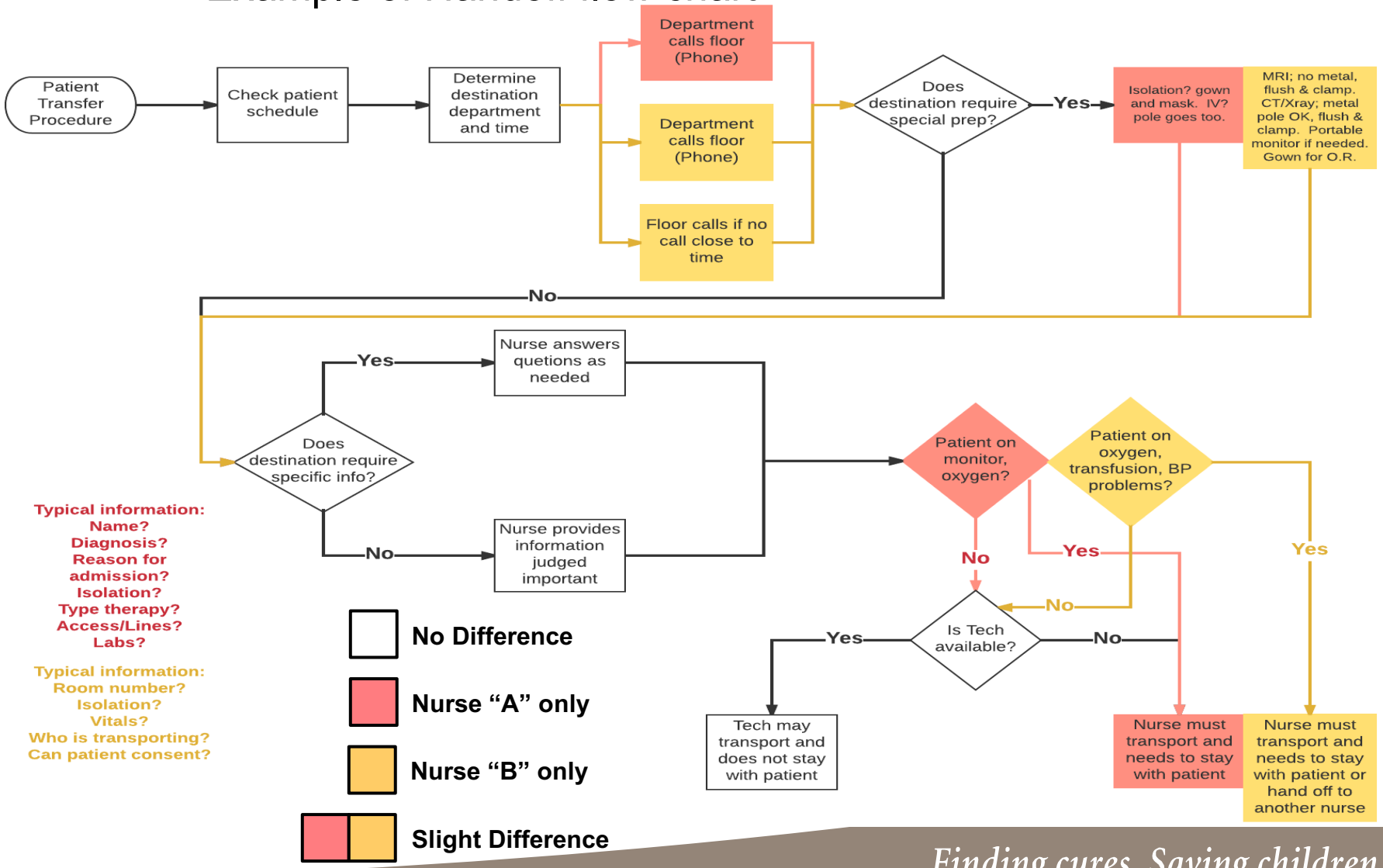
Information from many sources pointed to handoffs and transitions of care as an opportunity for improvement:

- No standard structure or format for all areas (they did their own thing)
- Serious Safety Events indicated opportunity
- Patient safety culture survey results
  - Safety culture survey results for “Handoffs and Transitions” dimension
  - Open-responses indicate opportunity
  - Focus group feedback

Started with a Plan
Global Goal: To reduce preventable harm
Proximate Goal: To sustain adherence to I-PASS structure for RN bedside handoff



Worked with every Unit to flow their work _ Example of Handoff flow chart



What we have learned along the way…

- Listen, Listen, Listen
  - If they have input; they will have buy in
- The form/health record tool is not the handoff!
  - We constantly reiterated the importance of structured verbal communication
  - Tools clearly important but not the only focus
  - Aligning tools and implementation efforts

ANY QUESTIONS?

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Development, Implementation, and Evaluation of a Site Specific Post-Anesthesia Care Unit Patient Handoff Tool

Maggie Halladay, BSN, CCRN, SRNA

Class of 2018

Duke University Nurse Anesthesia Program

Clinical Problem

- Clinical problem: Non-standardized transfer of care report provided by anesthesia providers to PACU RNs immediately following surgery in the PACU
- Current PACU handoff: unstructured, incomplete, inconsistent
- Significance: treatment delay, medication errors, sentinel events
- Joint Commission requirement: standardized process for handoffs

Robins & Dai, (2015); Caruso et al., (2015); Gurden, (2016); Milby, Böhmer, Gerbershagen, Joppich, & Wappler (2014); Nagpal et al., (2010); Petrovic et al., (2012); Segall et al., (2012)

Overall Goal

- Increase patient safety by standardizing the post anesthesia care unit (PACU) handover process at Duke Raleigh Hospital
- Primary Objective:
  - Implement a standardized PACU handoff tool to optimize patient information transfer between anesthesia providers and PACU nurses

PACU Handoff Tool

Patient	Patient Identification (Nameband check)	
	Time In	
	Allergies	
	Surgical Procedure and Reason for Surgery	
	Type of Anesthesia (GA, TIVA, regional)	
	Surgical or anesthetic complications	
	PMH and ASA Scoring	
	Preoperative Cognitive Function	
	Preoperative Activity Level (METs)	
	Limb Restriction	
	Preop Vitals	
Procedure	Positioning of Patient (if other than supine)	
	Intubation conditions (grade of view, airway, quality of bag mask ventilation, bite block?)	
	Lines/catheters (IVs, a-lines, CVSs, foley chest tubes, surgical drains, VP shunt)	
	Fluid Management	Fluids= EBL= UO=
Medications	Analgesia Plan - During Case, Postop Orders	
	Antiemetics Administered	
	Medications due during PACU (antibiotics, etc.)	
	Other Intra-Op Medications (steroids, antihypertensives)	

Potestio et al., 2015

"Do you have any questions or concerns?"

