Teaching Safe Transitions of Care

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QSEA 2015

ACGME Requirement

- Education in handoffs is required by the ACGME for all accredited programs.
  - VI.B.2. “Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.”
  - VI.B.3. “Programs must ensure that residents are competent in communicating with team members in the hand-over process.”

Annals of Internal Medicine
Established in 1927 by the American College of Physicians

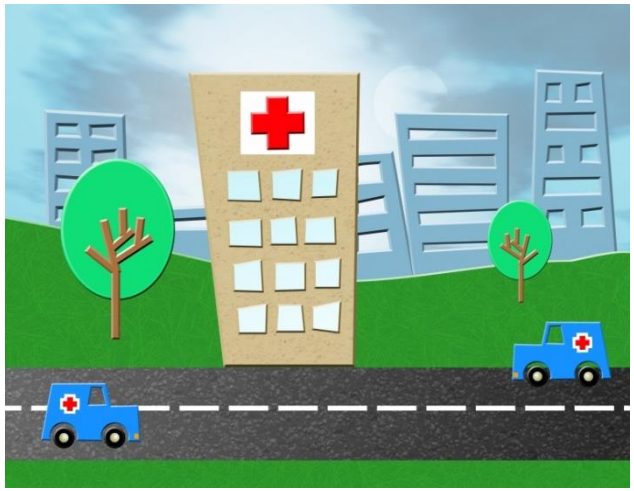
The Internal Medicine Reporting Milestones and the Next Accreditation System

11. Transitions patients effectively within and across health delivery systems. (SBP4)				
Critical deficiencies			Ready for unsupervised practice	Aspirational
Disregards need for communication at time of transition Does not respond to requests of caregivers in other delivery systems	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems Written and verbal care plans during times of transition are incomplete or absent Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g., duplication of tests readmission)	Recognizes the importance of communication during times of transition Communication with future caregivers is present but with lapses in pertinent or timely information	Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems Proactively communicates with past and future caregivers to ensure continuity of care	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency, and ensure high quality patient outcomes Anticipates needs of patient, caregivers, and future care providers, and takes appropriate steps to address those needs Role models and teaches effective transitions of care
☐	☐	☐	☐	☐
Comments:				

Taxonomy of Hospital Handoffs

Extra-hospital handoffs

- Admission
  - ED to floor
- Discharge
  - Home or SNF, rehab
- Inter-hospital transfer



Intra-hospital handoffs

- Shift change
  - with the sender returning
- Service change
- Service transfer
  - Escalation or de-escalaton of care (in and out of ICU)
  - Different specialty (med-surgery, OR to PACU)

Slide courtesy of Vineet Arora MD

I	Illness Severity
P	Patient Summary
A	Action List
S	Situation Awareness and Contingency Planning
S	Synthesis by Receiver

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. Everhart, S.J. Patel, J.F. Bale, Jr., J.B. Spackman, A.T. Stevenson, S. Calaman, F.S. Cole, D.F. Balmer, J.H. Hepps, J.O. Lopreiato, C.E. Yu, T.C. Sectish, and C.P. Landrigan, for the I-PASS Study Group*

Starmer, et al. N Engl J Med, 2014.
Starmer A J et al. Pediatrics 2012;129:201-204

What Else is Out There?

