Why Are Effective Handoffs Critically Important?

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Executive Director
Federal Recovery Coordination Program
MHS, January 2011
**Report Documentation Page**

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<th>2. REPORT TYPE</th>
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<td>JAN 2011</td>
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<td>00-00-2011 to 00-00-2011</td>
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<th>8. PERFORMING ORGANIZATION REPORT NUMBER</th>
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<tr>
<td>Department of Veterans Affairs, Federal Recovery Coordination Program, Washington, DC, 20001</td>
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<th>9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)</th>
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<th>12. DISTRIBUTION/AVAILABILITY STATEMENT</th>
<th>13. SUPPLEMENTARY NOTES</th>
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<tr>
<td>Approved for public release; distribution unlimited</td>
<td>presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland</td>
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<th>15. SUBJECT TERMS</th>
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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 . . .”
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

● 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

- 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

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

- Transmit important information
- Transfer responsibility and authority
For Patients, Handoffs = Trust

- 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.

http://www.sigchi.org/chi96/Doctor-Consort/fox/jef_txt.htm
Improving Handoffs

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

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

- Definitions
- Discussion Framework
- Processes
  - Injury/Illness Recovery and Rehabilitation
  - Disability Evaluation System (DES/IDES)
- Programs and Support Systems
- Strategies for Improving Handoffs
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
From injury or illness diagnosis of a military member

To return to civilian life
Injury

Illness

Level 1: Assess

Level 1: First responder (Medic, Corpsman, Battalion/Regimental Aid Station)

Level 2: Forward Surgical Team, Forward Resuscitative Surgical System

Level 3: Combat Support Hospital, Air Force Theater Hospital, Naval Hospital Ship

RTD

Treat

Transfer

Level 2: Assess

Level 3: Assess

Initiating Event

Process

Decision point
Multiple Transfers are Possible

Private Rehab Inpatient

Private Rehab Outpatient

Private Inpatient

Private Outpatient

VA Rehab Inpatient

VA Rehab Outpatient

VA Inpatient

VA Outpatient

MTF Rehab Outpatient

MTF Inpatient

MTF Outpatient

Transfer =
Up To 15 Handoffs (or more)
Handoff Tools

Each transition supported by a variety of tools created for the particular event

- Oral
- Written
- Electronic
Combat Theater – Electronic Tools

- **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)

Combat Theater – Paper Tools

- DD 1380 (field medical card) and the SF 600 (chronological medical record of care)
Combat Theater – Oral

- Face to face
- Telephone
- Virtual
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
SBAR (Situation, Background, Assessment, and Recommendation)
DoD to VA Polytrauma Checklists
Military Discharge Checklists
Hospital – Oral

- Face to face
- Telephone
- Virtual
Disability Evaluation System

- “Legacy” DES
- Integrated DES (IDES)
- Expedited DES
Event (Injury/Illness) → Optimum Recovery → Limiting Medical Condition

- Yes → Return To Duty
- No → Continue Medical Treatment

Limiting Medical Condition → Retention Standard Met?

- Yes → Final Medical Narrative Summary
- No → PEB

DoD Standard = year after diagnosis or receipt of optimal medical treatment benefits

DoD Standard ≤30 days
**DES Processes – “Legacy” PEB**

- **MEB**
  - **Fit for Duty?**
    - **Yes**
      - **Return To Duty**
    - **No**

- **Is Disability Compensable?**
  - **Yes**
    - **Disability Rated**
      - **<30%**
        - **TDRL**
      - **≥30%**
        - **No**
          - **PDRL**
        - **Yes**
          - **Years Of Service**
            - **≥20 years**
              - **Separated “Lump Sum”**
            - **<20 years**
              - **Separated No Benefits**

- **Medical evidence**
  - **Medical condition**
  - **Duty performance**

- **Line of Duty**
  - **Pre-existing condition**

- **Medical evidence**
  - **VASRD**
  - **DoD rating policy**

**DoD Standard ≤ 40 days**
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?

- **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

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<thead>
<tr>
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<th>DISC Case Manager</th>
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<tr>
<td>Blind Rehabilitation VISIT Coordinator (VHA)</td>
<td>DoD Finance Office Liaison</td>
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<tr>
<td>Community Health Nurse Coordinator</td>
<td>Joint Family Support Assistance Program Personnel</td>
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<tr>
<td>Disease/Condition-Specific Case Manager</td>
<td>Legal (includes JAG)</td>
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<tr>
<td>Home Based Primary Care Case Manager (VHA)</td>
<td>Military Liaison</td>
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<tr>
<td>Inpatient Acute Care Case Manager</td>
<td>Military Service Coordinator (VBA)</td>
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<td>OEF/OIF Coordinator (VBA)</td>
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<tr>
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<td>Other Non-Medical Case Manager</td>
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<tr>
<td>Navy Marine Corps Relief Society Visiting Nurse</td>
<td>PEBLO</td>
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<tr>
<td>OEF/OIF Case Manager or Other Personnel (VHA)</td>
<td>Recovery Care Coordinator (RCC)</td>
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<td>Social Security Representative</td>
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<td>Transition Assistance Advisor (National Guard, TAA)</td>
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<td>Transition Patient Advocate (VHA)</td>
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<td>Social Work Medical Case Manager</td>
<td>Transition Assistance Liaison (TAL)</td>
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<tr>
<td>Spinal Cord Injury Case Manager (VHA)</td>
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<td>Telehealth Case Manager (VHA)</td>
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<td>TRICARE Beneficiary Counseling and Assistance Coordinator</td>
<td>VR&amp;E Counselor</td>
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<td>TRICARE Case Manager</td>
<td>Wounded Warrior Advocate (Varies based on Service)</td>
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<tr>
<td>TRICARE Liaison or Representative</td>
<td>Warrior Transition Unit Triad Case Manager</td>
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<tr>
<td>VA Suicide Prevention Case Manager</td>
<td>VHA Liaison</td>
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<td>DVBIC TBI Recovery Coordinator</td>
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<tr>
<td>DVBIC TBI Recovery Coordinator</td>
<td>VA Mental Health Recovery Coordinator</td>
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Federal Recovery Care Coordinators
- Make handoffs even more critical
- It is equally important to communicate with the individual and family
Important Handoff Factors

- 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

- Standardize reporting
  - Improves recall

- Iterative information and follow up

- Technology support
  - Valuable up-to-date information
  - Information transfer continuous
  - Easily accessible
Improving Handoffs

- 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

- **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

- **AHRQ**

- **AORN**
  - [http://www.aorn.org/](http://www.aorn.org/)

- **Joint Commission**
  - [http://www.jointcommission.org/](http://www.jointcommission.org/)
Tools Can Be As Simple As A

- Checklist
- Official Form
- Paper or Electronic
Handoffs

- 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

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