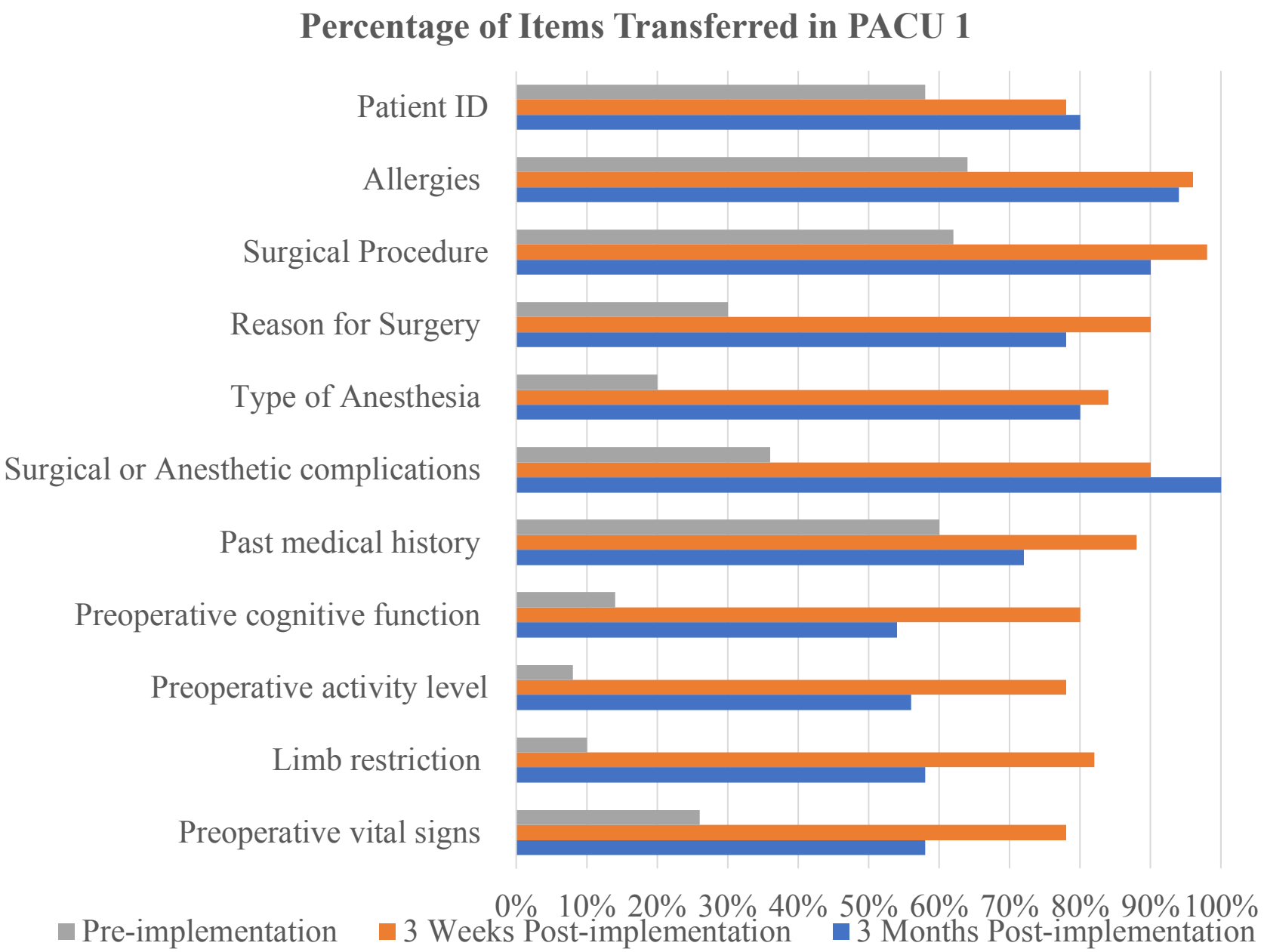
Anesthesia Handoff Note

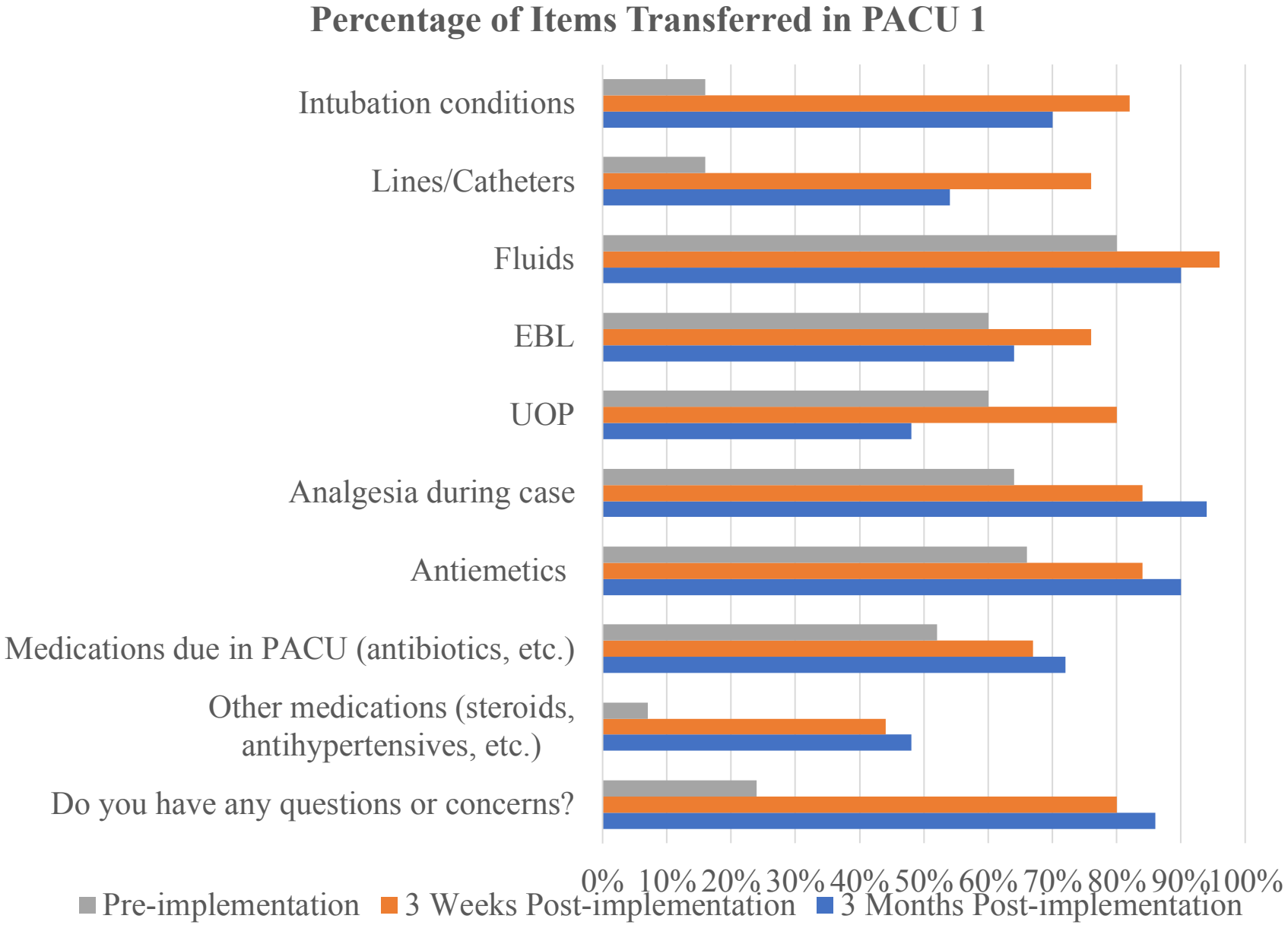
Patient Name: @NAME@
Age: @AGE@
Surgical Procedure: @ANPROCEDURE@
Pre-op diagnosis: @ORPREDX@
Surgeon: Dr. @ATTEND@
Anesthesia Care Providers: @ANSTAFF@
Ht/Wt: @WEIGHT@
Allergy: @ALLERGY@
Isolation Status: @DUHSISO@
Past Medical History: @HXPMH@
Past Surgical History: @HXPSH@
Medications: @MED@