Med Ed Portal

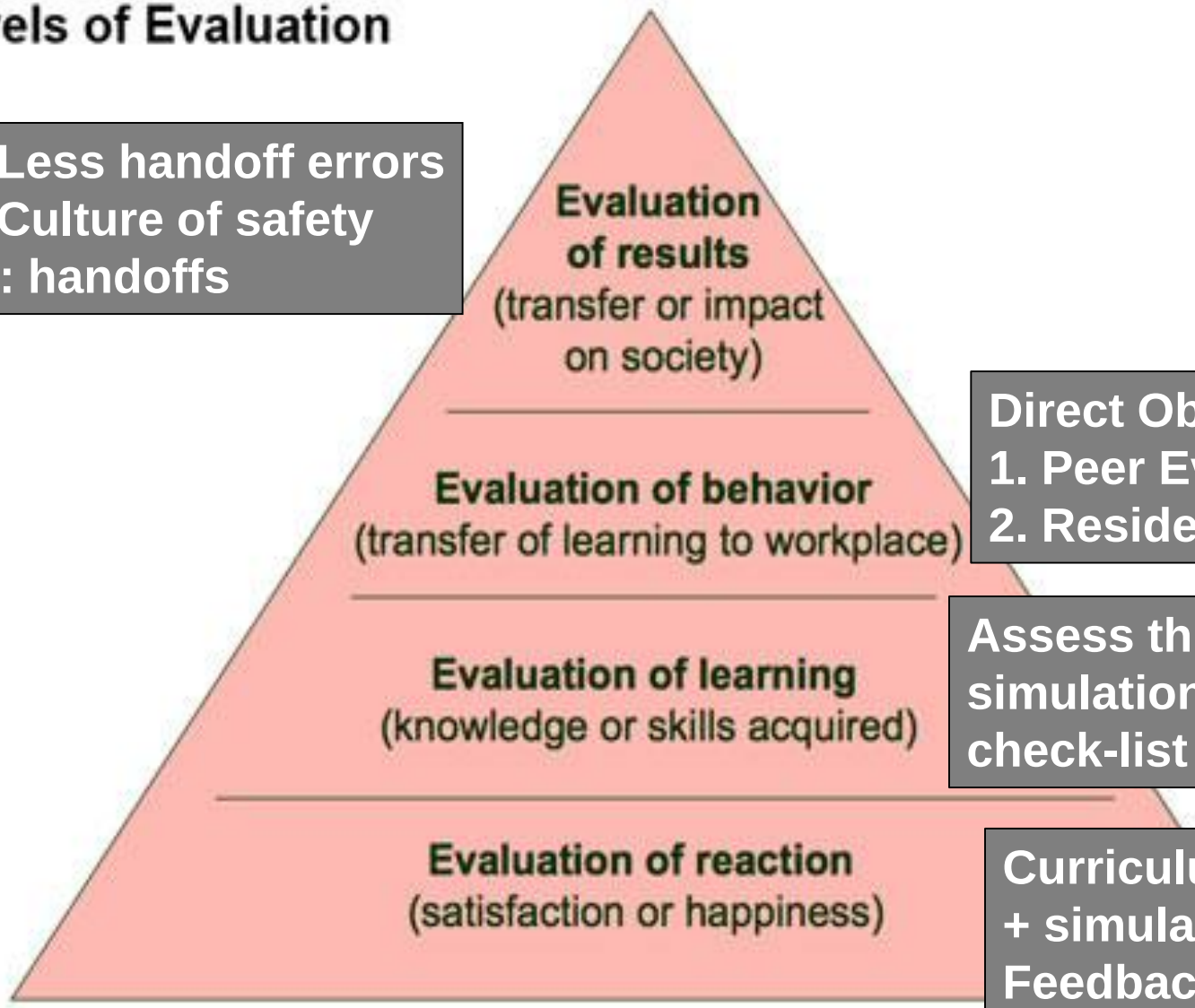
- An Interactive Workshop to Increase Resident Readiness to Perform Patient Hand-offs (IPASS)
- Teaching Video: "Handoffs: A Typical Day on the Wards“

Sample of the Published Literature

- Reisenberg, et al. Resident and attending physician handoffs: A Systematic Review. Acad Med, 2009.
- Wohlauer, et al. Patient Handoff: Comprehensive curricular blueprint for resident education to improve continuity of care, 2012.
- Farnan, et al. Handoff education and evaluation: Piloting the observed, simulated handoff experience, J Gen Int Med, 2009.

Levels of Evaluation

? Less handoff errors
? Culture of safety re: handoffs



Direct Observation:
1. Peer Evals
2. Resident Evals

Assess this during the simulation using a check-list

Curriculum w/ videos + simulation:
Feedback – formal & informal

Penn Handoff Curriculum
2009-present

Airan-Javia, Myers, et al. J Grad Med Educ, 2011
Dine, et al. J Gen Intern Med, 2013

1. **Handoff/Transition Type:**

- ☐ end of shift
- ☐ end of rotation/service
- ☐ patient transfer
- ☐ other

2. **Written Handoff Skills:**

1	2	3	4	5	6	7	8	9	N/A
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Written Handoff Skills:

1 (Does not meet expectations) Incomplete written content; "to do's" omitted or not prioritized. Necessary patient information missing.

5 (Meets expectations) Fairly complete written content. May be missing some required information relevant to patient care.

9 (Exceeds expectations) Written content is complete and clear with attention to key cross cover details and prioritization.

