Systemwide Implementation of Structured RN Bedside Handoff Remedies Communication Errors

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Nicole Lincoln MS, RN, APRN-BC, CCRN
Date June 16, 2016
Time: 3:00 pm-3:30 pm
OBJECTIVES

• To engage you the listener in the BMC journey to implement nursing bedside handoff
  » Senior leadership
  » Professional development
  » Frontline staff engagement

• Discuss the structured handoff process I-PASS with SAFETY and sustainment strategies

• Evaluate outcomes
  » Metrics
BOSTON MEDICAL CENTER (BMC)

- 315,000 Member Health Plan
- More than 5,000 Employees
- Network of 14 Community Health Centers
- 482 Bed Teaching Hospital
- Largest Provider of Trauma and Emergency Services in New England
- 860,000 Outpatient Visits Per Year
- Primary Teaching Hospital of B.U. School of Medicine
- New England’s Largest Safety-Net Hospital
QUALITY CARE AND PATIENT EXPERIENCE

BMC FY2015 Update Dashboard

- **Quality**
  - Mortality
  - Preventable Harm
  - Outpatient access
  - Hospital readmissions
  - ED Length of Stay
  - Diversity

- **Efficiency**
  - Operating income
  - Hospital length of stay
  - BMCHP members using BMC*

- **Satisfaction**
  - Patient satisfaction
  - Employee engagement

- **Total Revenue**
  - Net patient service revenue
  - DSTI supplemental funding
  - Volume

Our focused 2016 priorities

1. **Quality of Care**
   - Key measure: Preventable harm

2. **Patient Experience**
   - Key measure: IP & OP satisfaction

3. **Growth**
   - Key measure: Volume
Substandard Hand-offs May Result in:

- Delay in treatment
- Inappropriate treatment
- Adverse events
- Omission of care
- Increased costs
- Inefficiency from rework

Problematic hand-off resulted in misinformation to:

- The attending physician
- Consulting physician
- Another resident physician
- Nurse or technician
- Patient or patient’s Family

survey respondents (%)
BACKGROUND: PATIENT EXPERIENCE

- Keeps patients informed about their care
- Creates trust and reduces patient anxiety
- Increases accountability for nurses as they report off in front of patients
- Increases teamwork between shifts
- Is known to impact HCAHPS pain, care transitions, nurse communication, communication about medicine
- Provides a structured process to imbed future initiatives
I-PASS: BOSTON CHILDREN’S HOSPITAL

Handoff: Improving communication, patient satisfaction and safety

- I - Illness Severity
- P - Patient Summary
- A - Action List
- S - Situational Awareness
- S - Synthesis by Receiver

“I-PASS: High reliability communication for better handoffs and safer patient care.”
-- James Moses, MD, MPH
Medical Director of Quality Improvement

- I-PASS handoff for both Physician and Nursing Teams
- Phased hospital roll-out 2015-2016

#VITAL2016
THE BMC PROCESS

Completed Before Entering the Patient’s Room

**I**llness Severity
- Review Patient Status

**P**atient Summary
- Medical history up to admission

**A**ction Items
- Tasks to finish during RN’s shift

**S**ituational Awareness
- Questions by the oncoming

**S**ynthesis
- Review/Repeat back to RN

Completed at the Patient’s Bedside

**S**tand at the Bedside
- Introduce the oncoming RN

**A**ssess your Patient
- Check pain, IV, meds, skin, O2

**F**all Risk?
- Notify your patient

**E**xplain Plan of Care
- Review the schedule with patient

**T**ry to Involve Your Patient
- Answer any patient questions

**Y** Why?
- Ask any remaining questions to your patient

#VITAL2016
PILOT ON A SCALABLE UNIT

Phases of Scale Up

- Administrative unit includes core activities and support systems that need to be replicated in the larger health system.
- Intensively test local ideas, generate a set of context-sensitive interventions for scale up “change package”

(IHI, 2016)
Phased rollouts in each area include:

- Meetings with directors, nurse managers, and educators to discuss project details and set timeline for go-live
- Simulation and training with nurse champions from each unit prior to the go-live date
- Engaging staff in the build of the electronic I-PASS handoff tool for their area
- Ensuring each RN on the unit views the training video, reviews changes to the policy & procedure for handoff, and has completed the post-test/attestation on HealthStream
- Laminated I-PASS/SAFETY reminders on the WOWs, nurse badge tags, and I-PASS EPIC tool available on each unit prior to go live.
TRAINING VIDEO: NURSE CHAMPIONS

T - Try to involve the patient
Discuss the plan of care with the patient

http://www.viddler.com/v/e3bb349c?secret=106547525
SUSTAINMENT

A - Acknowledge staff
C - Compliance be present during handoffs
H - Hardwire with nursing EPIC Tool
I - Investment of leaders/organizational alignment
E - Engage front-line staff in decisions
V - Verify through audit process
E - Evaluate metrics and share
ACKNOWLEDGE; SHARED GOVERNANCE

- Seek feedback regularly from frontline staff
- Address barriers/Modify tool
- Have formal shared governance structure to guide patient care
  - Nurse Informatics Council
  - Nurse Practice Council
  - Fall Prevention Committee
- Acknowledge those who do the process well at the bedside
  - Real time coaching
  - Staff evaluations
- Share Metrics (successes)
COMPLIANCE