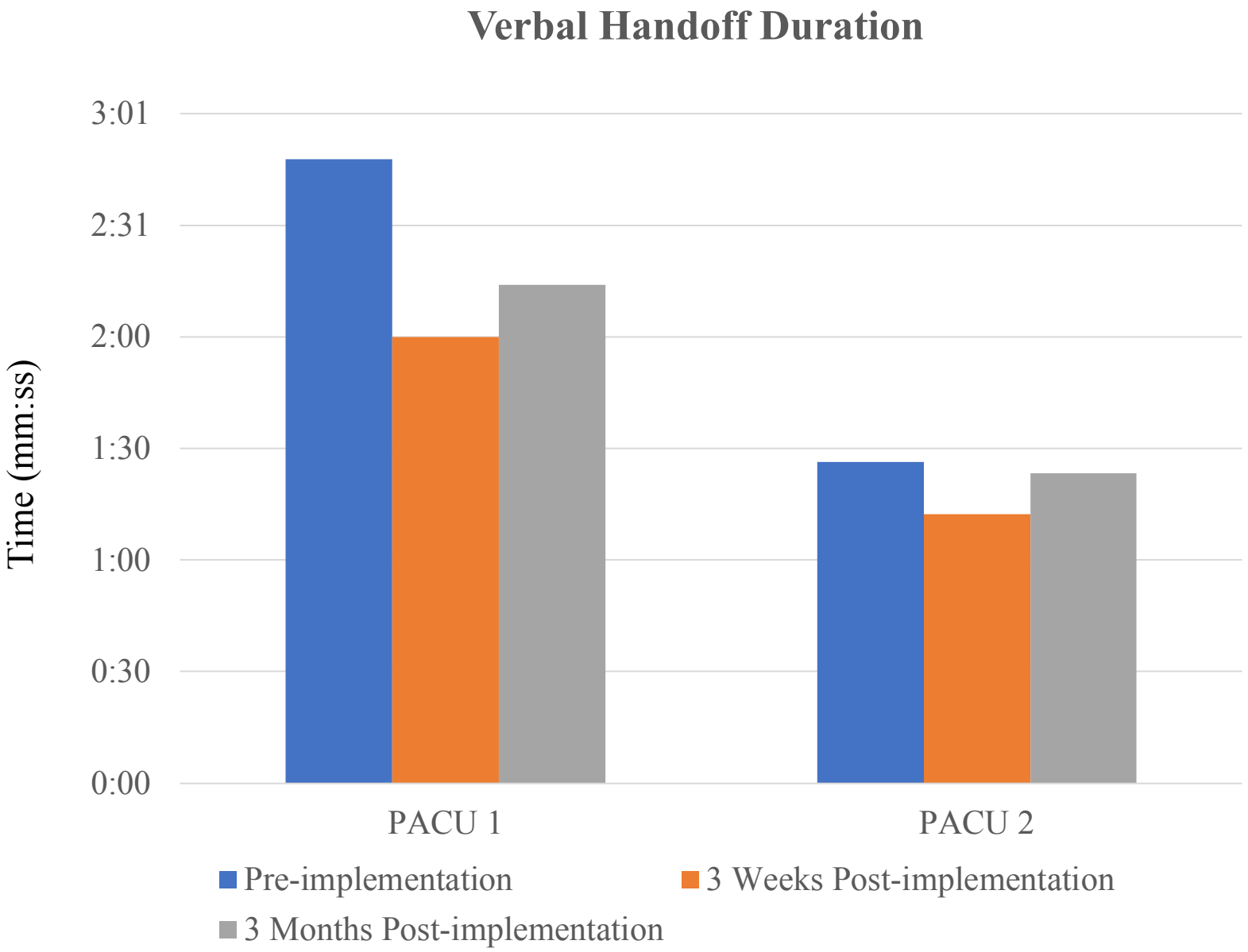
Labs:

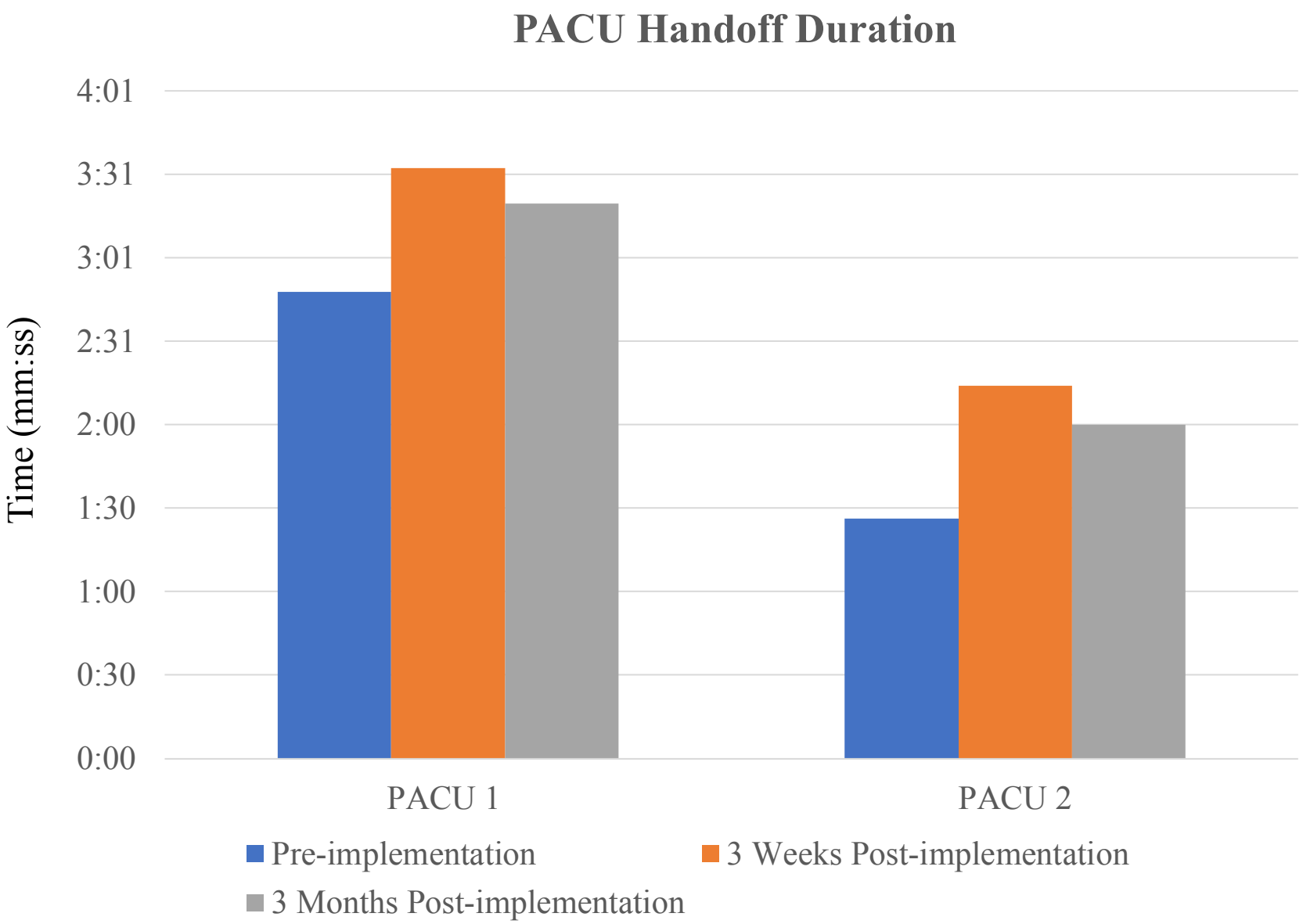
@LABRCNTIP(Na:3,K:3,CL:3,CO2:3, BUN:3,CREATININE:3,GLUCOSE:3,CA LCIUM:3,MG:3)@ @LABRCNTIP(POCGLU:3)@	@LABRCNTIP(ALT:3,AST:3,ALKPHOS:3 ,TBILI:3,ALB:3)@
@LABRCNTIP(WBC:3,HGB:3,HCT:3,P LT:3)@	@LABRCNTIP(APTT:3,PROTIME:3,inr:3)@

Baseline Cognitive, Motor, &/or Sensory Deficits: {Blank multiple:19197::
"Yes", "Yes- dementia", "Yes- RLE weakness", "Yes- LLE weakness", "No"}

