Quality and Safety Conference - Abstract Example

2023 Award Winner

Introduction

The day-night handoff process is crucial in ensuring patient safety and effective communication between provider teams. However, an assessment of surgical trainees showed inconsistent training and practice, increasing the risk of errors. We sought to improve the surgical handoff process by developing specific tools and standardizing handoff practices among surgical providers.

Methods

We conducted two 4-hour workshops for surgery residents, during which our moderators identified their main needs when performing or receiving handoff. In addition, we conducted a literature review to evaluate existing handoff protocols. By synthesizing the results of workshop, literature review, and expert opinions, we developed a newly designed handoff protocol and tools.

Results

Insights from stakeholders included: elements considered essential in every handoff were surgery description, postoperative day, major hospital events, daily updates, follow-up items, anticipatory guidance, escalation information, and forewarning regarding expected admissions. Additionally, trainees identified the need for a classificatory system to indicate level of concern for each patient, and requested informatics solutions to easily create a printed handoff containing key information without unnecessary excess.

A new handoff model specific to surgical day-night handoffs was created, with the mnemonic "PASS SAFETY" to improve retention (figures 1-2). Additionally, printed handoff was made easy with the creation of a self-populating SmartPhrase.

Conclusion

Effective handoff is critical for continuity of patient care and safety. We leveraged the knowledge and needs of surgical trainees collected through focused workshops to design a standardized handoff process with tailored tools including the “PASS SAFETY" model to address the specific requirements of our front-line stakeholders.

PASS SAFETY

DAY TEAM -> NIGHT OR CROSS-COVERING TEAM

PRINT	Printed patient list with key elements: code status, age, gender, diagnosis, surgery, postoperative day, status assessment.
ASSESSMENT	Status assessment: **1**, **2** or **3** (see separate table).
SUMMARY	Verbal summary about each patient including status assessment, age, gender, diagnosis, surgery, postoperative day, relevant history.
SINCE ADMISSION	Major course complications since admission.
SINCE THIS MORNING	Relevant events or changes from the day.
ANTICIPATE	Predictable complications and what to do - "if...then" statements.
FOLLOW UP	Action items or "to do's".
ESCALATE	Situations that should be escalated to the senior.
TRANSFERS / ADMISSIONS	Possible transfers or admissions, including information about patients in the Post Anesthesia Care Unit.
YELL FOR HELP (figuratively)	Contact information of senior for escalations.

STATUS ASSESSMENT

ACTIONABLE INTRUCTIONS

1 **HIGH CONCERN** (specify why) - See patient after handoff and "chart check" at least once. Chiefs to communicate with in-house senior.

2 **INTERMEDIATE CONCERN** – "Chart check" at least once.

3 **LOW CONCERN** - No additional checks unless contacted by nursing