3. **Plan Of Action:**

1	2	3	4	5	6	7	8	9	N/A
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Plan of Action:

1 (Does not meet expectations) "To Do's" requested with no rationale or plan, or with inadequate preparation (i.e. request to transfuse but consent not obtained).

5 (Meets expectations) "To Do's requested with partial rationale or plan.

9 (Exceeds expectations) "To Do's" accompanied by clear plan of action and rationale. Necessary preparation already completed.

4. **Verbal Handoff Skills:**

1	2	3	4	5	6	7	8	9	N/A
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Verbal Handoff Skills:

1 (Does not meet expectations) Discusses too little or too much i

5 (Meets expectations) Discusses adequate amount of patient in

9 (Exceeds expectations) Focuses on key patient information an

1	2

5. **Anticipatory Guidance:**

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Anticipatory Guidance:

1 (Does not meet expectations) No anticipatory information provided (i.e. If/Then) or expectation of what may happen. Fails to notify covering physician of potential issues which may arise overnight.

5 (Meets expectations) Some anticipatory information provided. May not inform covering physician of issues that might arise.

9 (Exceeds expectations) Anticipatory information provided with clear rationale for plan to be executed. Informs covering physician of potential issues which may arise.

6. **Comments** _____

Penn's Handoff Assessment Tool

(adapted from Farnan, et al and Dine, et al)

TMI?

- Overreliance on sign-outs for other work
  - Become unnecessarily long "shadow chart"
  - Often becomes a personal tracker of information
    - "cognitive artifact" like a grocery list
- Loses its' primary function for the receiver
  - Information overload

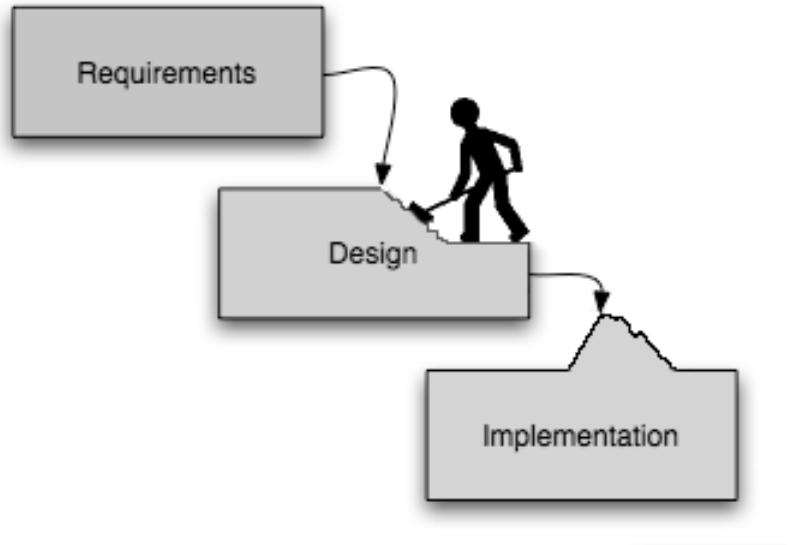
What We Have Learned (and are still learning)

- What has worked well?
  - Curriculum and Simulation
  - Evaluation tool
  - Standardized electronic sign-out tool

- What has been hard?
  - Sustainability & Tracking of real-time handoff assessments (i.e. Getting anyone to care after September…)
  - Faculty observation
  - Quiet locations for sign-out

Moving Towards Implementation

- The curriculum tools exist; evaluation tools exist
- How will you IMPLEMENT, how will you ASSESS, and how will you SUSTAIN



Discharge Transitions

"At most institutions, faculty relegate the subject of transitional care to the depths of the hidden curriculum in medicine.

Although it is rarely explicitly taught, there exists an expectation that trainees should not only "pick it up" but also acquire a degree of expertise as they move through training…"

Buchanan, Besdine. *Acad Med* 2011; 86:628-39

A Brief Literature Review: ToC in Medical Education

Search History (11 searches) *(close)*

View Saved

	# ▲	Searches	Results	Search Type	Actions
☐	1	Patient Discharge/	13930	Advanced	Display More ≫
☐	2	care transitions.mp.	326	Advanced	Display More ≫
☐	3	hospital discharge.mp.	13176	Advanced	Display More ≫
☐	4	transitions of care.mp.	281	Advanced	Display More ≫
☐	5	1 or 2 or 3 or 4	24921	Advanced	Display More ≫
☐	6	Education, Medical/	19893	Advanced	Display More ≫
☐	7	Education, Medical, Undergraduate/	11340	Advanced	Display More ≫
☐	8	6 or 7	31019	Advanced	Display More ≫
☐	9	5 and 8	20	Advanced	Display More ≫
☐	10	limit 9 to english language	18	Advanced	Display More ≫
☐	11	from 10 keep 2-4, 7-8, 10	6	Advanced	Display More ≫

CONTRACT

An opportunity…?

