

# Why Are Effective Handoffs Critically Important?

Karen S. Guice, MD, MPP  
Executive Director  
Federal Recovery Coordination Program  
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# Report Documentation Page

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# From the Conference Agenda

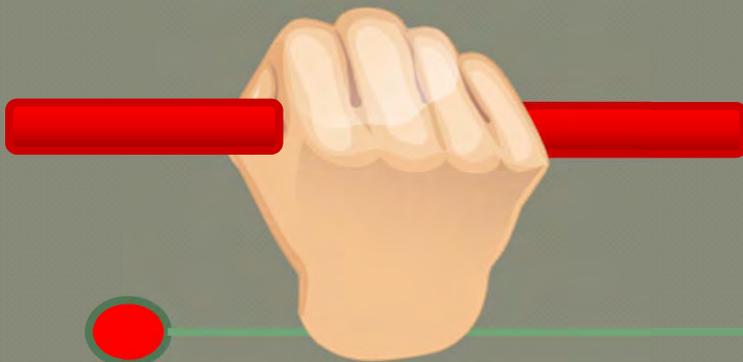
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- “. . . . the process of care handoffs [information exchange] between providers, across clinics, across venues of care, between direct and purchased care, across the DoD and VA, and in the most complex social and medical situations...”

# Why Talk About This At All?

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- We generally think of handoffs as a simple two way communication –
  - Shift change
  - On-call change
  - Hospital “area” change (OR to Recovery Room, for example)
  - Facility to facility transfer



# It Is That and More

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- **Complicated delivery systems**
  - Stovepipe views
  - Multiple transfers are inherent
  - DD214 line is blurred
  - Benefit qualifications vary
  - IT doesn't solve all the problems
- **Patient and family expectations**
  - Trust
  - Social media
- **Improve what we do**

# We Also Know

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- Institute of Medicine 1999 report *To Err is Human: Building a Safer Health System*
  - *[Errors are] caused by faulty systems, processes, and conditions ... ”*
- Institute of Medicine 2001 report *Crossing the Quality Chasm*
  - Handoffs provide opportunity for error
- In 2006, the Joint Commission determines that handoffs should be a National Patient Safety Goal
  - Improving the effectiveness of communication by providing accurate information about an individual's care, treatment, and services; current condition; and any recent or anticipated changes

# And We Have Demonstrated That

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- High risk, safety-critical endeavors require clear handoff strategies
  - Airline industry
  - Nuclear submarines
  - Satellite control centers
  - Formula One race cars

# What Happens When We Don't Communicate Effectively?

**“....we made it safe and sound. Unfortunately though, they were not prepared for us in the least. None of his medications were on hand, and they didn't even have any of his food. He just now started on food about 3 hours ago. Yes, he has went about 30 hours without anything in his belly. . . .**

**They also didn't have a bed for him (he needs a special one . . . ). They are in the process of getting him one, so hopefully it will be here tomorrow.**

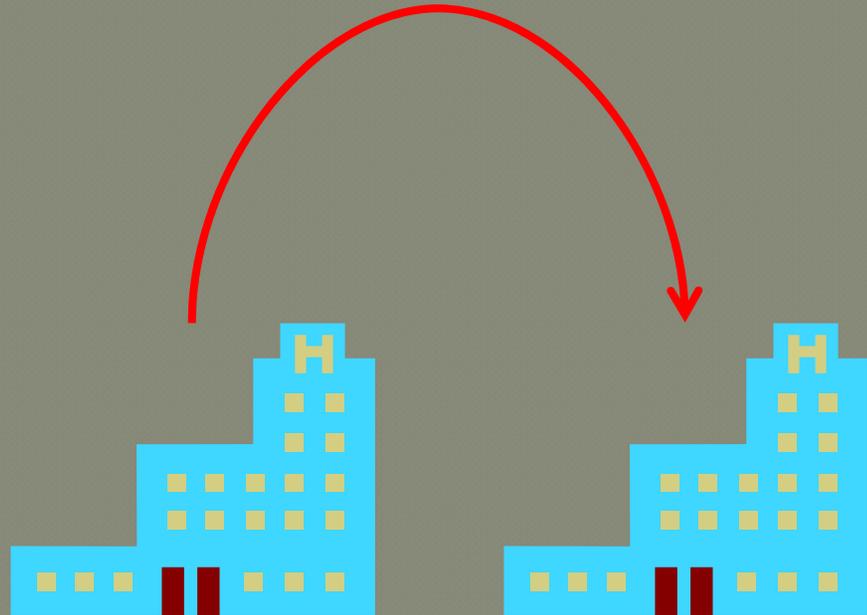
**I was also very disappointed that [the] hospital gave us 2 pain medications in pill form. Ummm...hello...[he] has a feeding tube. He can't swallow! So when he was in pain while in flight, there was nothing we could do. Very upsetting!**

**I would not leave the hospital because nobody seemed to have a clue about his 'issues' .... all of the docs that we did see were very surprised that [he] is doing as well as he is. ”**

# For Healthcare Professionals, Handoffs

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- Transmit important information
- Transfer responsibility and authority



# For Patients, Handoffs = Trust

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- Patients expect the system to be accurate and will trust it.
- Trust changes with system experience.
- Patients weigh each experience differently.
- Trust affects . . . . compliance with advice.
- Rebuilding trust is a difficult process.

# Improving Handoffs

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- Are critical to our success in:
  - Improving patient safety
  - Improving patient satisfaction
  - Reducing duplicative and unnecessary work
  - Decreasing costs
  - Building teams
  - Educating teams
  - Improving care continuity

# The Quadruple Aim: The MHS Value Model



Clear communication and effective handoffs are critical components to achieving the quadruple aim.

