

ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

Project Title: I-PASS: Implementing a Standardized Patient Handoff Tool in a Cancer Center

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Background, Challenge or Opportunity: Recognizing the role handoff failures play in medical errors, the Accreditation Council for Graduate Medical Education (ACGME) requires all training programs to teach physician trainees handoff skills and monitor the quality of handoffs. Implementation of a standardized handoff process provides an opportunity to educate healthcare personnel, improve the quality of care, and decrease medical errors.

Purpose/Objectives: To implement a standardized patient handoff process among physicians and midlevel providers in three transition areas at MD Anderson.

Methods/Approach:

The Clinical Learning Environment Review identified an opportunity for improvement in the handoff process at MD Anderson. Published handoff methods were investigated by the Department of Medical Education and I-PASS was identified as an option. The I-PASS Handoff Bundle includes a comprehensive set of educational materials centered on the I-PASS mnemonic: I: Illness severity; P: Patient summary; A: Action items, S: Situation awareness and contingency planning; and S: Synthesis by the receiver. The institution provided sponsorship and support by including handoffs in its five-year strategic plan. Our multidisciplinary group consists of internists, surgeons, intensivists, hospitalists, ER physicians, fellows, nurses, APNs, physician assistants, and quality engineers. The group meets weekly due to the critical nature of this project. I-PASS was selected as the handoff tool and three transition areas identified for the pilot: Gynecologic Oncology inpatient service to Nocturnalists who cover the service overnight; Emergency Center (EC) to G19, a floor which admits non-surgical cancer patients; and Operating Room (OR) to the Pediatric Intensive Care Unit (ICU). Process maps documented current procedures and Needs Assessments were conducted. Each team performed a gap analysis and identified barriers to successful I-PASS implementation. The current electronic sign out tool was modified and will be integrated into our EPIC build-out. Pilots are scheduled for May (Gyn Onc), June (OR/Pedi ICU) and July (EC to G19), 2015.

Outcomes and Evaluation Strategy:

A Frontline Provider Survey evaluating specified characteristics of pre-I-PASS handoffs will be distributed in April 2015. I-PASS Champions (Staff who will observe handoffs and who are committed to actively supporting the effort) will complete a questionnaire regarding their perceptions of the pre-I-PASS handoff process. Gyn Onc fellows, midlevel providers, and staff will receive training. Throughout the month, trainees and midlevel providers will be evaluated to assess the quality of handoffs. The baseline questionnaires will also be completed at the end of the rotation. The remaining pilot sites will proceed in the same manner. A Publicity Campaign has been developed. Metrics include: percentage of healthcare providers trained in the I-PASS process; percentage of face-to-face handoffs; percent adherence to specific elements of the I-PASS process; and adherence to I-PASS over time. Plan, Do, Study, Act (PDSA) cycles will be used for continuous improvement. The ultimate goal of this project is implementation of I-PASS throughout MD Anderson.

Opportunity

Recognizing the role handoff failures play in medical errors, the Accreditation Council for Graduate Medical Education (ACGME) requires all training programs to teach physician trainees handoff skills and also monitor the quality of handoffs. Implementation of a standardized handoff process provides an opportunity to educate healthcare personnel, improve the quality of care, and decrease medical errors.

Objective

To implement a standardized patient handoff process at MD Anderson in the inpatient care setting, beginning with physician trainees and midlevel providers on the Gynecologic Oncology (Gyn Onc) Service.

Methods

1. Problem Identification and General Needs Assessment:

The Clinical Learning Environment Review provided an opportunity for improvement in the handoff process at MD Anderson. Published handoff methods were evaluated by the Department of Medical Education and I-PASS was identified as a validated and feasible option. The institution provided sponsorship and support by identifying handoffs as a priority in its five-year strategic plan.

