

# Optimizing Handovers Between Hospitalists

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## Aim

By April 2019, all hospitalist patients at ERH with a stay of >5 days will have completed, standard handover notes at the time of rotation change

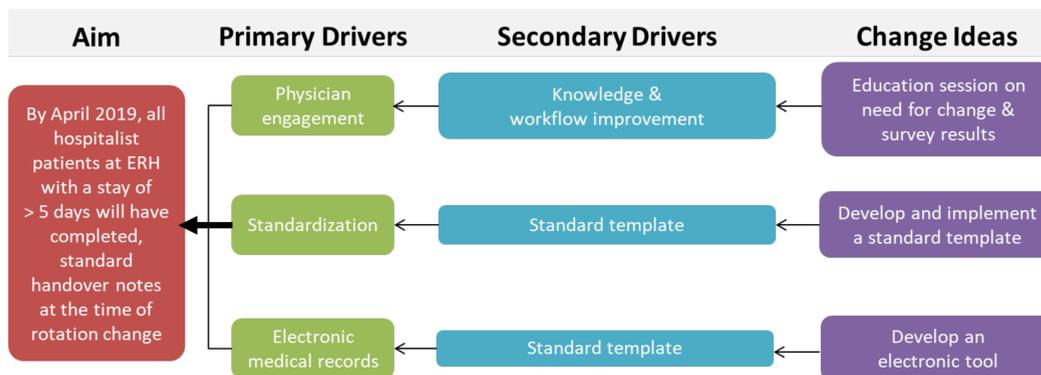
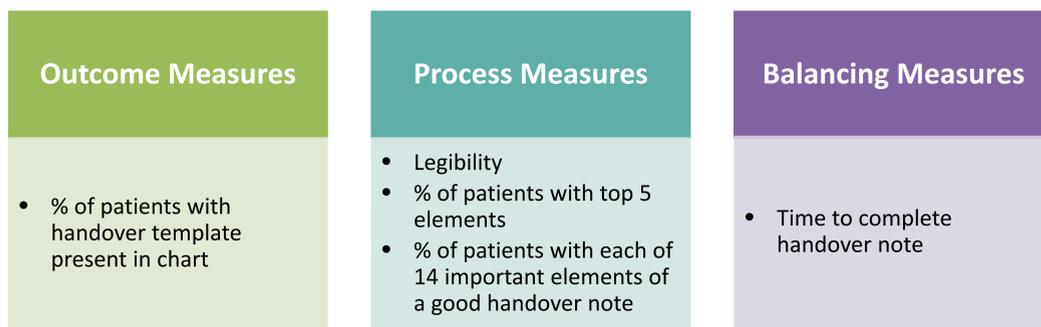
## Background

Discontinuity of care is a built-in feature of the hospitalist model of care. Hospitalists work shifts of varying durations and frequently “handover” patients to their colleagues at the end of their clinical rotations. Handover points (also known as “handoffs”) can be associated with communication breakdowns, which are a major root cause of adverse patient events. Additionally, communication breakdowns are a leading cause of medico-legal concerns for practicing physicians and can have a negative impact on the overall efficiency of care. Given that FH hospitalists look after 1400 patients on any given day, it is important to ensure robust handover practices. However, department surveys and audits have shown that 45% of department members believe the current handover practices at their site are insufficient. No formal handover note is available at the time of rotation changes in 11% of the time, and 17% of notes are illegible. The top 5 necessary elements of a proper handover note (as determined by a survey of department members) are only present in 45% of instances.

## Project Design & Strategy

This project strives to:

1. Develop a more consistent presence of formal handover notes at the time of rotation shift
2. Establish a standardized documentation system that contains the most important elements of a handover
3. Improve physician satisfaction with the quality of handover notes