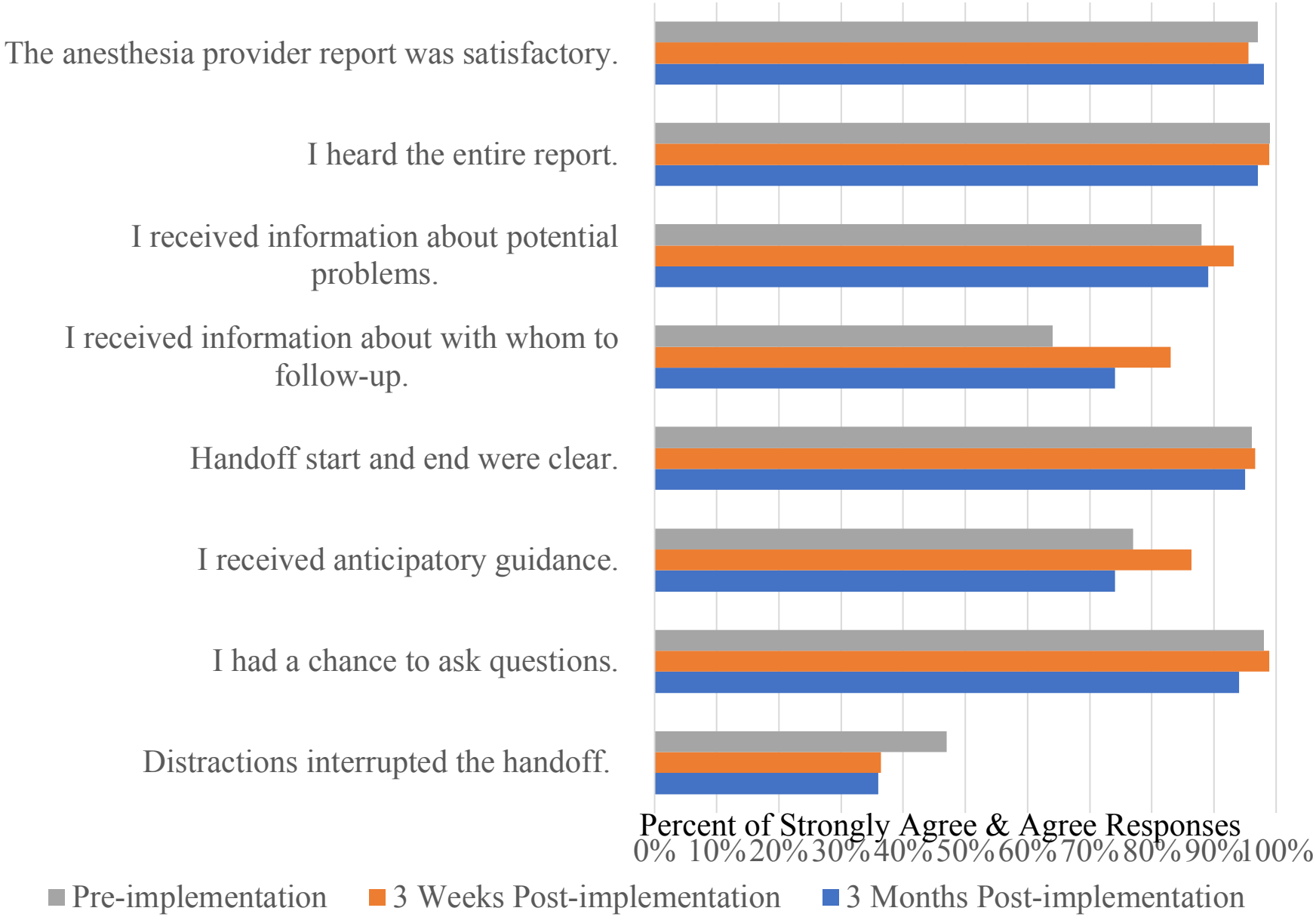

Percentage of Items Transferred in PACU 1
Patient ID
Allergies
Surgical Procedure
Reason for Surgery
Type of Anesthesia
Surgical or Anesthetic complications
Past medical history
Preoperative cognitive function
Preoperative activity level
Limb restriction
Preoperative vital signs
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Pre-implementation
3 Weeks Post-implementation
3 Months Post-implementation


Percentage of Items Transferred in PACU 1
Intubation conditions
Lines/Catheters
Fluids
EBL
UOP
Analgesia during case
Antiemetics
Medications due in PACU (antibiotics, etc.)
Other medications (steroids, antihypertensives, etc.)
Do you have any questions or concerns?
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Pre-implementation
3 Weeks Post-implementation
3 Months Post-implementation


Verbal Handoff Duration
3:01
2:31
2:00
1:30
1:00
0:30
0:00
Time (mm:ss)
PACU 1
PACU 2
Pre-implementation
3 Weeks Post-implementation
3 Months Post-implementation


PACU Handoff Duration
Time (mm:ss)
4:01
3:31
3:01
2:31
2:00
1:30
1:00
0:30
0:00
PACU 1
PACU 2
Pre-implementation
3 Weeks Post-implementation
3 Months Post-implementation

PACU Nurse Satisfaction Survey



Conclusion

- Electronic PACU handoff checklist
  - Increased the information transferred
  - Increased the PACU nurse satisfaction with the PACU handoff process for 2 out of the 8 satisfaction survey items
  - Decreased the verbal report duration in PACU 1
- Sustainable practice improvement as evidenced by the three months post-implementation data
- Resistant adopters addressed via
  - One-on-one re-education sessions
  - In person education sessions

March 8, 2018

Use of an interfacility transfer form to prevent MDROs across the continuum of care

Katie Steider, HAI Epidemiologist

Overview

- Communication between healthcare facilities
- Multidrug-resistant organisms (MDROs)
- NC DPH Interfacility Transfer Form pilot

Polling Question

1. Does your facility currently use a standard interfacility transfer form during patient transfer and discharge?

   A. Yes

   B. No

   C. Don’t know

Polling Question

2. If your facility currently uses a standard interfacility transfer form, does it include information about infection or colonization with multi-drug resistant organisms?

A. Yes

B. No

C. Don’t know

Communication between Healthcare Facilities

- Useful
  - Patient status/needs
  - Care plan

- Required by CMS
  - Reform of Requirements for Long-Term Care Facilities
  - (proposed) Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies

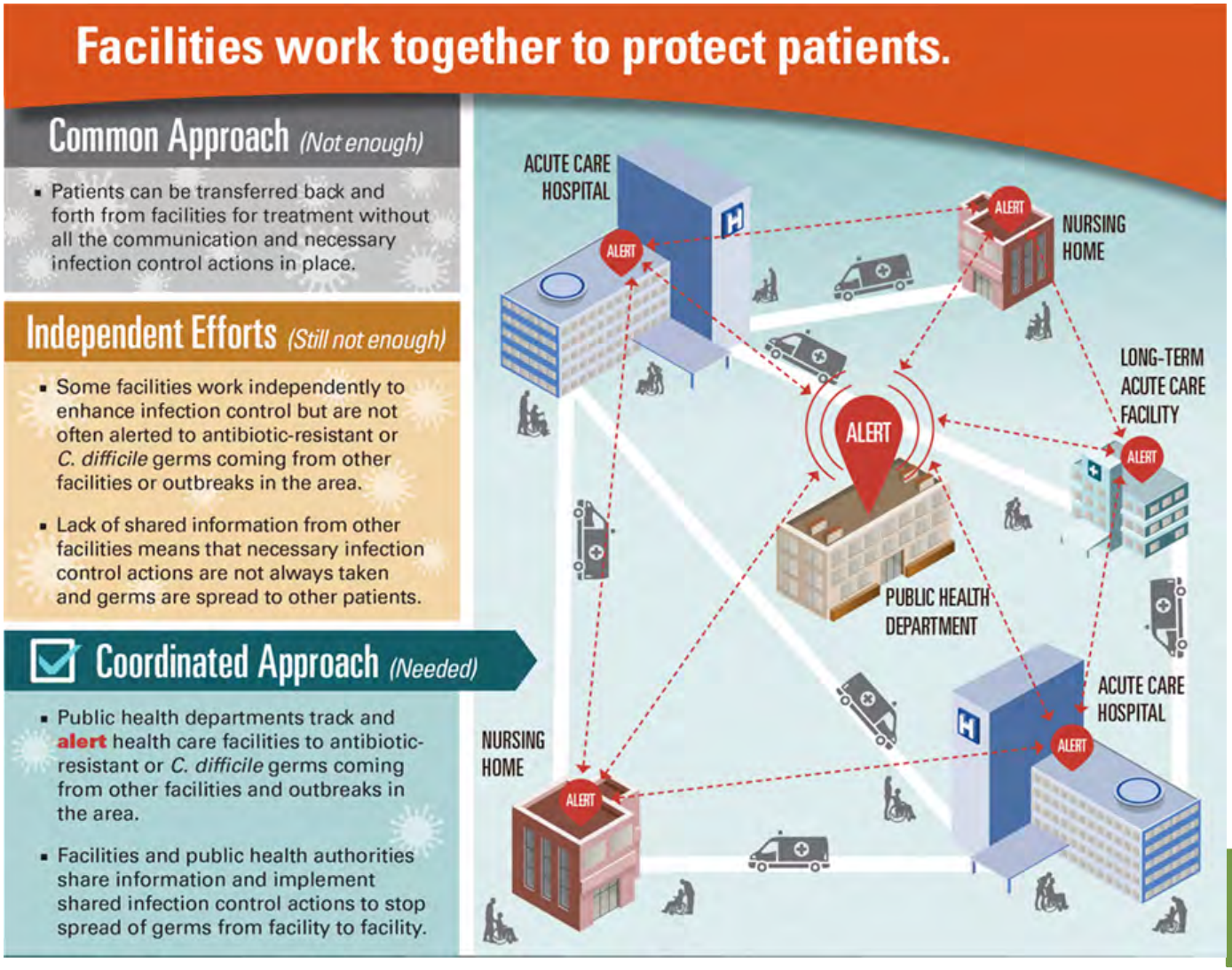
Multidrug-resistant Organisms (MDROs)