Objectives:

1. Why bother?
2. What to include?
3. How to assess impact?

Framing the Problem of Teaching ToC

What barriers do you perceive?

-

Why bother?

The **clinician/trainee's** answer:

1. To improve the safety of the transition for patients.
2. To ensure patients' goals of care are met across the continuum.

The **residency program's** answer:

1. To prepare the residents to transition patients safely across the continuum.
2. To meet the need for system's based practice education.

The **healthcare system's** answers:

1. To reduce unnecessary healthcare utilization.
2. To improve patient satisfaction scores.
3. To reduce readmissions. (HRRP)

One Hundred Eleventh Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Tuesday, the fifth day of January, two thousand and ten

An Act

Entitled The Patient Protection and Affordable Care Act.

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Immediate Improvements in Health Care Coverage for All Americans

SEC. 3025. HOSPITAL READ[illegible] REDUCTION PROGRAM.

(a) IN GE[illegible] of the Social Security Act (42 U.S.C. 139[illegible] 3001 and 3008, is amended by a[illegible] subsection:

"[illegible] REDUCTION PROGRAM.—

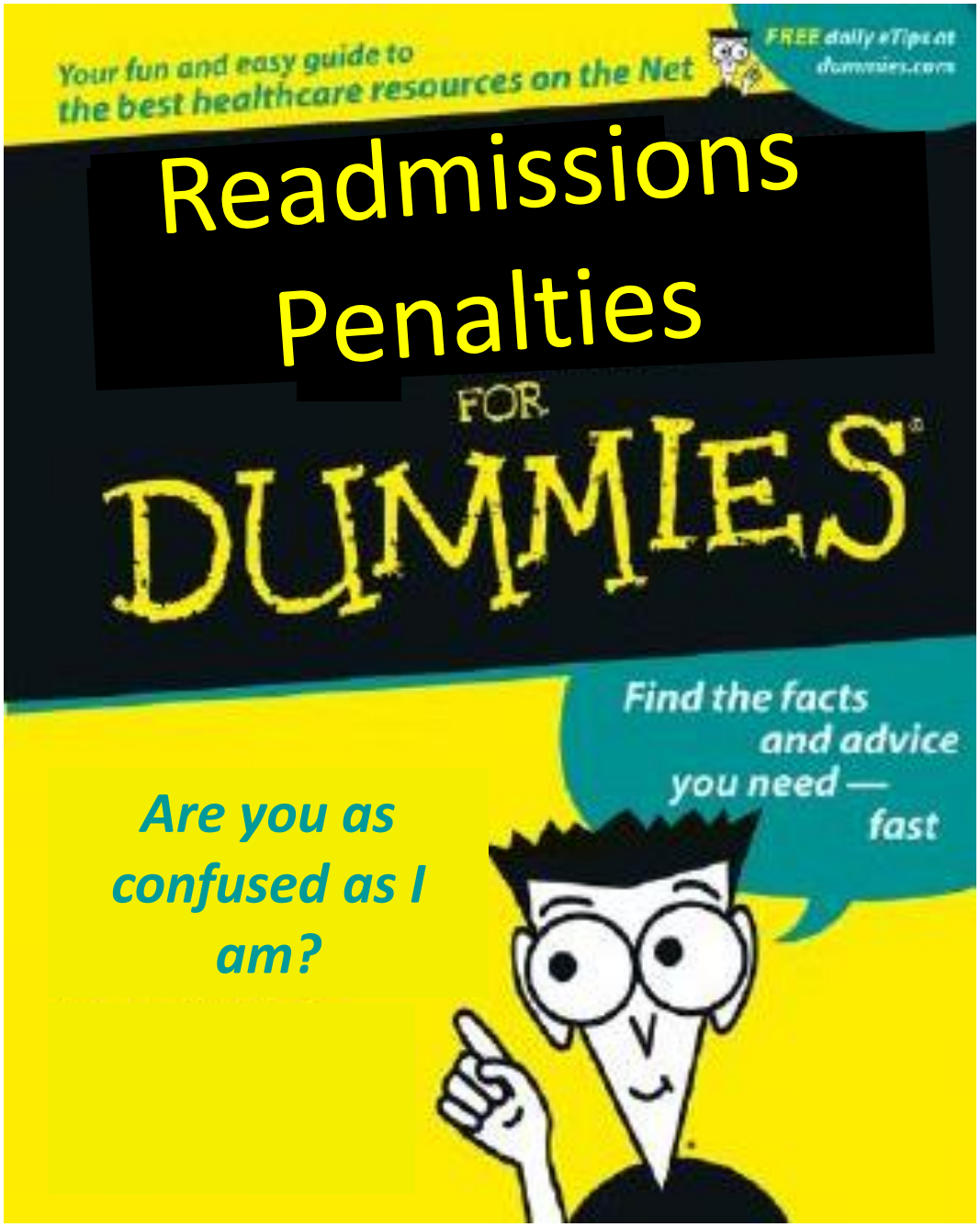
"[illegible]—With respect to payment for discharges [illegible] hospital (as defined in paragraph (5)(C)) o[illegible] during a fiscal y[illegible] beginning on or after October 1,[illegible]12, in order to acc[illegible] excess readmissions in the hospital, the Secretary s[illegible] the payments that would otherwise be made to [illegible] subsection (d) (or section 1814(b)(3), as [illegible] such a discharge by an amount equal to the p[illegible]