# Objectives

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- Improve understanding of:
  - Transitions
  - Processes
  - Programs
  - Handoffs

# Presentation Overview

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- Definitions
- Discussion Framework
- Processes
  - Injury/Illness Recovery and Rehabilitation
  - Disability Evaluation System (DES/IDES)
- Programs and Support Systems
- Strategies for Improving Handoffs

# Definitions - Transition

- **Life cycle transitions** are critical phases during which important developmental, social, or economic changes are likely to occur
  - Marriage
  - Birth
- **Institutional transitions** indicate a change in status for the individual as a function of moving from one institutional environment to another
  - Inpatient to outpatient
  - Operating room to recovery room
  - Deployment
  - Military to civilian
- **Any transition can be stressful**
- **All transitions are opportunities for communication failures**

# Discussion Framework

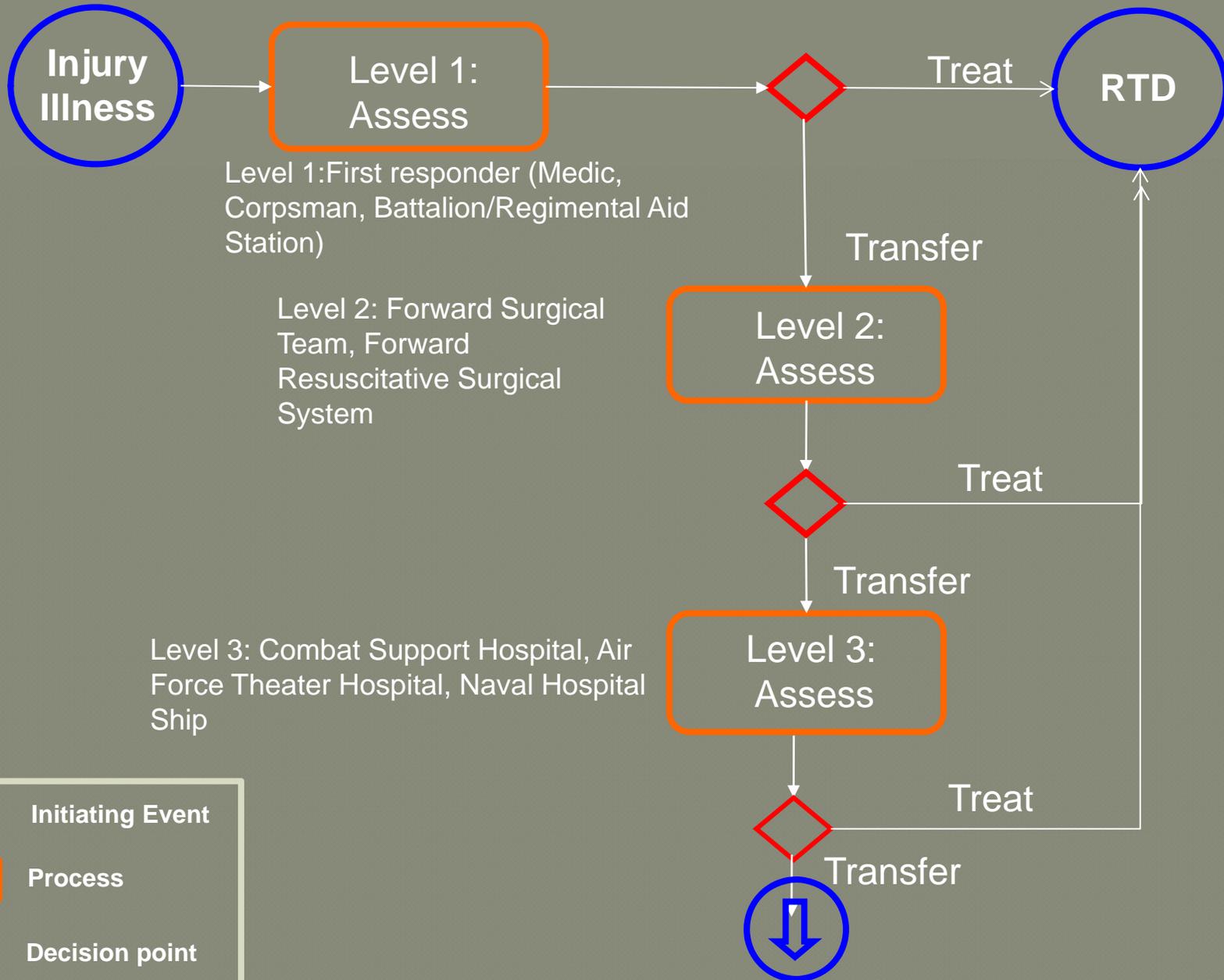
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From injury or illness diagnosis of a  
military member