- Resistant to several kinds of drugs
- Intra- and inter-facility spread
- Vulnerable patients at risk for infection
- Infections are difficult to treat and can be associated with high mortality rates
- Examples: CRE, ESBL

Benefits of Interfacility Communication Re: MDROs

- Protects patients/residents
- Contains healthcare costs
- Prevents the spread of MDROs

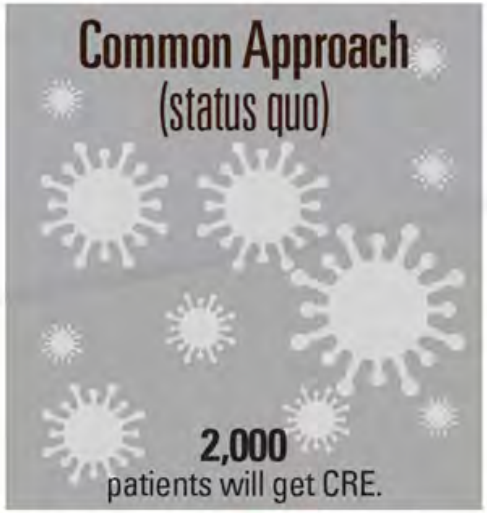
Part of a Coordinated Approach to MDRO Prevention



Coordinated Approaches Prevent MDROs

More patients get infections when facilities do not work together.

(Example: 5 years after CRE enters 10 facilities in an area sharing patients)



CRE will impact **12%** of patients.

CRE will impact **8%** of patients.

CRE will impact **2%** of patients.

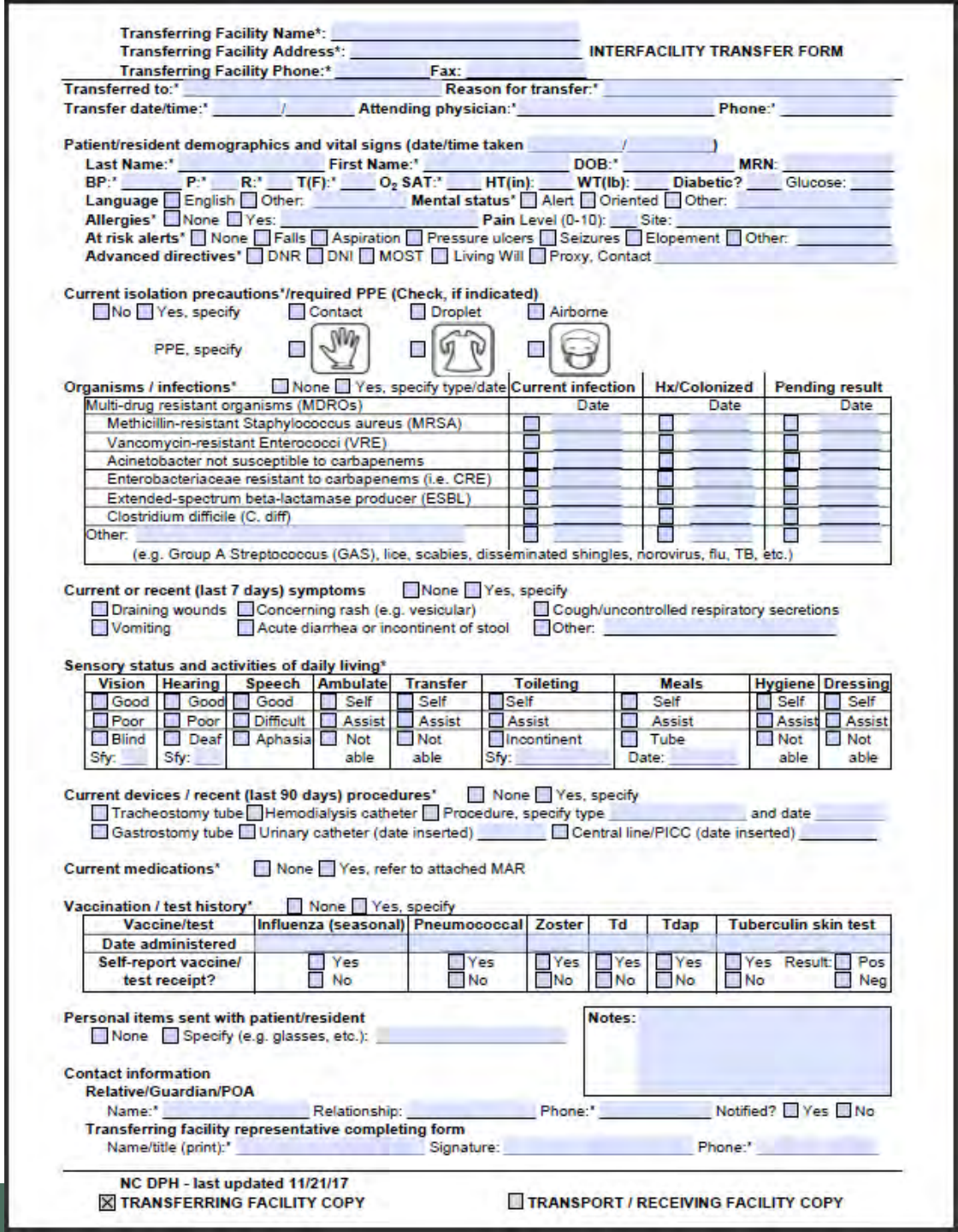
SOURCE: CDC Vital Signs, August 2015.