"(A) the base operating [illegible] (as defined in paragraph (2)) for the d[illegible]

"(B) the adjustment factor (descr[illegible] paragraph (3)(A)) for the hospital for the fiscal year.

Blah blah blah...

Blah blah blah...



Borrowed and modified from book cover by Wolinsky & Wolinksky

CMS enacts 3025:
The Hospital Readmissions Reduction Program

- Medicare
- Discharge diagnoses initially of CHF, AMI, pneumonia… now also THR/TKR/COPD
- CMS calculates hospital's risk adjusted "excess" readmissions
- Create an adjustment factor for payment =

$$1 - \frac{\text{cost of excess cases}}{\text{cost of all cases}}$$

- Applied to ALL Medicare bills for FY15 up to 3%
- Started Oct 1, 2012

KHN
KAISER HEALTH NEWS

Medicare Fines 2,610 Hospitals In Third Round Of Readmission Penalties

By Jordan Rau | October 2, 2014

State ▼	Percent of All Hospitals Penalized	Average Hospital Penalty	Number of Hospitals Penalized
Alabama	76.00%	0.63%	71.00
Alaska	24.00%	0.83%	5.00
Arizona	62.00%	0.58%	48.00
Arkansas	47.00%	1.02%	37.00
California	64.00%	0.41%	223.00
Colorado	34.00%	0.33%	27.00
Connecticut	88.00%	0.65%	28.00
Delaware	86.00%	0.22%	6.00
District of Columbia	78.00%	1.00%	7.00
Florida	79.00%	0.58%	148.00
Georgia	65.00%	0.51%	89.00