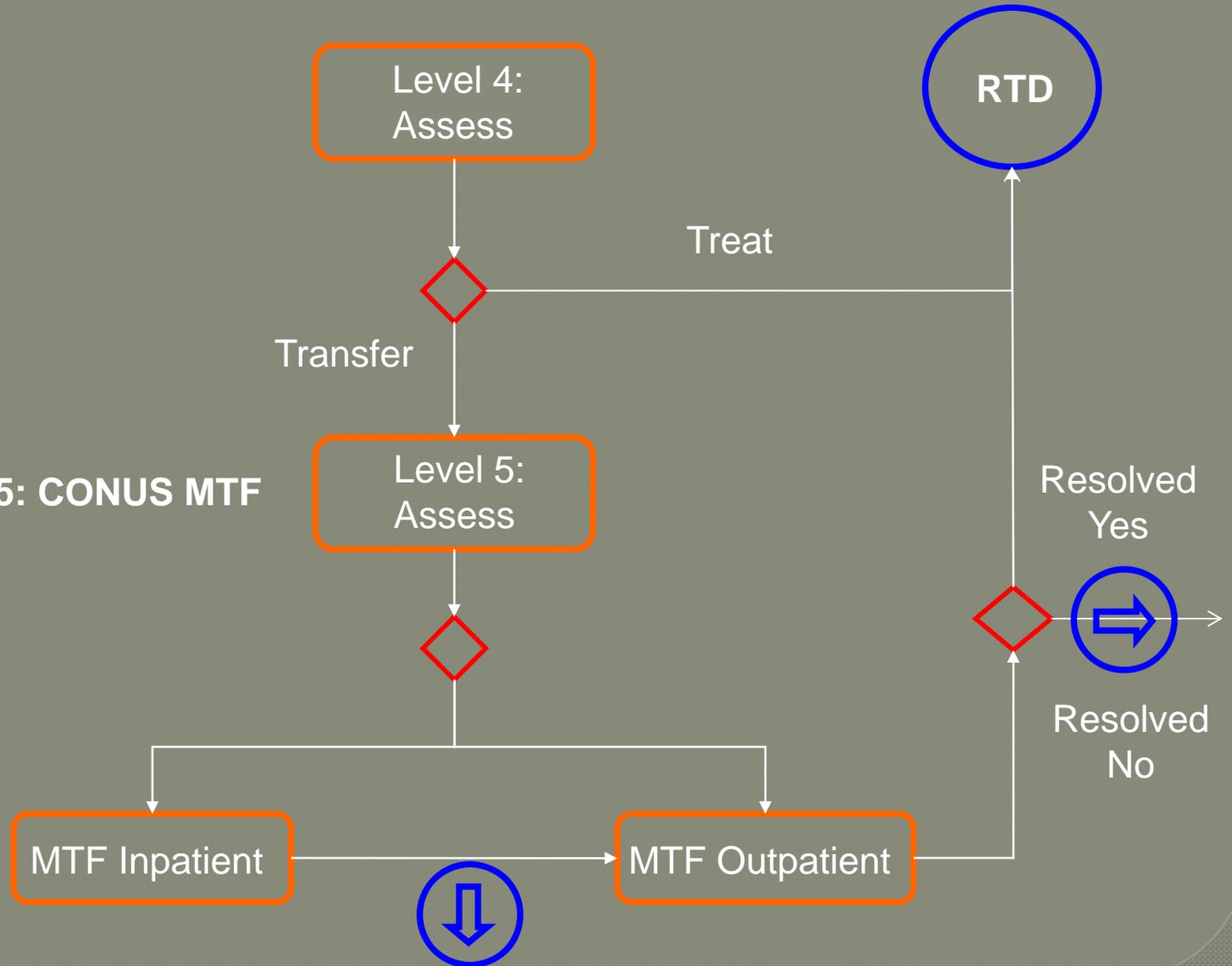
To return to civilian life

# COMBAT ZONE

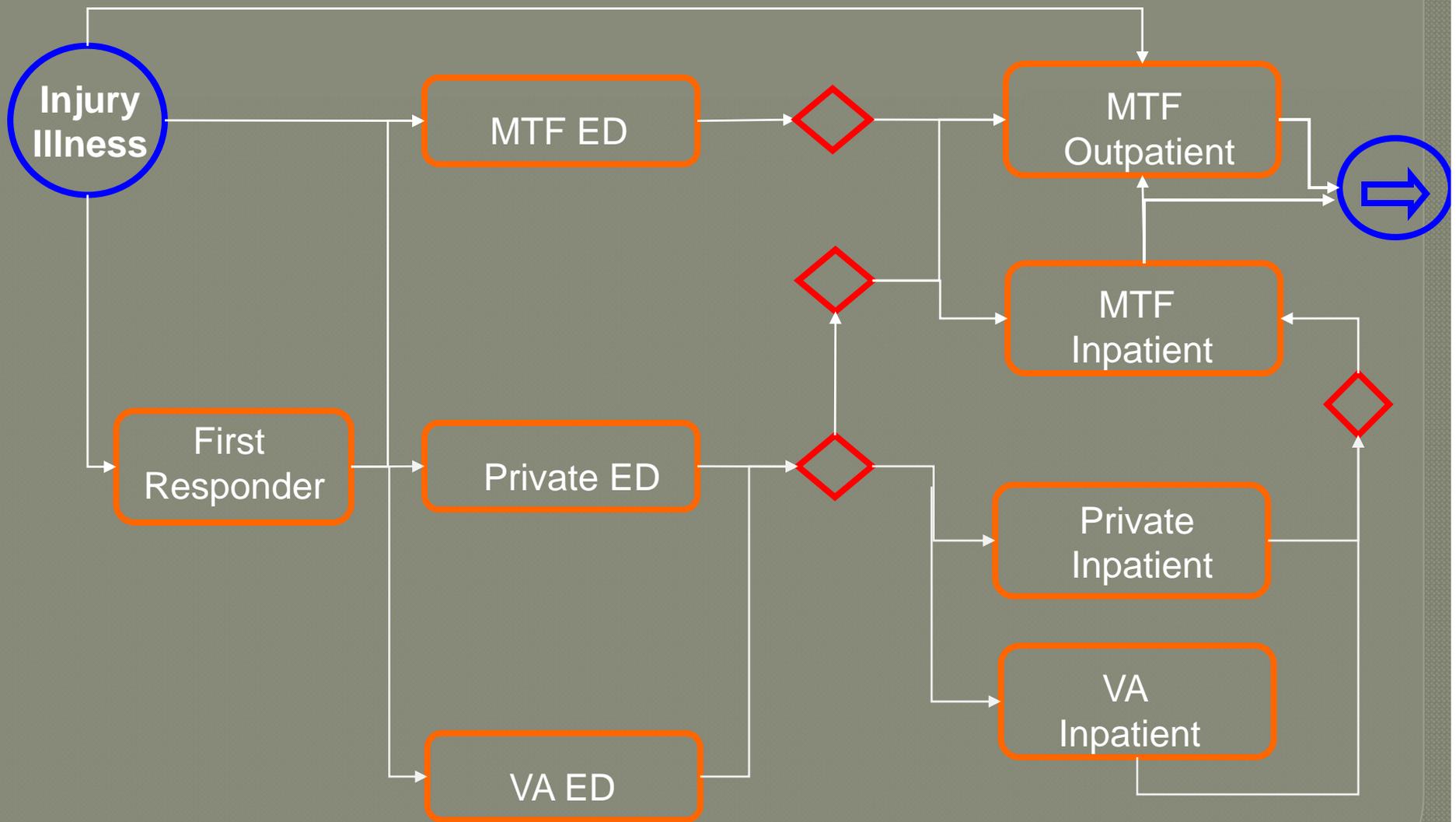


# COMBAT ZONE

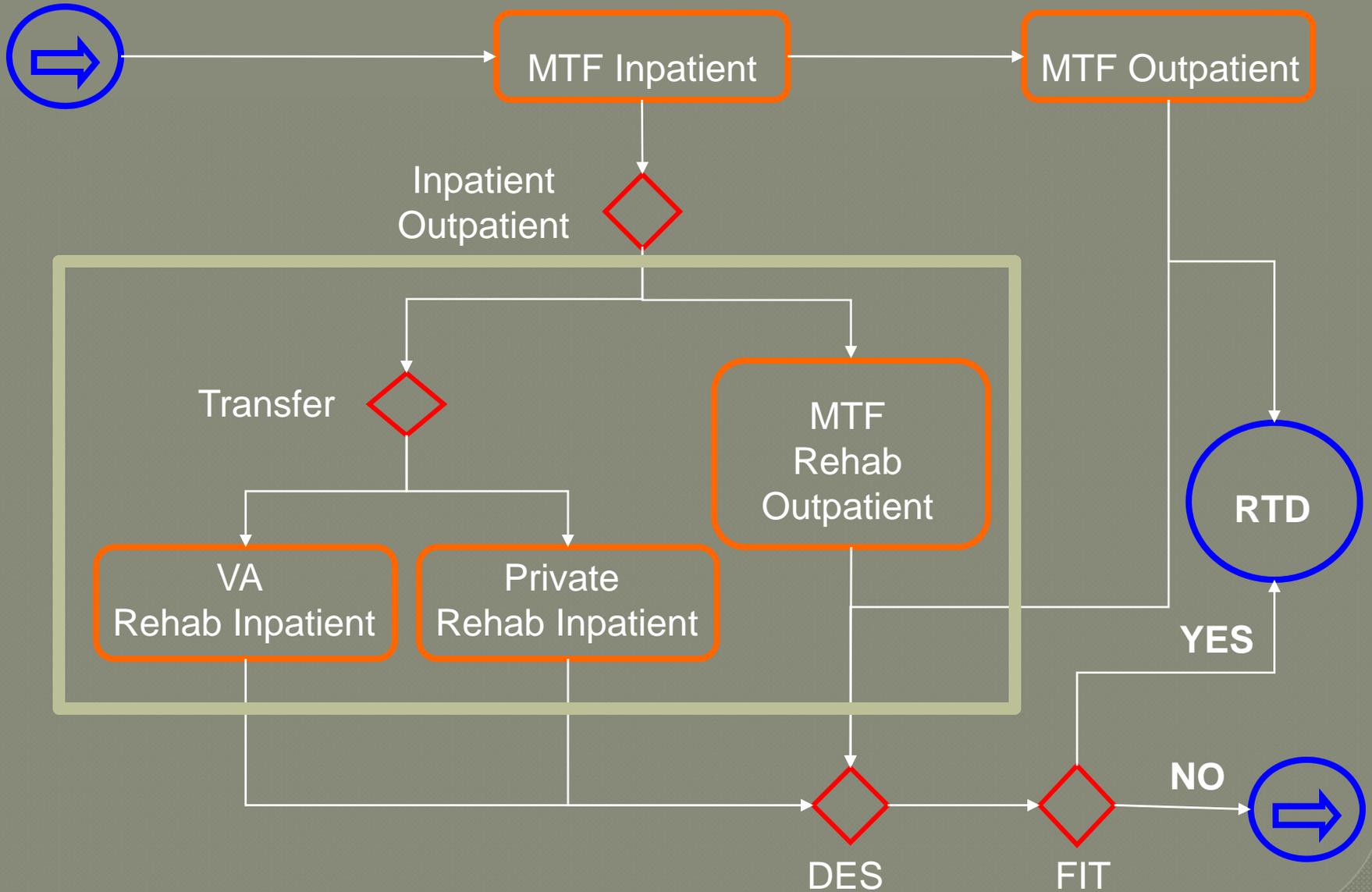
Level 5: CONUS MTF



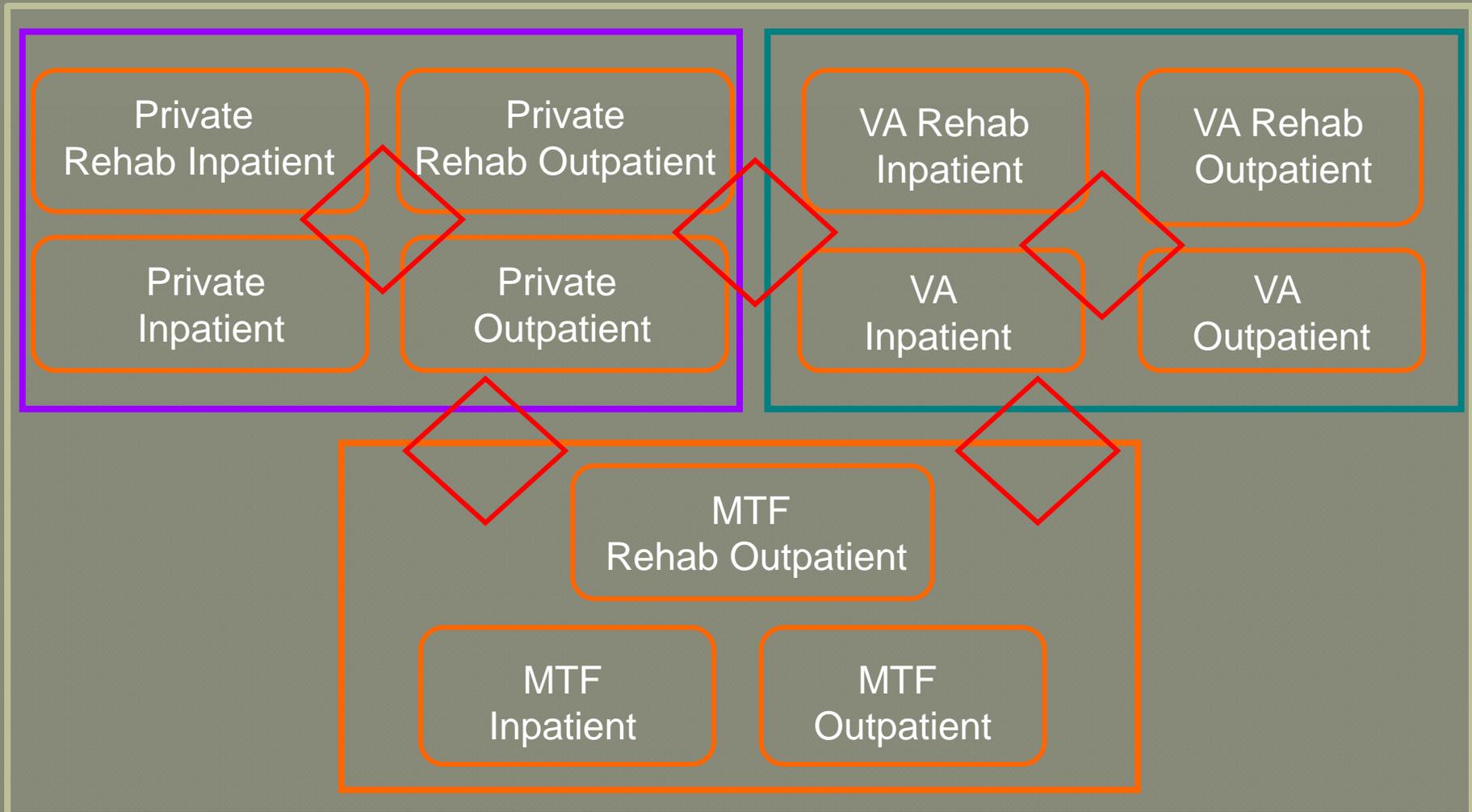
# CONUS



# CONUS TREATMENT



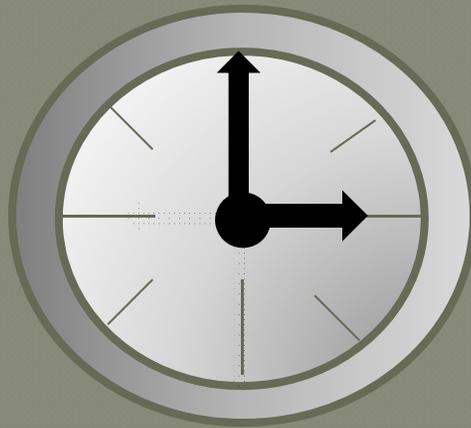
# Multiple Transfers are Possible



Transfer = 

# Up To 15 Handoffs (or more)

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# Handoff Tools

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- Each transition supported by a variety of tools created for the particular event