NC DPH Interfacility Transfer Form

- Developed with input from examples from CDC, state health departments, quality improvement organizations, regulatory agencies
- Fillable PDF that autofills in duplicate
- Instructions for use

Sections

- Transferring facility info
- Transfer info
- Pt. demographics and VS
- Current isolation precautions
- Organisms/infections
- Current/recent sx.
- Sensory status and ADLs
- Current devices/recent procedures
- Current meds
- Vaccination/test hx.
- Personal items
- Contact information



Transferring Facility Name*: _____
Transferring Facility Address*: _____ **INTERFACILITY TRANSFER FORM**
Transferring Facility Phone:* _____ Fax: _____
Transferred to:* _____ Reason for transfer:* _____
Transfer date/time:* ___/___ Attending physician:* _____ Phone:* _____

Patient/resident demographics and vital signs (date/time taken ___/___)
Last Name:* _____ First Name:* _____ DOB:* _____ MRN: _____
BP:* ___ P:* ___ R:* ___ T(F):* ___ O_2 SAT:* ___ HT(in): ___ WT(lb): ___ Diabetic? ___ Glucose: ___
Language ☐ English ☐ Other: _____ Mental status* ☐ Alert ☐ Oriented ☐ Other: _____
Allergies* ☐ None ☐ Yes: _____ Pain Level (0-10): ___ Site: _____
At risk alerts* ☐ None ☐ Falls ☐ Aspiration ☐ Pressure ulcers ☐ Seizures ☐ Elopement ☐ Other: _____
Advanced directives* ☐ DNR ☐ DNI ☐ MOST ☐ Living Will ☐ Proxy, Contact _____

Current isolation precautions*/required PPE (Check, if indicated)
☐ No ☐ Yes, specify ☐ Contact ☐ Droplet ☐ Airborne
PPE, specify ☐ ☐ ☐

Organisms / infections* ☐ None ☐ Yes, specify type/date

	Current infection	Hx/Colonized	Pending result
Multi-drug resistant organisms (MDROs)	Date	Date	Date
Methicillin-resistant Staphylococcus aureus (MRSA)	☐	☐	☐
Vancomycin-resistant Enterococci (VRE)	☐	☐	☐
Acinetobacter not susceptible to carbapenems	☐	☐	☐
Enterobacteriaceae resistant to carbapenems (i.e. CRE)	☐	☐	☐
Extended-spectrum beta-lactamase producer (ESBL)	☐	☐	☐
Clostridium difficile (C. diff)	☐	☐	☐
Other: _____	☐	☐	☐

(e.g. Group A Streptococcus (GAS), lice, scabies, disseminated shingles, norovirus, flu, TB, etc.)

Current or recent (last 7 days) symptoms ☐ None ☐ Yes, specify
☐ Draining wounds ☐ Concerning rash (e.g. vesicular) ☐ Cough/uncontrolled respiratory secretions
☐ Vomiting ☐ Acute diarrhea or incontinent of stool ☐ Other: _____

Sensory status and activities of daily living*

Vision	Hearing	Speech	Ambulate	Transfer	Toileting	Meals	Hygiene	Dressing
☐ Good	☐ Good	☐ Good	☐ Self	☐ Self	☐ Self	☐ Self	☐ Self	☐ Self
☐ Poor	☐ Poor	☐ Difficult	☐ Assist	☐ Assist	☐ Assist	☐ Assist	☐ Assist	☐ Assist
☐ Blind	☐ Deaf	☐ Aphasia	☐ Not able	☐ Not able	☐ Incontinent Sfy: ___	☐ Tube Date: ___	☐ Not able	☐ Not able
Sfy: ___	Sfy: ___							

Current devices / recent (last 90 days) procedures* ☐ None ☐ Yes, specify
☐ Tracheostomy tube ☐ Hemodialysis catheter ☐ Procedure, specify type _____ and date _____
☐ Gastrostomy tube ☐ Urinary catheter (date inserted) _____ ☐ Central line/PICC (date inserted) _____

Current medications* ☐ None ☐ Yes, refer to attached MAR

Vaccination / test history* ☐ None ☐ Yes, specify

Vaccine/test	Influenza (seasonal)	Pneumococcal	Zoster	Td	Tdap	Tuberculin skin test
Date administered						
Self-report vaccine/ test receipt?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No Result: ☐ Pos ☐ Neg

Personal items sent with patient/resident
☐ None ☐ Specify (e.g. glasses, etc.): _____

Notes:

Contact information
Relative/Guardian/POA
Name:* _____ Relationship: _____ Phone:* _____ Notified? ☐ Yes ☐ No
Transferring facility representative completing form
Name/title (print):* _____ Signature: _____ Phone:* _____

NC DPH - last updated 11/21/17
☒ **TRANSFERRING FACILITY COPY** ☐ **TRANSPORT / RECEIVING FACILITY COPY**

Highlight – Current Isolation/PPE, MDROs

Current isolation precautions*/required PPE (Check, if indicated)

☐ No ☐ Yes, specify ☐ Contact ☐ Droplet ☐ Airborne

PPE, specify ☐  ☐  ☐ 

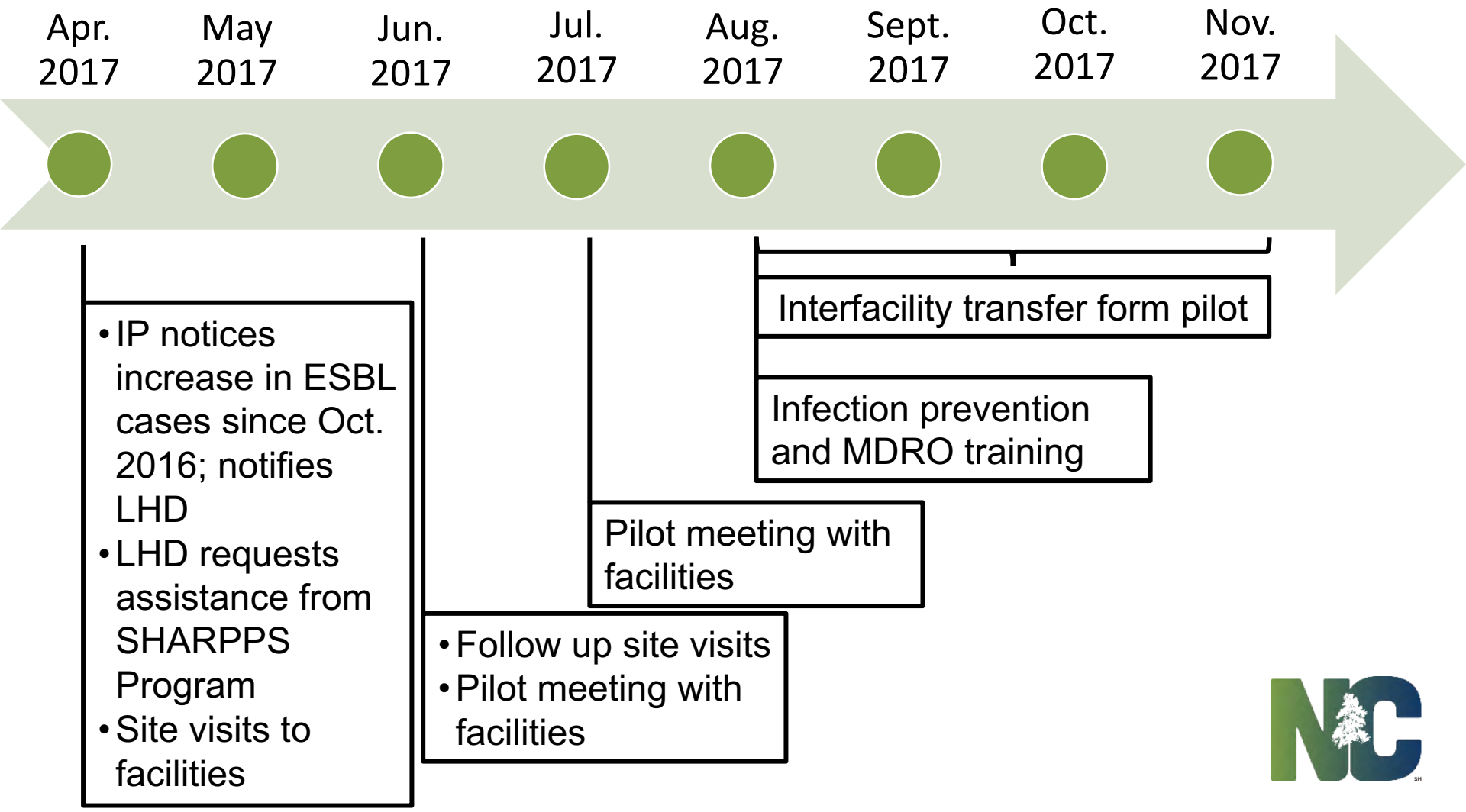
Organisms / infections* ☐ None ☐ Yes, specify type/date	**Current infection**	**Hx/Colonized**	**Pending result**
Multi-drug resistant organisms (MDROs)	Date	Date	Date
Methicillin-resistant Staphylococcus aureus (MRSA)	☐	☐	☐
Vancomycin-resistant Enterococci (VRE)	☐	☐	☐
Acinetobacter not susceptible to carbapenems	☐	☐	☐
Enterobacteriaceae resistant to carbapenems (i.e. CRE)	☐	☐	☐
Extended-spectrum beta-lactamase producer (ESBL)	☐	☐	☐
Clostridium difficile (C. diff)	☐	☐	☐
Other: _____ (e.g. Group A Streptococcus (GAS), lice, scabies, disseminated shingles, norovirus, flu, TB, etc.)	☐	☐	☐

