Provocative Issues

APSF 2017 Stoelting Conference

Getting Consensus on Perioperative Handoffs

September 6th, 2017

Philip E. Greilich, MD, FASE
Professor and Holder
S.T. "Buddy" Harris Distinguished Chair in Cardiac Anesthesiology
Health System Quality Officer, Office of the EVP for Health Affairs

UT SOUTHWESTERN
Continuous Quality Improvement

UT Southwestern
Medical Center

Process

- Reflected on local experience and discussions with MHC
- Polled members of the planning cmte/other experts
- Reviewed Delphi survey responses
- Made a “long list”….then a “short list”

Short List

- Patient and caregiver involvement
- Degree of handover structure
- Information transfer vs. teaming event
- Optimal use cognitive visual aids
- Organizational influence on sustaining redesign

Why involve patients/caregivers?

- Common, frequently defective, high-risk events associated with errors, harms and increased cost
- Emerging preferences, mandates and standards
- Consistent with patient- and family-center care
- Relationship of satisfaction with outcomes

http://www.centerfortransforminghealthcare.org/tst_hoc.aspx

Manary et al. The patient experience and health outcomes. NEJM 2013;368:201

What kind of involvement?

- Which handovers?
  - *PACU-to-home vs. OR-to-ICU*
- Who will be involved?
  - *patient only, family, care givers*
- Nature of interaction?
  - *paternalistic vs. partner*
- Level of involvement?
  - *passive recipient vs. active participant*

Barriers – Rhetoric vs. Reality

- Physical, logistical or time constraints
- Not sure patient/family need to know/will understand
- Disrupts discussion of complex or sensitive issues
- Lack of standards, measures or evidence base
- Majority of providers don't believe it matters

What do patients/caregivers want?

- Communication – “to feel informed”
- Treated as a “contributors”
- Preferences respected
- Clinical demeanor – “to feel at ease”

Stutzman et al. AORN 2017;105:193-202
Tobiano et al. J Clin Nursing 2012;22:192-200
McMurray et al. Collegian 2011;18:19-25

Principles to guide the "how to"

- Provide mechanism for determining level of involvement
- Seek means for including them as active participants
- Communicate in a manner that helps them feel informed and at ease
- Leverage the "value-add" of a knowledgeable and informed partner in care

Statements to Recommendations

- **Patient and family presence for and participation in handoffs should be specific to setting and acuity (9/2/0).**
  - *Patients and their care givers should be involved in perioperative handovers when ever feasible.*
- **For pre-operative handoffs, patients (as they are able) and families should be present and should participate (5/3/3)**
  - *Patients and their care givers should be involved in the transition of care from the preoperative area to the operating room.*
- **Families should be present for PACU discharge (3/3/5) and Patients and families should be included in the handoff postoperatively when care is transitioned beyond the immediate perioperative setting (5/3/3).**
  - *Patients and their care givers should be involved in the transition of care from the postoperative care unit to the floor or home.*
- **Families should be able to make recommendations for next steps in plan of care (4/6/1) and Patients and families should be included in nursing shift handoffs (2/4/5).**
  - *Patients and their care givers should be considered partners in care and encouraged to be active participants in shared decision-making during care transitions and handovers, if desired and feasible.*

Statements to Recommendations

- **Patients and families should have a mechanism to communicate any issues through a patient hotline or quality improvement reporting system (8/3/0).**
  - Patients and their care givers should have a mechanism to easily communicate (eg. hotline) their preferences regarding handovers to the health care system.
- **3 others ….intraoperative, OR-to-PACU, OR-to-ICU**
  - *A representative of the care team should communicate with patients and their families the highlights of the multi-specialty handover and elicit their questions and/or concerns*

References

- Manias E, Watson B. Moving from rhetoric to reality: Patient and family involvement in bedside handover. Intern J Nursing Studies 2014;51:1539-1541
- Stutzman SE, Olson DM, Greilich PE, Abdulkadir K, Rubin MA. The patient and family perioperative experience during transfer of care: A qualitative inquiry. AORN 2017;105:193-202
- National Patient Safety Goals Handbook. Oakbrook Terrace, IL: The Joint Commission; 2008
- Tobiano G, Chaboyer W, McMurray A. Family members' perception of the nursing bedside handover. J Clin Nursing 2012;22:192-200.
- Manary MP, Boulding W, Staelin R, Glickman SW. The Patient experience and health outcomes. NEJM 2013;368:201-3.

Provocative Issues – Long list

- Patient and family engagement
- Too much vs. Too Lite structure
- Can causality be established between interventions and outcomes
- Do CVAs contribute or disrupt medical sense-making
- How do you balance the use of an EMR-based CVA in a face-to-face to maximize the hand's impact
- Do structured handoffs lead to an increased in error of omission
- How do you sustain handover redesign?
- What's more important information transfer or shared mental model (talk at vs. with one another)
- Are handovers more about information transfer or teamwork?
- What's the value-add of handover (vs. EMR) is it just information transfers or sense-making & anticipatory guidance
- Is realistic or even advisable to "always" involve the patient and/or family member or advocate
- Loss of the "most important" concern with all the additional information and structure
- Do checklist lead to over-reliance and box-checking that leaves important information unspoken
- Has the use of more structure handovers and cognitive aids really made difference

Provocative Issues – Long list

- What type of culture do I need in my unit or hospital to be able implement a redesigned handover successfully
- Is there really any benefit of auditing handovers?
- What is the most effective use of the EMR in the handover process?
- What is the most way to employ CVA during handoffs?
- Does writing shared information on the transferred on the white counts Is read
- How much time do you really have for handovers?
- What the best way to handle introductions and should everyone in the room introduce themselves
- What preparations should be made prior to beginning the handover
- When and how much of the handover should be read back?
- Should handover education be standardized?
- What is the best way to audit provider and give feedback?
- How do we assess patient and families perception of handoffs?
- Should quality indicators (AEs, non-routine events, extubation, LOS, etc) be measured
- Are team-related process outcomes important?
- Do provider perception of handover effectiveness matter?

Provocative Issues – Long list

- What type of hospital support is most important (inferential leadership, $$, SME, presence)
- What type of messaging and advertising should be included during the redesign efforts
- Should our research efforts focus on intermediate or actual patient, provider or organizational outcomes
- Should there be special training for handovers?
- Should the relationship be team work and safety be studied?
- What is the best way to assess(or audit) handovers?
- How should we involve patients and families transitioning from PACU to home?
- How should we involve patients and families transitioning from preoperative area to the OR ?
- How do we create resilience in handover redesign
- How important is organizational support and safety climate? Should it be measured?
- Does the professional staff need to make a formal commitment or convenient to fellow team members (social contract)

UT Southwestern
Medical Center