  - Oral
  - Written
  - Electronic

# Combat Theater – Electronic Tools

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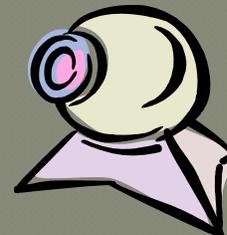
- AHLTA-Mobile
- AHLTA-T
- AHLTA Warrior
- JMeWS (Joint Medical Workstation)
- MEDIC (Medical Environmental Disease Intelligence & Countermeasures)
- TC2 (Theater Medical Information Program Composite Health Care System Caché)
- TMDS (Theater Medical Data Store)

<https://www.mc4.army.mil/software.asp>



# Combat Theater – Oral

- Face to face
- Telephone
- Virtual



# Hospital – Electronic Tools

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- Electronic Health Record
- Between DoD and VA
  - Bidirectional Health Information Exchange (BHIE)
  - Federal Health Information Exchange (FH)
  - CHDR (Clinical Data Repository [CDR] of AHLTA, and VA's Health Data Repository [HDR])
  - Scanned paper records

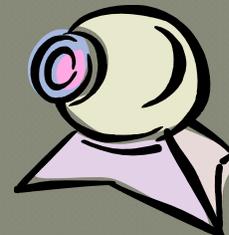
# Hospital – Paper Tools

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- SBAR (Situation, Background, Assessment, and Recommendation)
- DoD to VA Polytrauma Checklists
- Military Discharge Checklists