NC DPH Interfacility Transfer Form

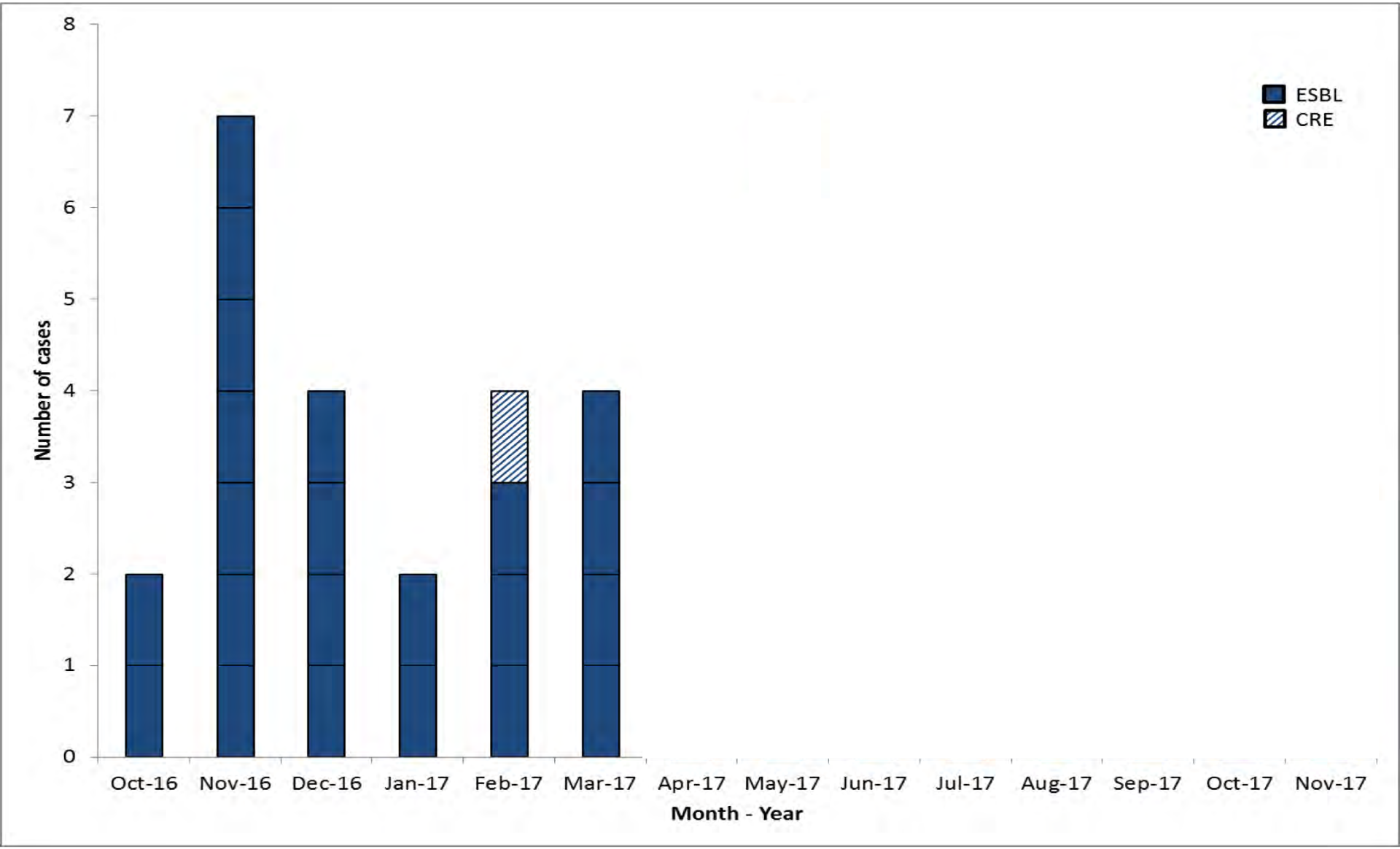
Benefits

- Standardized format for interfacility communication of patient MDRO status during transfer
- Information needed/desired during transfer all in one place
- Complies with Reform of Requirements for Long-term Care Facilities (CMS)

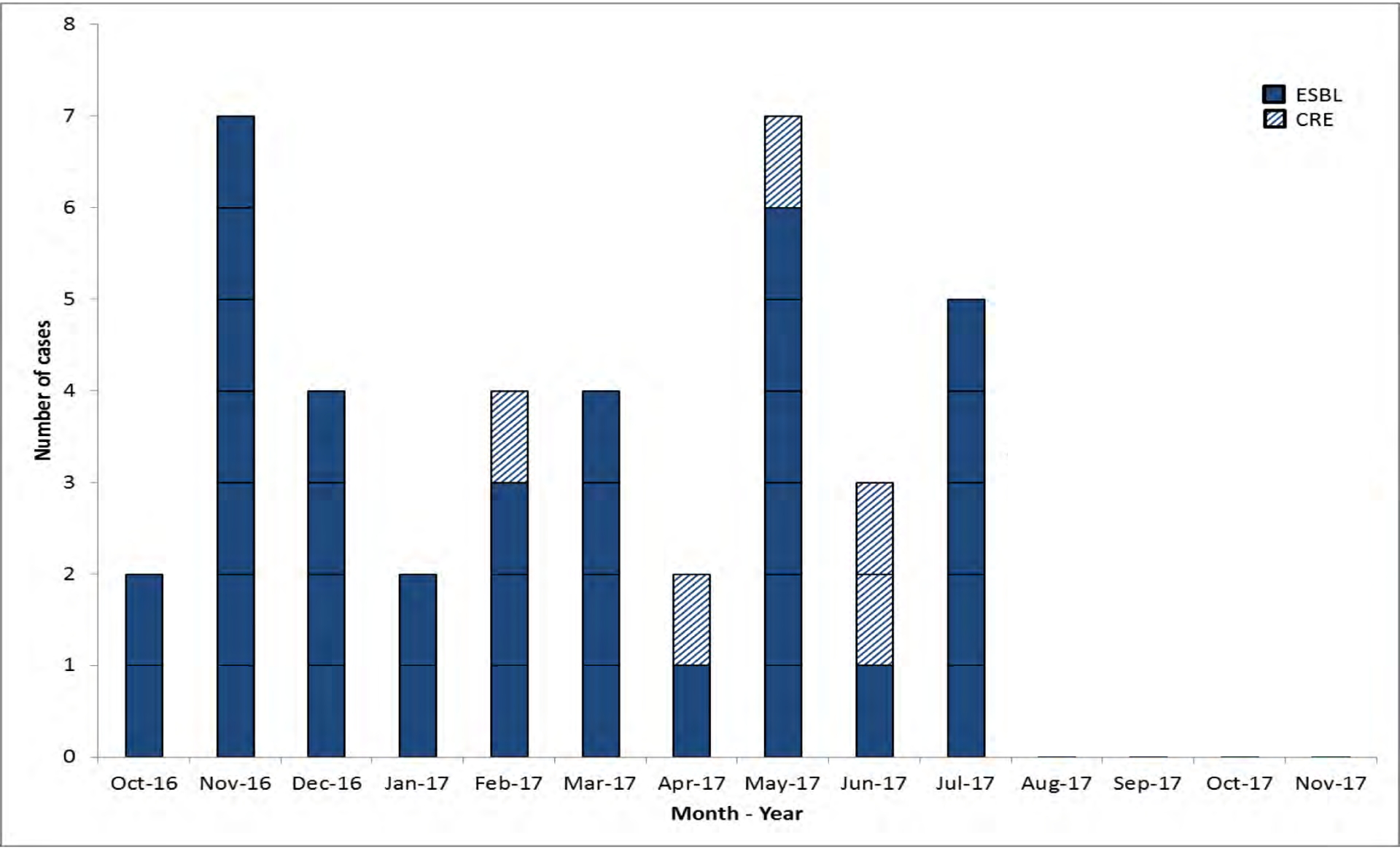
NC DPH Interfacility Transfer Form Pilot