2. Targeted Needs Assessment:

Process maps documented current procedures and Needs Assessments were conducted specific to three identified inpatient areas: Gyn Onc service to Nocturnalists, midlevel providers who cover the service overnight; Emergency Center (EC) to G19, a floor which admits non-surgical cancer patients; and Operating Room (OR) to the Pediatric Intensive Care Unit (ICU). Each team performed a gap analysis and identified barriers to successful I-PASS implementation. Our multidisciplinary group consists of internists, surgeons, intensivists, hospitalists, ER physicians, fellows, nurses, APNs, physician assistants, and quality engineers. Weekly meetings began in November 2014.

3. Goals and Objectives:

Each team identified goals, defined objectives, and established metrics. Gantt charts were created to track progress in each area.

4. Educational Strategies:

Staff, fellows, and midlevel providers were identified as learners. The I-PASS curriculum was adopted and modified to the educational needs of the Gyn Onc learners. This pilot will be followed sequentially by the remaining two pilots.

5. Implementation & 6. Evaluation and Feedback - In Progress

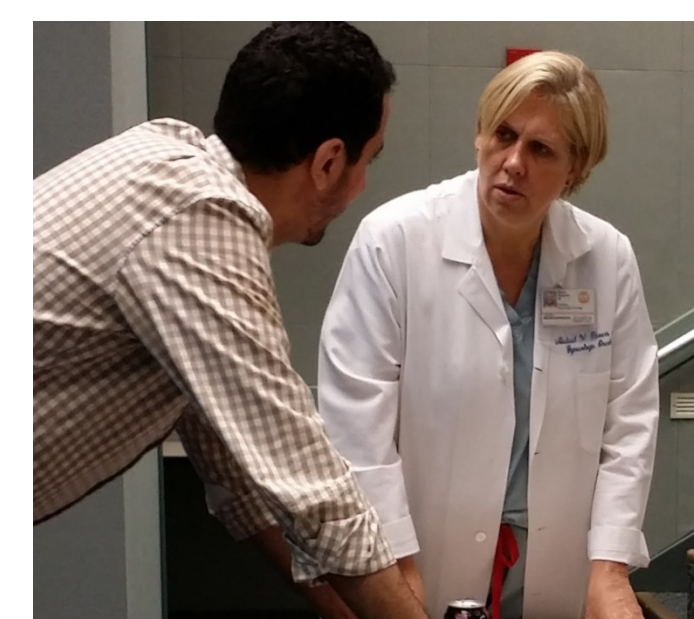
Implementation



I-PASS
 Role Play
 Workshop



Better handoffs.
 Safer care.



The I-PASS Handoff Bundle includes a comprehensive set of educational materials centered on the I-PASS mnemonic: I: Illness severity; P: Patient summary; A: Action items; S: Situation awareness and contingency planning; and S: Synthesis by the receiver.

Discussion

Essential to successful implementation:

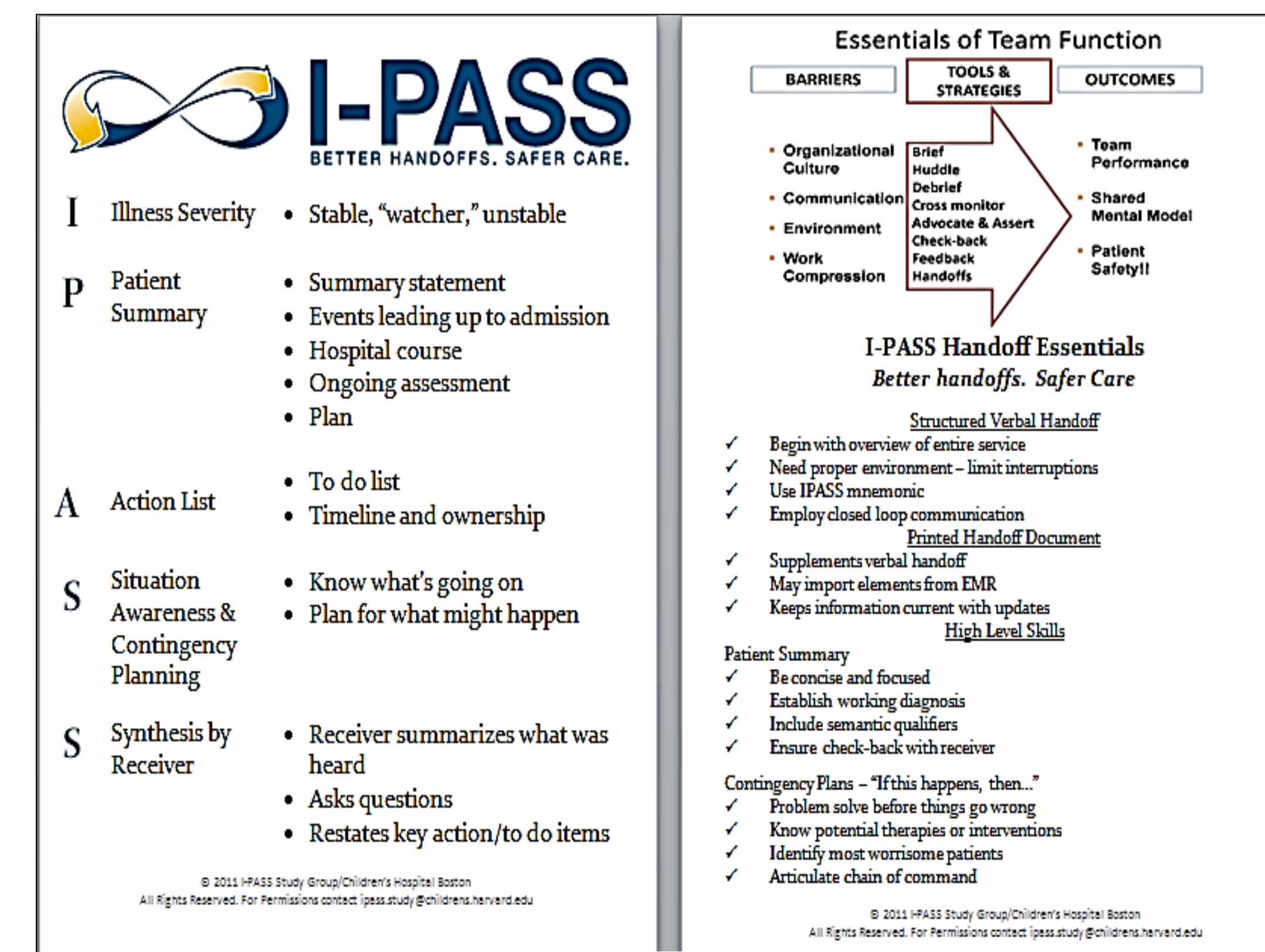
1. Garner executive leadership/institutional sponsorship and support early in the process.
2. Build a team of thought leaders, I-PASS champions, and front-line providers.
3. Include Information Technology collaborators at outset.
4. Maintain core team for data collection, education, and publicity campaign.
5. Develop communication plan for key stakeholders.
6. Communicate expectations and build network of supporters.
7. Identify barriers; develop possible solutions early in process.

Useful tools:

1. I-PASS Handoff Bundle <http://www.ipasshandoffstudy.com/>
2. TeamSTEPPS training program <http://teamstepps.ahrq.gov/>

-- Presented at the 2015 ELAM® Leaders Forum --

I-PASS Handoff Method



Summary & Next Steps

- Current electronic sign out tool modified; will be integrated into EPIC build-out.
- Pilots scheduled for May (Gyn Onc), June (OR/Pedi ICU) and July (EC to G19) 2015.
- Gyn Onc I-PASS workshop conducted on April 15, 2015 for frontline providers and I-PASS Champions (Staff who will observe handoffs and who are committed to actively supporting the effort); baseline survey distributed.
- Plan to observe trainees and midlevel providers throughout the month to assess quality of handoffs.
- Follow-up surveys to be completed at end of rotation.
- Remaining pilot sites to proceed in same manner.
- PDSA cycles to be used for continuous improvement.

❖ Metrics:

- Percentage of healthcare providers trained in I-PASS process;
- Percentage of face-to-face handoffs;
- Percent adherence to specific elements of I-PASS process; and
- Adherence to I-PASS over time.