# Hospital – Oral

- Face to face
- Telephone
- Virtual



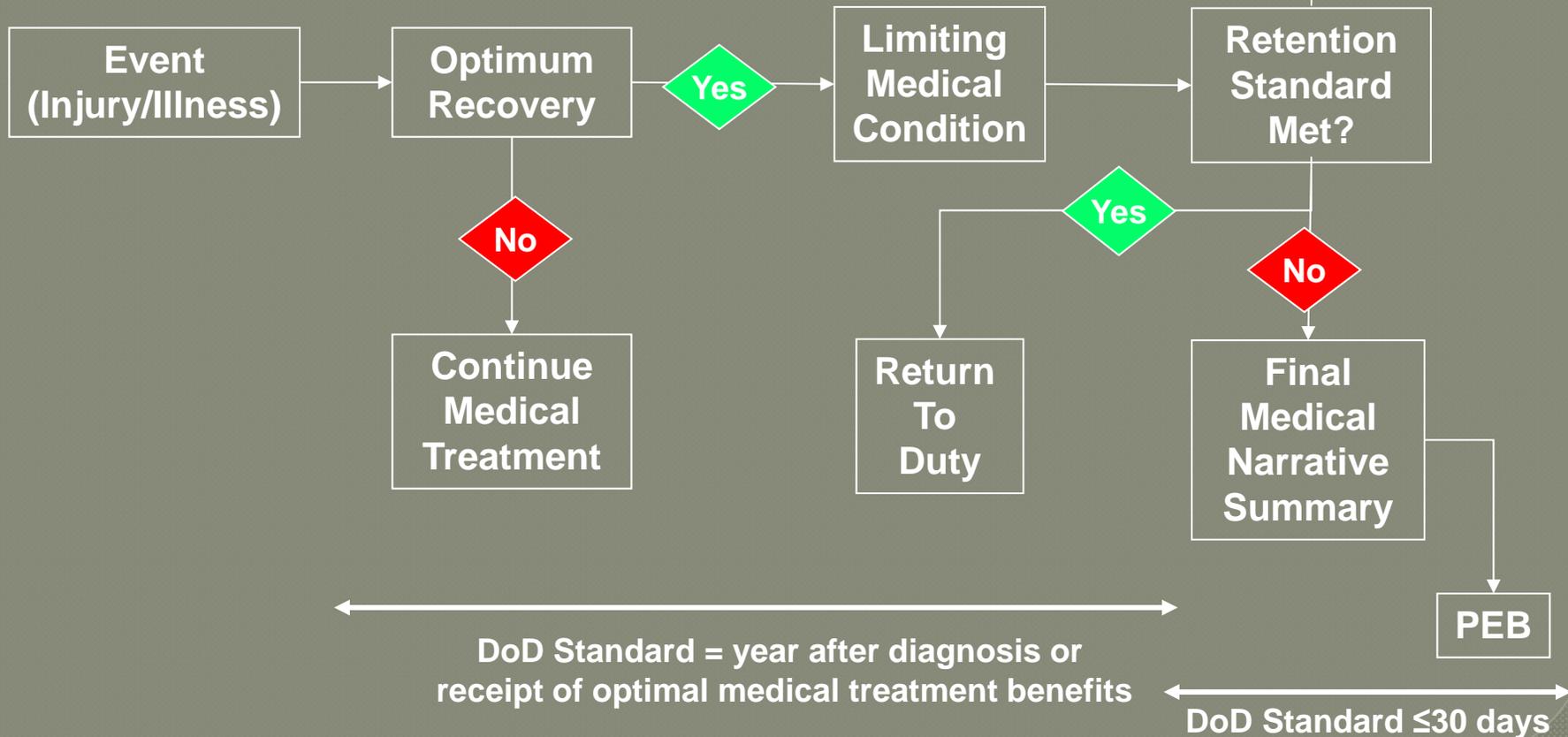
# Disability Evaluation System

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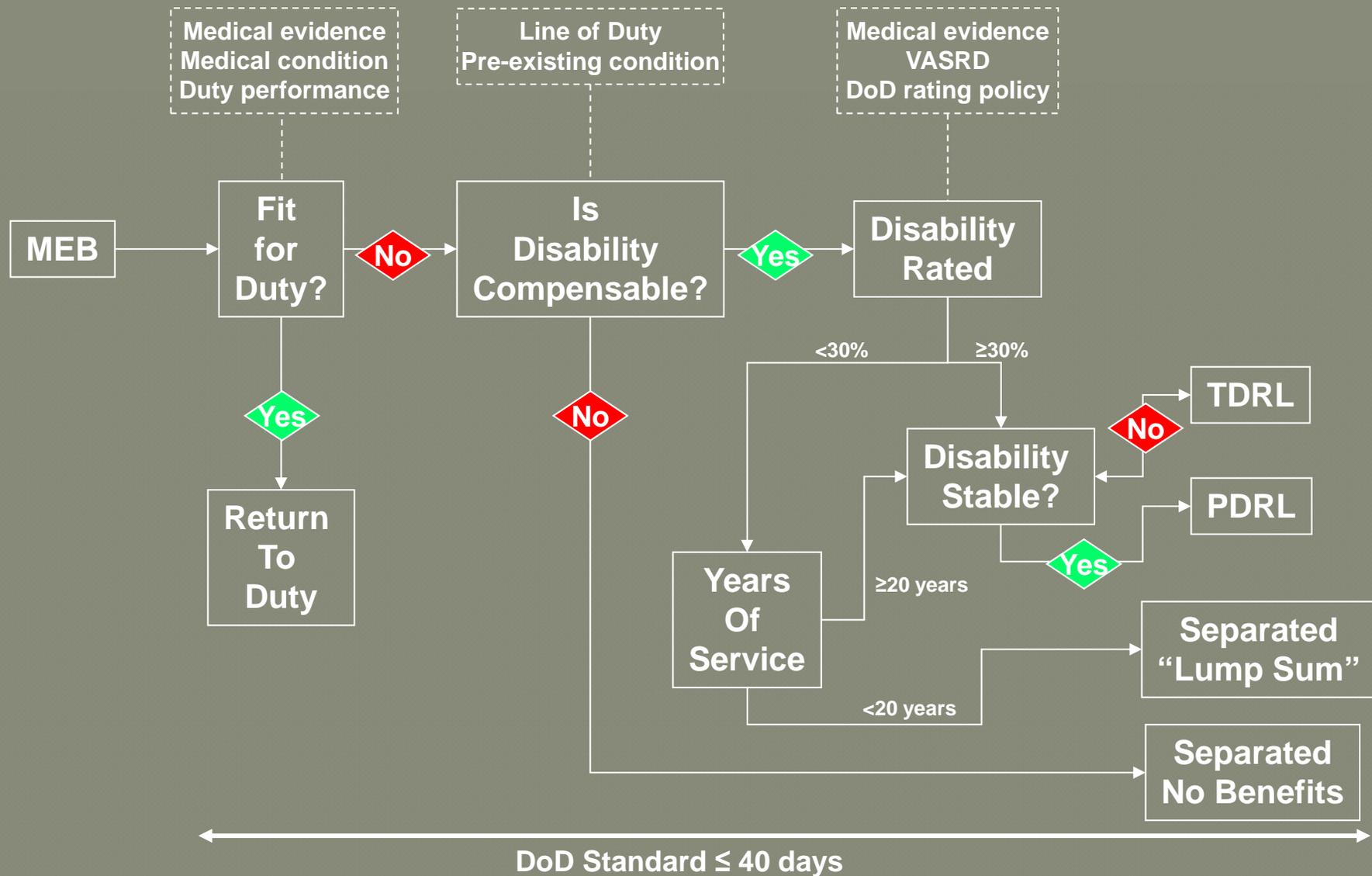
- “Legacy” DES
- Integrated DES (IDES)
- Expedited DES

# DES Processes – “Legacy” MEB

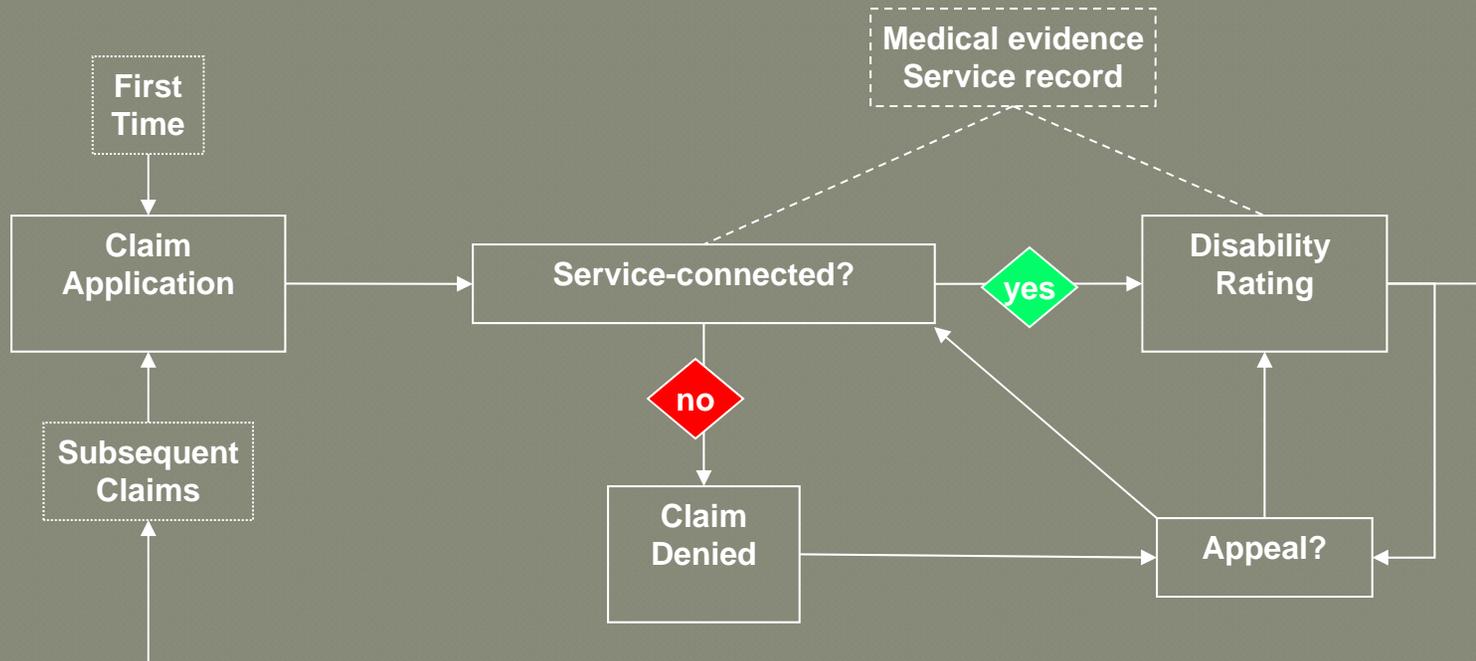
MEB  
Medical Evidence  
DoD Instructions  
Service Regulations