## Initial Steps

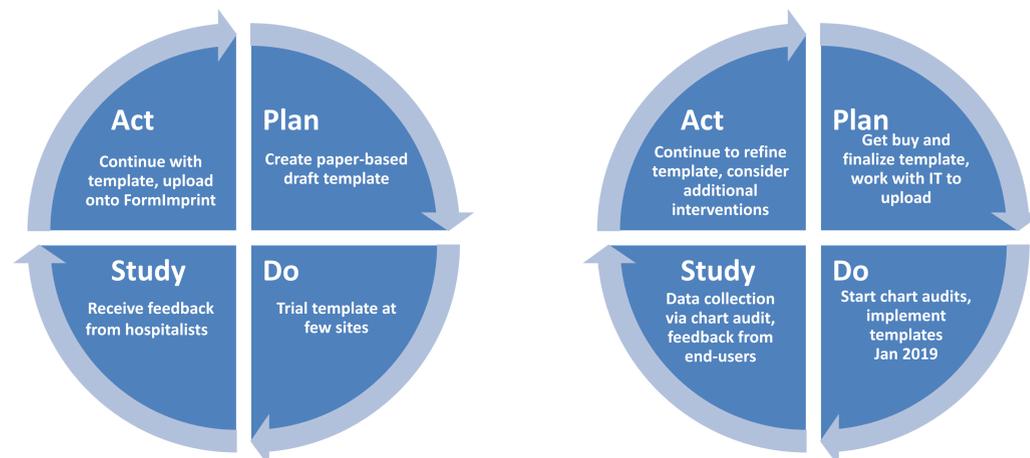
- Environmental scan to understand current handover processes at ERH and other sites
- Department survey to identify important elements of high-quality handover documentation
- Development of an inventory of current handover templates across sites and comparative analysis
- Creation of project team with stakeholders

Top 5 necessary elements of handover note – end of rotation
Active issues
Action plan
Post-admit Diagnosis treated during the admission
Tests/Imaging Pending
Admitting Diagnosis

## Team

## Changes Made

- Education session at National Hospitalist Conference
- Created standardized template available on FormImprint
  - Multiple iterations to derive a common accepted template



## Results

Currently, chart audits are still being done retrospectively to assess changes in handover quality. Baseline data from September 2017 and August 2018 showed little change in performance, despite ongoing discussions about handovers and the first PDSA cycle of draft templates.

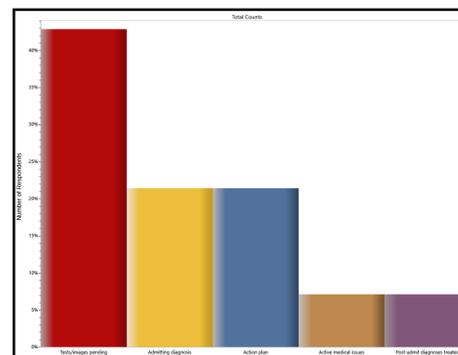


Figure 1: Top 5 essential elements missing from handover notes. During the early stages of the first PDSA cycle, we continued to see a high defect rate in the documentation of the top 5 key elements of handover notes. We observed variability in the rates among the 5 elements, with the documentation of pending tests showing highest missed opportunity.

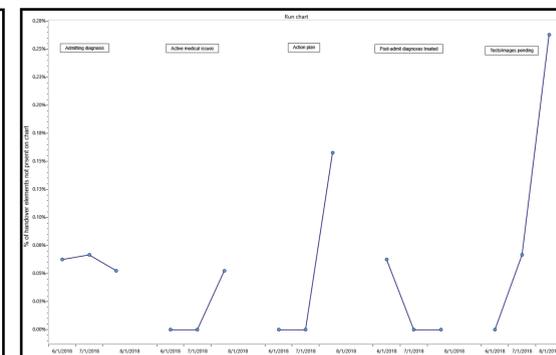


Figure 2: Run chart of top 5 essential elements missing from handover notes. Given the manual nature of audits, we do not yet have enough data points to observe clear trends. However, in the early phase of our first PDSA cycle, we see some stable trends for some aspects of the handover template documentation while a worsening trend for other elements.

## Lessons Learned

- Developing an implementing a standard handover template across multiple sites is possible, but requires a significant degree of engagement from frontline physicians.
- Clinical chart audits to measure progress on handover quality are time-consuming and require internal validation of audit methodology and on-going training of auditors.
- Anecdotal evidence and qualitative feedback from hospitalists at ERH suggest an uptake in use of templates, but need to be validated with retrospective chart audits (in progress).

## Next Steps

Continue to refine the handover templates and complete audits to measure progress.

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