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Principles of Standardization in Perioperative Handoffs

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Ineffective handoffs can lead to:

- Wrong treatment
- Delay in diagnosis
- Severe adverse events
- Patient complaints
- Increased costs, length of stay

System

Culture

Individual

Australian Council for Safety and Quality in Health Care. Clinical hand-over and Patient Safety Literature Review Report, March 2005. Available <http://www.safetyandquality.org/clinhovrlitrev.pdf>

Joint Commission National Patient Safety Goal-2E

- Implement a standardized approach to “hand-off” communications including an opportunity to ask and respond to questions
 - Both process and content



Communication - The exchange of thoughts, messages or information

- Listening is not natural
- A dynamic process between people:
 - Sender (talks/writes/signals) and Receiver (listens/reads/signals)
 - Roles alternate back and forth
 - Verbal vs. non-verbal
- Feedback:
 - Sending a message is not sufficient
 - Was it received...understood?

- The great enemy of communication, we find, is the illusion of it. We have talked enough; but we have not listened.

- William H. Whyte 'Is Anybody Listening?' *Fortune Magazine* (Sep 1950), 174.

Strategies to Improve Handoff: Improve Communication

- Use clear language
- Incorporate effective communication techniques
 - Verify understanding
 - Nonverbal
- Use technology wisely
- Request confirmation or read back

<http://ps.mcicvermont.com/appdocs/lps/Strategies%20to%20Improve%20Handoff%20Communication.pdf>

Barenfanger, Sautter, Lang, et al. Am J Clin Pathol, 2004

A standardized approach should identify:

- The handoff situation
 - Setting, location and time
- Who is or should be involved in the communication
 - Organizing relevant workforce
- What information should be communicated
 - Diagnoses, current condition, recent changes
 - Anticipated changes - what to watch for in the next interval
- Provide opportunities to ask and respond to questions
- Ideal time to seek advice or input

• *Segall N, et al., Anesth Analg. 2012;115(1):102-115 and Patterson ES, et al. Int J Qual Health Care. 2004;16(2):126-132*

Dynamic Skepticism

- Attitude of constantly questioning and evaluating the patient care environment
- Avoid trusting what appears to be obvious
- Do not assume
- Seek facts
- Request for verification is NOT a sign of mistrust
- Questioning and verifying is safe practice

Standardized Handoff Approaches

- High Reliability Organizations
 - Nuclear Power
 - NASA and Mission Control
 - Aviation: Crew Resource Management
 - Air traffic control
 - Carrier flight deck
 - Dispatch services



High Reliability Organizations: Strategies for Effective Handoffs

- Direct observations of handoffs at NASA, 2 Canadian nuclear power plants, a railroad dispatch center, and an ambulance dispatch center
- **Training and practice**
- Standardize - use same order or template
- Update information
- Limit interruptions
- Face to face verbal update
 - With interactive questioning
- Structured
- Read-back to ensure accuracy

- Patterson, Int J Qual Health Care. 2004

Strategies to Standardize Handoffs

- Allow sufficient time - for formal training and for handoffs
- Use protocols and structured checklists
- Use face-to-face interactive communication - allow and promote questions
- Receiver preparation prior to patient arrival - including assembly of team
- Communicate up-to-date information regarding care, treatment, services, condition, and recent or anticipated changes
- Limit distractions and interruptions
- Require a verification process - repeat-backs or read-backs as appropriate
- Ensure the receiver of information has the opportunity to review relevant historical data, including previous care treatment protocols
- In Translation: Challenges and Opportunities in Physician-to-Physician Communication During Patient Handoffs *Academic Medicine*, Dec. 2005
- *Segall N, et al., Anesth Analg. 2012;115(1):102-115 and Patterson ES, et al. Int J Qual Health Care. 2004;16(2):125-132*

Questions for Leadership

- Leadership in this process is essential
 - Are good handoffs modeled by leadership?
 - Is leadership committed to improving handoffs?
- What training is available?
 - Time commitment
 - Resources committed
- How do I respond to questions or suggestions about the care I provide?