

STANDARDIZING HANDOFF COMMUNICATION FROM CVICU TO ACUTE CARE USING THE I-PASS MODEL

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Category: Patient Safety

Background

Joint Commission standards for effective handoffs include use of a standardized script, minimization of interruptions, and opportunity for verification and questions. Baylor College of Medicine, in accordance with ACGME CLER guidelines, has begun to rollout the I-PASS model for care transition communication across its hospital systems. Our transfer handover process between the Texas Children's Hospital CVICU and 15Tower (15T), the Cardiology acute care floor, occurred in a busy central location in the CVICU. Verbal handover was unscripted, content was variable, and frequent interruptions occurred. Secondary to concern for poor transfer of information affecting patient safety, and in an effort to improve the handoff communication, we implemented key process changes and introduced the I-PASS model.

Objectives

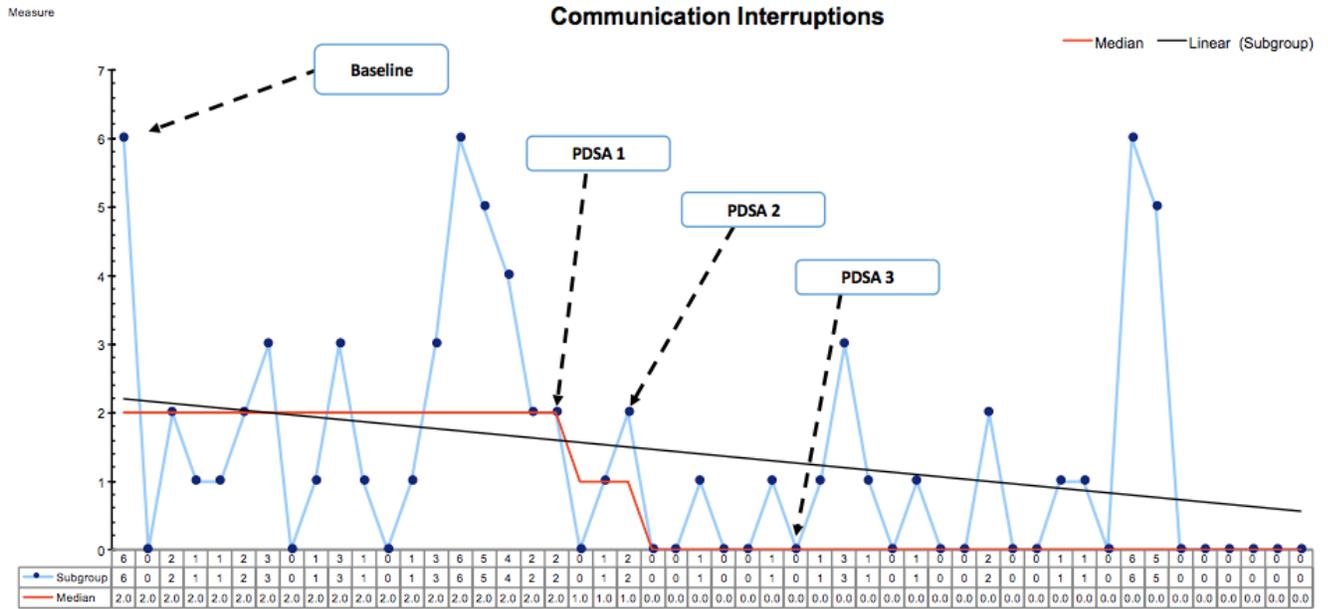
Our primary aim was to implement the IPASS script for handoff communication, with a goal of 75% utilization in 3 months. Our secondary aims were to achieve at least a 50% reduction in the number of communication interruptions during handoff, and increase staff satisfaction by 15% after new handover process was in place.

Methods

We utilized a prospective cohort study model to assess the effect of implementation of an I-PASS supported handover process designed to standardize verbal communication and reduce interruptions during the transfer communication. Initially, a ten question survey was sent to all involved providers to assess their satisfaction with the current process, and this same survey was sent again at the end of our study period. Continuous audits of the handoff were conducted throughout the study for content, interruptions, and compliance to the I-PASS model. We utilized Plan, Do, Study, Act (PDSA) cycles to implement modifications to the handover process. Our first PDSA cycle was to change the location of the handover, followed by I-PASS education to a small group of providers, and finally continuous I-PASS education for all providers with placement of visual prompts at the handover.

Results

I-PASS utilization remained above 75% once implemented. Utilization was 89% in the final month of the study. Communication interruptions decreased by 54% over the course of the study. Staff satisfaction with the overall process improved by 33%. Overall duration of the handoff and perception of efficiency were not significantly changed.



Discussion

Implementation of I-PASS script and change in the location of handoff decreased interruptions and increased overall satisfaction with the process. We plan to continue handover audits to promote process stability. Future PDSA cycles are planned, focusing on multidisciplinary inclusion and timeliness.