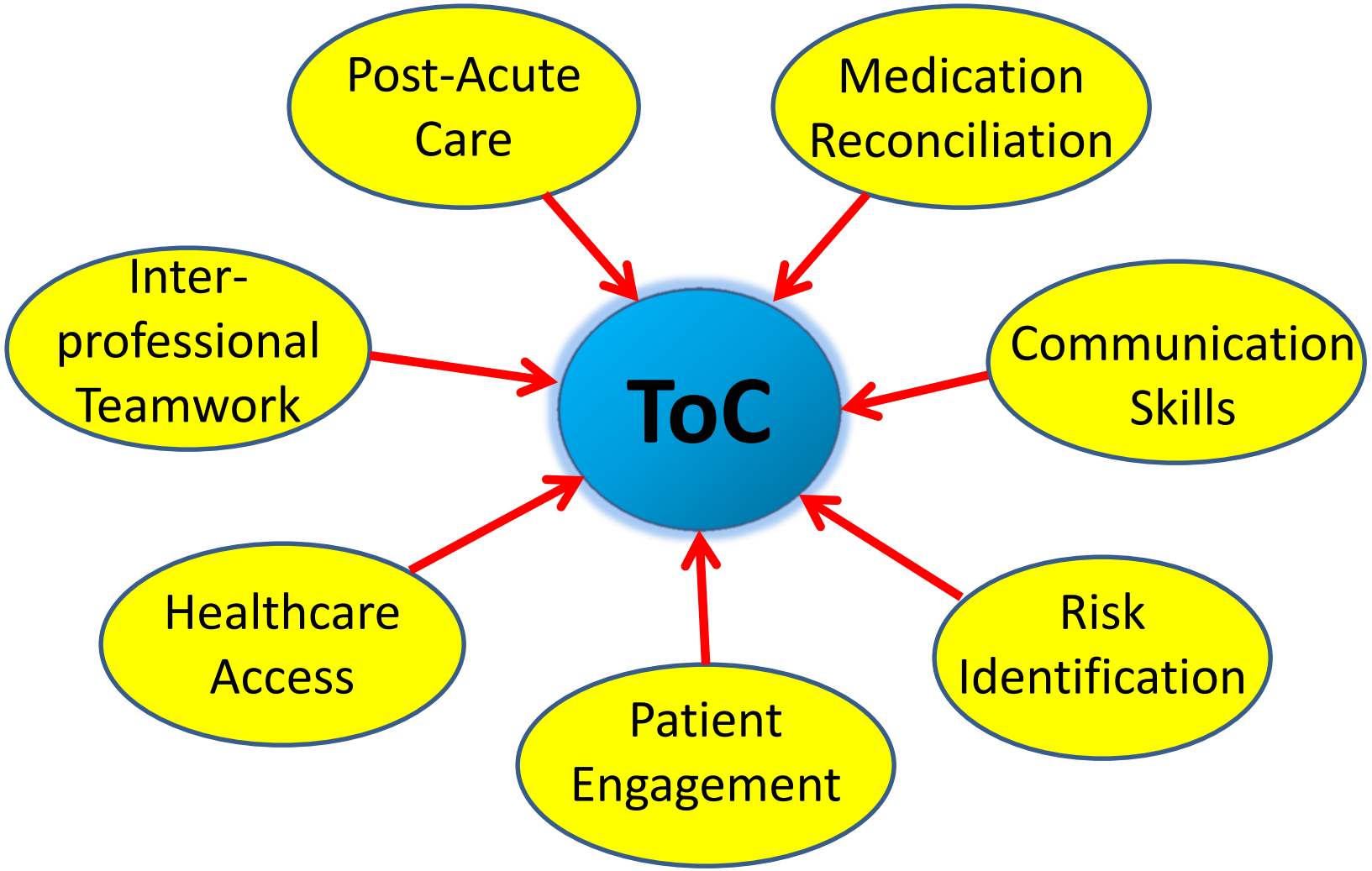
Characteristics of Hospitals Receiving Penalties Under the Hospital Readmissions Reduction Program

Karen E. Joynt, MD, MPH; Ashish K. Jha, MD, MPH

Hospital Type	High Penalty Odds Ratio	Low Penalty Odds Ratio
Large >= 400 beds	2	2
Medium 200 – 399 beds	2.1	1.5
Teaching	1.56	1.46
Safety-Net	2.4	1.8

JAMA. 2013;309(4):342-343

What to include?



ToC Med Ed Intervention Literature Revealed

- 4 intervention trials
- All single site/school
- All medical students
- Multimodal training:
  - Lecture
  - Small group/team based
  - Interactive video
  - Games
  - Home/Hospice/SNF visits post-d/c
  - Post-d/c phone calls
- 2-4 sessions

- Topics:
  - Risk identification
  - Functional assessment
  - Interprofessional collaboration
  - Handoffs
  - Discharge summaries and communications
  - Reimbursement
- Pre/Post Assessment
  - Confidence
  - Knowledge
  - Satisfaction
  - (Behaviors)

J Gen Intern Med. 2010;25(8):878-81.
J Am Geriatr Soc. 2009;57(5):910-7
J Hosp Med 2012;7(1):14-21
J Hosp Med 2008;3(1):20-27

Beyond Medline
(and med school)

- Some published curricula for residents
  - Emory: Discharge Summaries and Handoffs
    - http://www.pogoe.org/productid/21636
    - https://www.mededportal.org/publication/9101
  - Emory: Post discharge follow-up visits
    - https://www.mededportal.org/publication/9757
  - Emory: Interprofessional care coordination
    - https://www.mededportal.org/publication/9821
  - BAAHM: Teaching transitions toolkit
    - http://www.hospitalmedicine.org/Web/Quality___Innovation/Implementation_Toolkit/Boost/Clinical_Tools/Toolkits.aspx