MDRO Outbreak in LTCFs



MDRO Outbreak in LTCFs



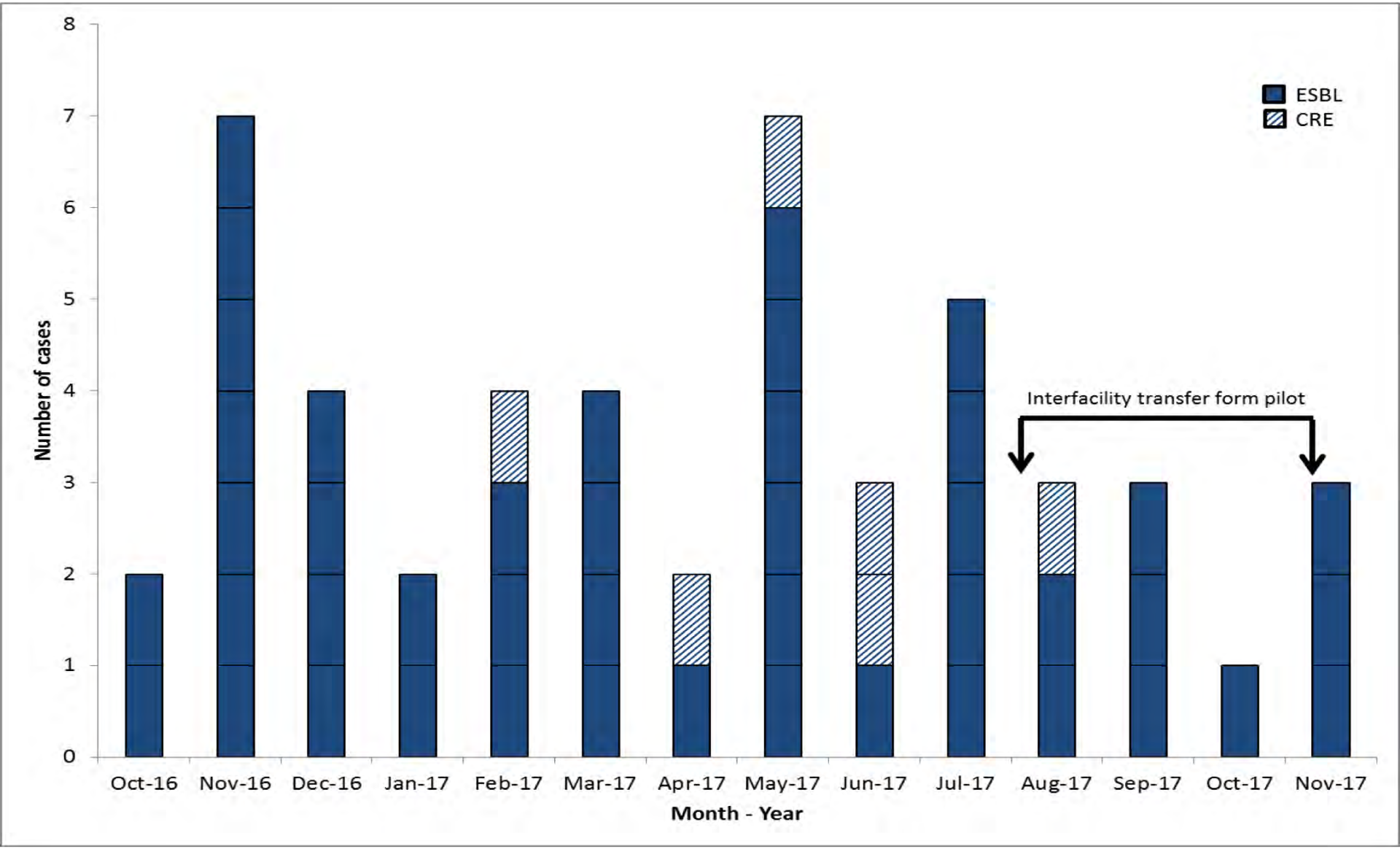
Pilot Activities

- Preparation
  - Facility recruitment
  - Stakeholder meetings
- Pilot
- Focus groups
  - Management
  - Front-line staff

Pilot Toolkit – an Important Resource

- Tools
  - Letter of Introduction
  - Implementation Plan
  - Suggested Implementation Strategies
  - Project Charter
  - Pre-implementation Questions
  - Training Checklists and Sign-in Sheet
  - Fax Cover Sheet
- References
  - List of Participating Partners
  - Submission Schedule
  - Interfacility Transfer Form Instructions

MDRO Outbreak in LTCFs



Focus Group Feedback - Benefits

- Identified patients:
  - With history of MDRO colonization or infection
  - On isolation precautions and appropriate PPE
- Initiated isolation precautions in ambulance and ED
- Patient placement based on isolation status
- Identified patient needs/baseline status
- Assisted in completing other transfer paperwork
- Created awareness that certain information should be communicated during transfer/discharge

Questions and Discussion

Interfacility transfer form available from the NC SHARPPS Program webpage: http://epi.publichealth.nc.gov/cd/hai/providers.html.

Please email nchai@dhhs.nc.gov with questions or for more information.

Contact

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919-546-1712

References

- Joint Commission Sentinel Event Alert Issue 58, https://www.jointcommission.org/sentinel_event_alert_58_inadequate_handoff_communications/
- Starmer, AJ, Schnock, KO, Lyons, A, et al. (2017). *Effects of the I-Pass Nursing Handoff Bundle on communication quality and workflow.* BMJ Quality and Safety, 26, 949-957.

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Save The Date!

March	April	May	June
Safe Table: Handoffs & Transitions of Care *Tuesday, 3/20/18, 10a-1:30p* *O'Berry Neuro-Medical Treatment Center, Goldsboro, NC* **Register** Handoff communications occur frequently, are often crucial to safe patient transitions, and remain a challenge throughout the continuum of care. Let's talk about it!	**Webinar: Member Spotlight on National Patient Safety Awareness Week Activities** *Thursday, 4/5/18, 2-3p* Register *Seeking presenters!*	**Safe Table: Patient-Staff Violence** *Seeking Host Site!* Disruptive patient behavior is increasingly common but not always reported. Have you experienced physical violence (hitting, biting, scratching) or verbal violence (insults, threats, cursing) from a patient? Join us as we discuss patient-staff violence and present suggestions to promote safety and support staff members.	**1-Day Workshop: RCA^2: Foundations & Implementation** *Thursday, 6/14/18* *NCHA, Cary, NC* **Register** Jessica Behrhorst, System Director of Quality & Patient Safety at Oshner Health System, will review the foundational tools used in RCA^2 and share her implementation experience.
Safe Table: Handoffs & Transitions of Care *Thursday, 3/29/18 10a-1:30p* *Nash Health Care, Rocky Mount, NC* **Register** Handoff communications occur frequently, are often crucial to safe patient transitions, and remain a challenge throughout the continuum of care. Let's talk about it!	**1-Day Workshop: Caring for Behavioral Health Patients in Non-Behavioral Health Settings: A Primer for Professionals (Clinical & Non-Clinical)** *Wednesday, 4/11/18* *NCHA, Cary, NC* Register An interactive workshop on common behavioral health presentations, communication techniques, physical safety considerations, and unique NC challenges.		

The Quality Center
Patient Safety Organization