# DES Processes – “Legacy” PEB

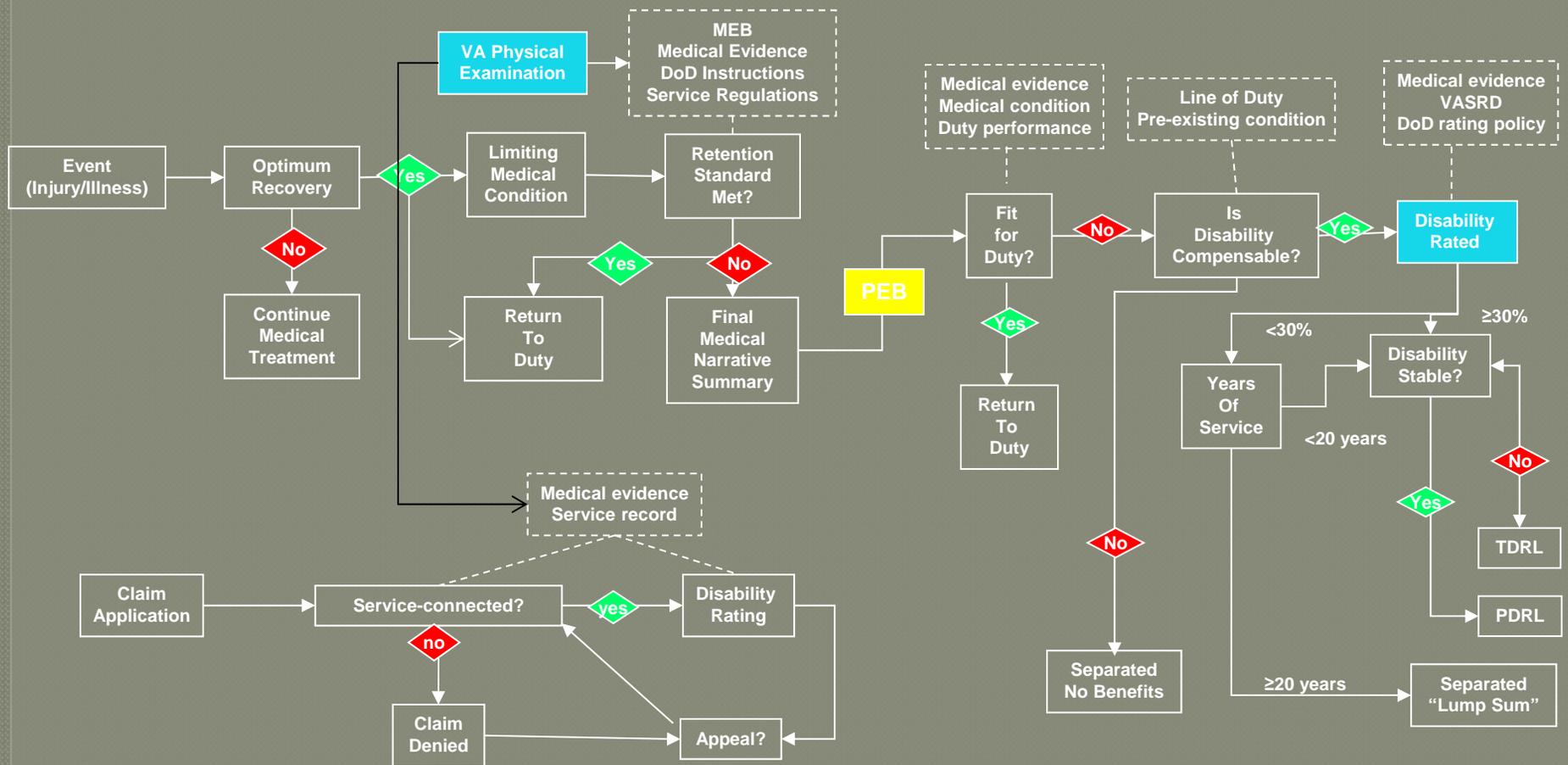


# VA Disability Rating Process



Income gap between discharged and when received VA disability compensation.

# IDES changed which agency conducted the disability rating examination and decreased the time to VA pay



# Who Participates in Handoffs?

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- **Clinical case managers**
  - Acute inpatient care
  - Outpatient care
  - Disease/condition specific
- **Non-clinical case managers**
  - Social services
  - Benefit access
- **Interdisciplinary medical team members**
- **Command**
- **Patient, family and caregivers**

# Many Programs Participate Depending on Need

**Blind Rehabilitation Case Manager (VHA)**  
**Blind Rehabilitation VIST Coordinator (VHA)**  
**Community Health Nurse Coordinator**  
**Disease/Condition-Specific Case Manager**  
**Home Based Primary Care Case Manager (VHA)**  
**Inpatient Acute Care Case Manager**  
**Military Medical Case Manager**  
**MMSO Case Manager**  
**Navy Marine Corps Relief Society Visiting Nurse**  
**OEF/OIF Case Manager or Other Personnel (VHA)**  
**OEF/OIF Program Manager (VHA)**  
**Outpatient Medical Case Manager**  
**Polytrauma Case Manager (Lead) (VHA)**  
**Polytrauma Center Case Manager (VHA)**  
**Social Work Medical Case Manager**  
**Spinal Cord Injury Case Manager (VHA)**  
**Telehealth Case Manager (VHA)**  
**TRICARE Beneficiary Counseling and Assistance Coordinator**  
**TRICARE Case Manager**  
**TRICARE Liaison or Representative**  
**VA Suicide Prevention Case Manager**  
**VHA Liaison**  
**DVBIC TBI Recovery Coordinator**  
**VA Mental Health Recovery Coordinator**