Teaching Accountability at Discharge

Origin: BAAHM meeting

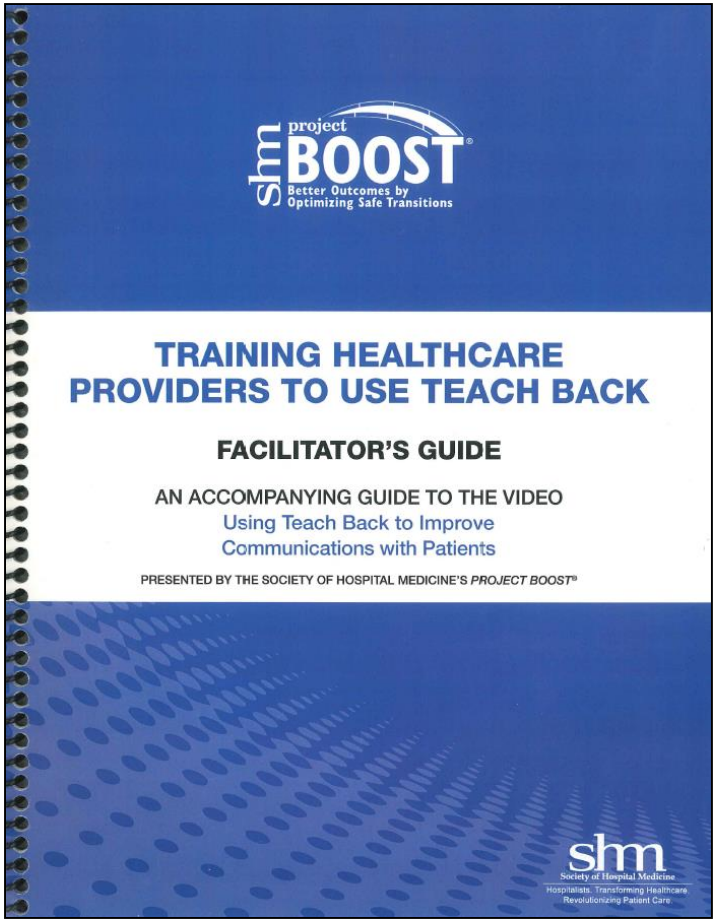
Consolidation/Development: BAAHM Advisory

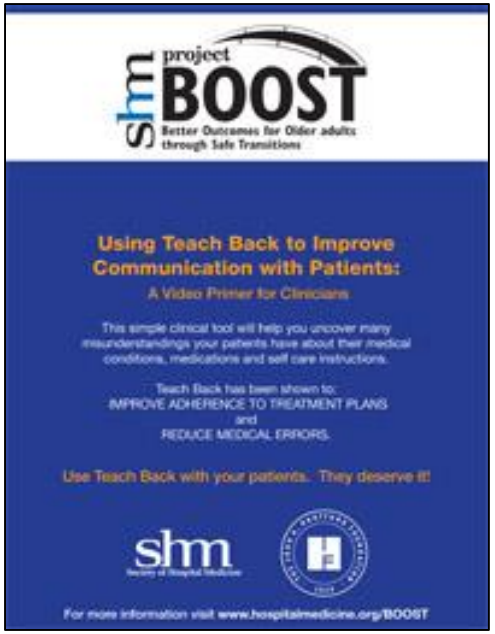
Driving concept: Keep it local. *Feel the pain*.

Exercises:

1. Bounce back policy reconsidered
2. Telephone f/u to patient and PCP
3. Giving your private number to a discharging patient
4. Simplified FMEA pre-discharge
5. Simplified RCA post-readmission
6. Discharge summaries: a peer review