- Policy and Procedure
- Add the process into the RN Job description
- Ensure that you provide detailed education and guidance to existing staff
  » Include in new employee orientation
- Manager presence during handoffs is key during the transition
- Hold staff accountable after process is hardwired
- Leverage technology
**HARDWIRE**

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### Pain, Dan
- **Age**: 32 y.o.
- **Sex**: M
- **MRN**: 5000266
- **Allergies**: None
- **Admission Code**: Not on file
- **Wt**: 90.719 kg (200 lb)
- **Admission Wt**: 90.719 kg (200 lb)

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### Pain, Jennifer
- **Age**: 36 y.o.
- **Sex**: F
- **MRN**: 5000191

### Pain, Matt
- **Age**: 35 y.o.
- **Sex**: M
- **MRN**: 5000192

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### Available Lists
- **Recent Searches**
- **System Lists**
- **Admitted Patients**
- **Expected Lab Draw**
- **HOD**
- **Inpatient Lab Draw**
- **My Trig List**
- **Preadmitted Patient**
- **Recently Discharged**

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### Patient List Criteria
- **Patient Name**: Pain, Dan
- **Age/Sex**: 32 y.o. / M
- **Room/Bed**: Men's 6W-6E47
- **Problem**: None Found
- **MRN**: 5000266

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### Patient Summary
- **PMH**: Has no past medical history on file
- **Diet**:

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### Action Items
- **D&C or Transfer**: Not applicable
- **Concerning Lab**: Not applicable
- **Next Labs/Specimens Due**: Not applicable

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### Situational Awareness/Synthesis
- **Checklist**: Complete

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### Handoff
- **Nursing Med-Surg**
- **No Patient Care Coordination Note on file**

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# VITAL2016
INVESTMENT FROM LEADERSHIP
ENGAGE FRONT-LINE STAFF IN DECISIONS
I-PASS & SAFETY Audit Form

This form is to be used to complete audits of the I-PASS and SAFETY handoff procedures at Boston Medical Center.

* Required

Auditor's Name *

Your answer

Current Time *

Time


:


AM

RN Giver *

#VITAL2016
EVALUATE: FALLS AND FALLS WITH INJURY

Falls and Falls with Injury Rates for NDNQI Reportable Units at BMC

<table>
<thead>
<tr>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>BMC Falls Rate</td>
<td>2.62</td>
<td>3.44</td>
<td>3.10</td>
<td>2.80</td>
<td>2.43</td>
<td>2.30</td>
<td>2.12</td>
<td>2.29</td>
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<tr>
<td>BMC Falls with Injury</td>
<td>0.38</td>
<td>0.51</td>
<td>0.29</td>
<td>0.44</td>
<td>0.46</td>
<td>0.17</td>
<td>0.17</td>
<td>0.28</td>
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<tr>
<td>NDNQI Falls Benchmark</td>
<td>2.51</td>
<td>2.32</td>
<td>2.48</td>
<td>2.39</td>
<td>2.40</td>
<td>2.33</td>
<td>2.27</td>
<td>2.27</td>
</tr>
<tr>
<td>NDNQI Falls with Injury Benchmark</td>
<td>0.43</td>
<td>0.42</td>
<td>0.45</td>
<td>0.43</td>
<td>0.44</td>
<td>0.47</td>
<td>0.43</td>
<td>0.43</td>
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</tbody>
</table>
EVALUATE: COMMUNICATION NURSING DOMAIN

<table>
<thead>
<tr>
<th>CY 15 Q1 (N=382)</th>
<th>CY 15 Q2 (N=352)</th>
<th>CY 15 Q3 (N=385)</th>
<th>CY 15 Q4 (N=383)</th>
</tr>
</thead>
<tbody>
<tr>
<td>73.8%</td>
<td>76.5%</td>
<td>77.2%</td>
<td>78.7%</td>
</tr>
</tbody>
</table>

National percentile rank*
PATIENT EXPERIENCE INPATIENT HCAHPS SCORES

Rate the Hospital ’9 or 10’

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Score</th>
<th>Sample Size</th>
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</thead>
<tbody>
<tr>
<td>CY15 Q1</td>
<td>66.8%</td>
<td>(N=377)</td>
</tr>
<tr>
<td>CY15 Q2</td>
<td>67.6%</td>
<td>(N=349)</td>
</tr>
<tr>
<td>CY15 Q3</td>
<td>69.9%</td>
<td>(N=382)</td>
</tr>
<tr>
<td>CY15 Q4</td>
<td>75.1%</td>
<td>(N=378)</td>
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</tbody>
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NEXT STEPS

• Interdisciplinary communication project MD/RN
• I-PASS for other services PT/OT, Pharmacy, Respiratory Therapy
• Investigate additional metrics
  » Adverse events
  » Call bells
• Complete Epic handoff tools
  » Maternal child health
  » Procedural areas
• Reinforcement of key elements in nursing competency day – work toward IPASS “2.0”

• Ongoing observations/audits of handoff process
QUESTIONS
REFERENCES


IHI.org retrieved from website course materials. Getting results at Scale 4/15/2016 (slide 10).


REFERENCES