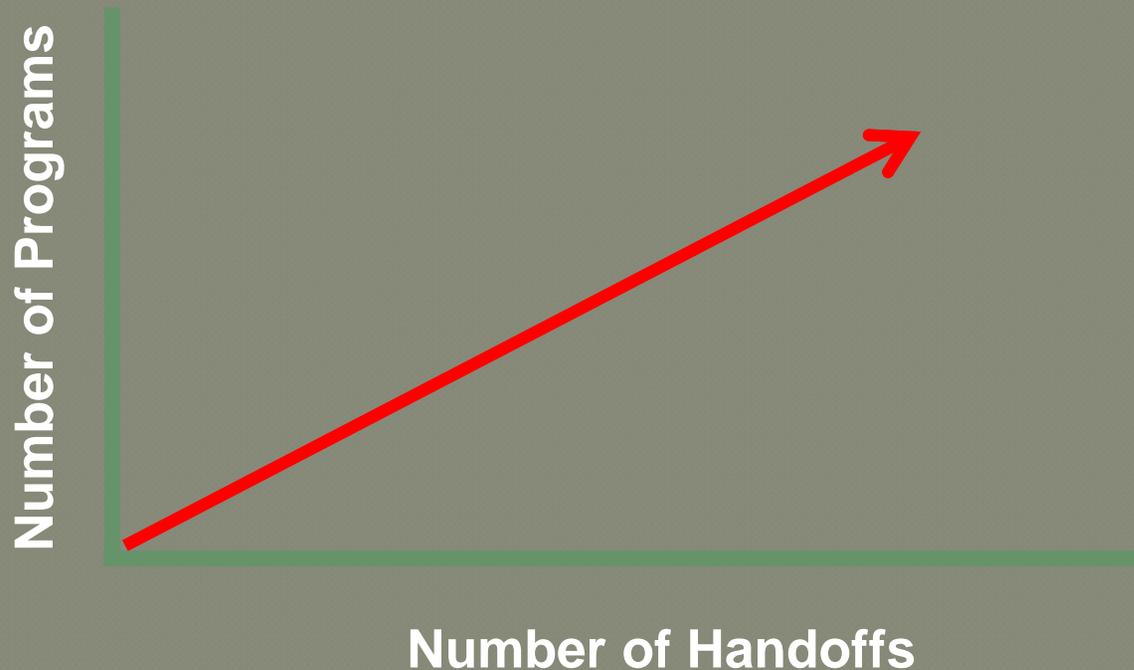
**DISC Case Manager**  
**DoD Finance Office Liaison**  
**Joint Family Support Assistance Program Personnel**  
**Legal (includes JAG)**  
**Military Liaison**  
**Military Service Coordinator (VBA)**  
**OEF/OIF Coordinator (VBA)**  
**Other Non-Medical Case Manager**  
**PEBLO**  
**Recovery Care Coordinator (RCC)**  
**Social Security Representative**  
**TSGLI Liaison**  
**Transition Assistance Advisor (National Guard, TAA)**  
**Transition Patient Advocate (VHA)**  
**Transition Assistance Liaison (TAL)**  
**Veterans Benefits Counselor (VBC)**  
**VBA Liaison**  
**VR&E Counselor**  
**Wounded Warrior Advocate (Varies based on Service)**  
**Warrior Transition Unit Triad Case Manager**

Federal Recovery Care Coordinators

# The Number of Programs Involved

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- Make handoffs even more critical
- It is equally important to communicate with the individual and family



# Important Handoff Factors

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- Be clear

- Make sure you define terms
- “Same page, same line, same words”

- Communicate effectively

- Limit distractions
- Use checklists
- Avoid irrelevant details

# Important Handoff Factors

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- Standardize reporting
  - Improves recall
- Iterative information and follow up
- Technology support
  - Valuable up-to-date information
  - Information transfer continuous
  - Easily accessible

# Improving Handoffs

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- Interactive communication that allows for the opportunity for questioning between the giver and receiver of patient information
- Up-to-date information regarding the patient's condition, care, treatment, medications, services, and any recent or anticipated changes
- A method to verify the received information, including repeat-back or read-back techniques
- An opportunity for the receiver of the handoff information to review relevant patient historical data, which may include previous care, treatment, and services
- Interruptions during handoffs are limited to minimize the possibility that information fails to be conveyed or is forgotten

Joint Commission, 2006

# A Handoff Tool for Your Process

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## ● Process

- Create a process map.

## ● Content

- Create a standard check-list.

## ● Implementation

- Garner leadership and participant buy-in.

## ● Monitoring

- Ensure the protocol is in place and identify and resolve barriers.

# Or Use Another's

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- AHRQ

- <http://psnet.ahrq.gov/>

- AORN

- <http://www.aorn.org/>

- Joint Commission

- <http://www.jointcommission.org/>

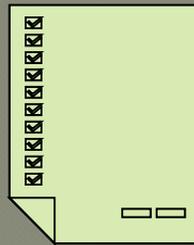
# Tools Can Be As Simple As A

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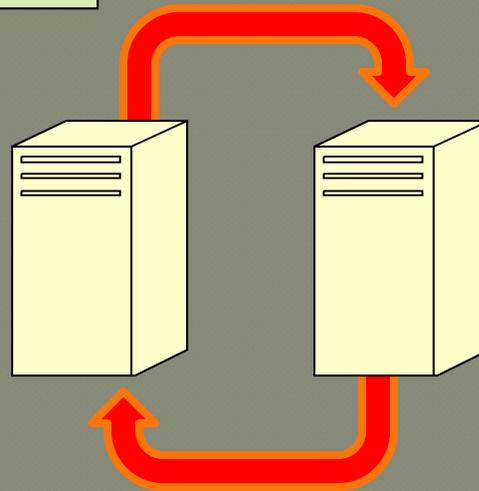
- Checklist



- Official Form



- Paper or Electronic



# Handoffs

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- ◉ Depending on the circumstances
  - Are not just “point-to-point”
  - Multiple information providers and receivers
  - Patient experience is additive (or maybe exponential)
- ◉ Information accurate and consistency
  - Prevents errors and bad outcomes
  - Sets expectations

# Conclusions

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## ● Good handoffs

- Reduce medical errors
- Communicate relevant information across transitions
- Increase understanding of issues
- Create opportunities for critical intervention
- Increase trust