Teaching Communications



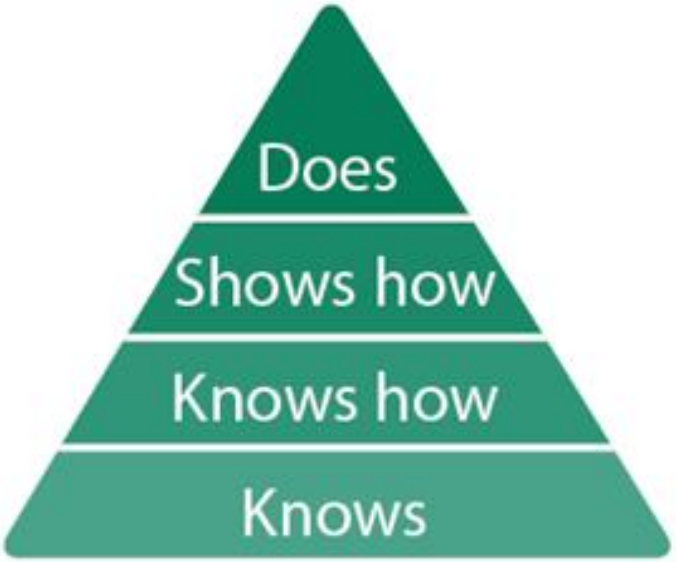


http://www.hospitalmedicine.org/ItemDetail?iProductCode=EDU_BOOST_DVD&Category=DIR&WebsiteKey=5fd01a69-1af2-4511-ae5b-15fa1f9ec298

How to assess impact?

Learner impact considerations:

1. Retrospective pre-test*
2. Peer/faculty observation
3. Durability



*http://www.ksbe.edu/spi/survey-toolkit/pdf/ks_tools/The%20Retrospective%20Pre.pdf

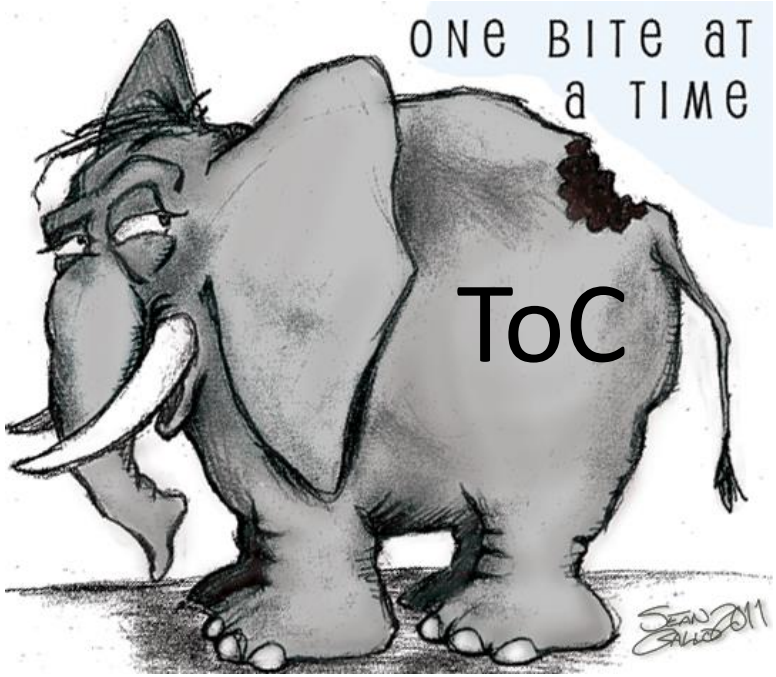
How to assess impact?

System impact considerations?

1. Readmission Rate*
2. LOS*
3. HCAHPS*
4. Staff satisfaction/retention
5. Communication
6. Teamwork
7. Culture

*BEWARE!!

Conclusions



Penn's Discharge Transitions Curriculum

Intern year

- Interprofessional Safe Discharge Curriculum (intern orientation)
- Home Visit and SNF Visit (intern curriculum)
- Discharge Summary Skills (2nd half of intern year)

PGY-2 Year

- Review & reflection on one of their 30-day readmissions
- Post-Acute Care Clinic

PGY-3 Year

- Leading the communication and coordination of an interprofessional discharge care team (milestone based

Miller R, Upton M, Myers JS, Airan-Javia S.

Some Final Tips for Getting Started in Teaching Safe Transitions

- Align your teaching efforts with others who care about this topic:
  - Your Department and/or Division Leadership
  - Program Directors and GME Office
  - Other Faculty in your group
  - Quality & safety leadership
  - Nurses, pharmacists, social workers

Curriculum Development
Where do you need the most help?

<u>Kern's 6-Steps</u>

General needs assessment 

Targeted needs assessment

Goals and Objectives 

Educational Strategies

Implementation

Evaluation and Feedback

What Questions Do You Have?