

Session Title: Improving Patient Safety

Hardwiring Standardized Nursing Bedside Handoff To Improve Patient Safety and Satisfaction

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Learner Objectives:

To engage you in the BMC journey to implement nursing bedside handoff

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

Evaluate outcomes

- Metrics

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Boston Medical Center

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

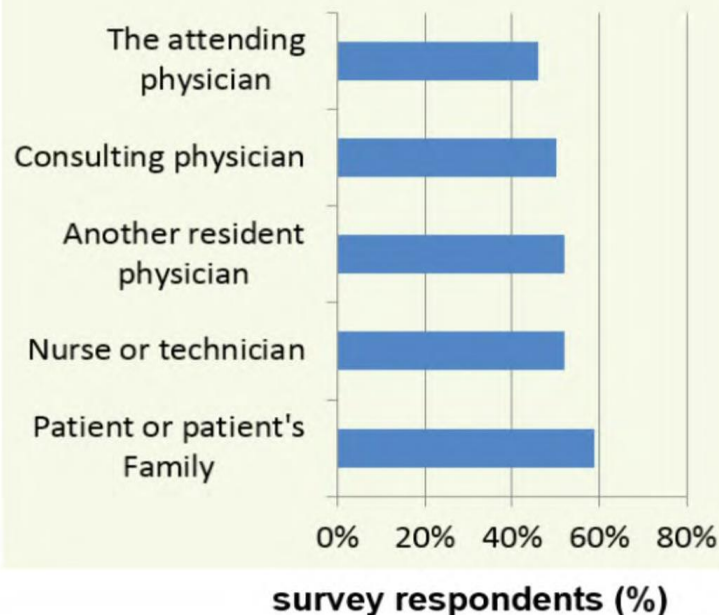
Our focused 2016 priorities

- Quality of Care**
Key measure: Preventable harm
- Patient Experience**
Key measure: IP & OP satisfaction
- 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:



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

Illness Severity

Patient Summary

Action List

Situational Awareness

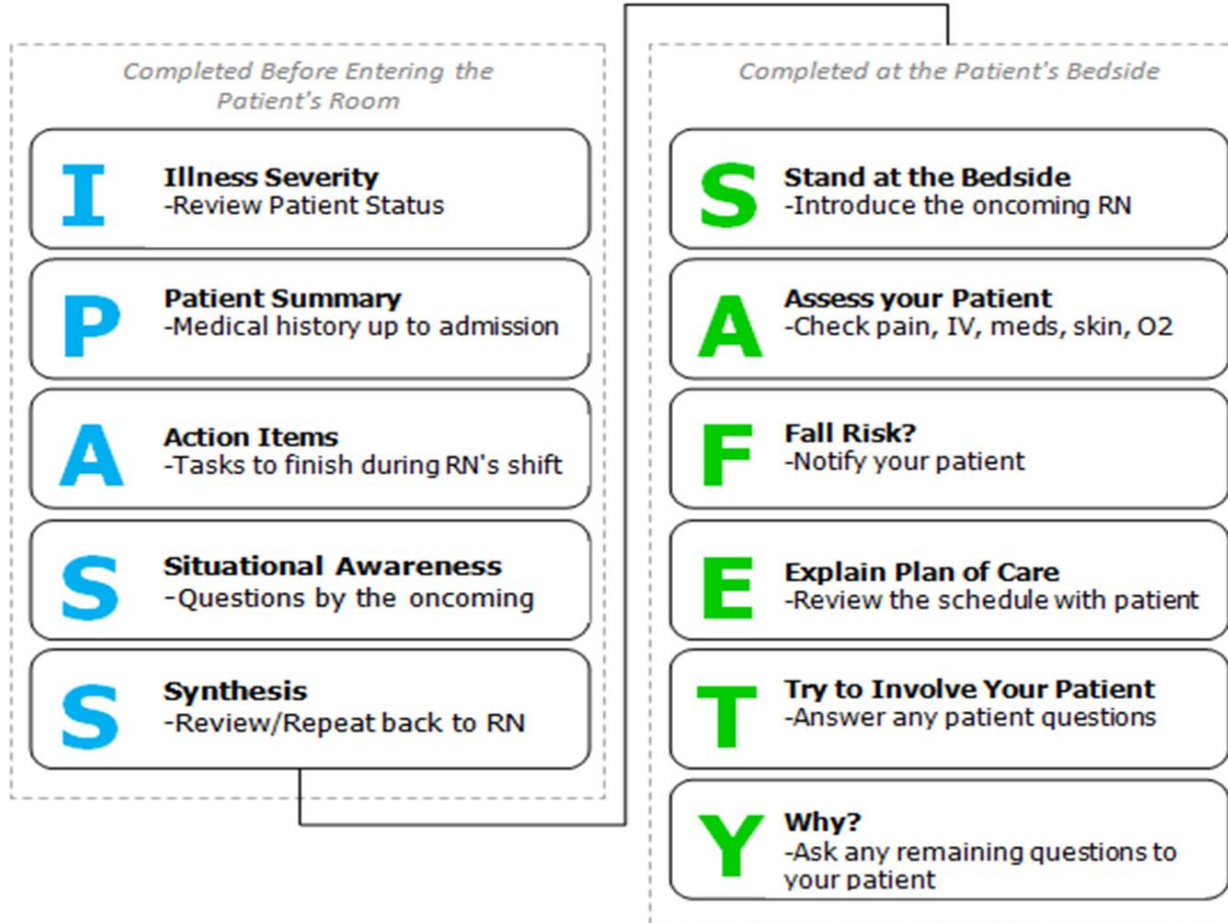
Synthesis by Receiver

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

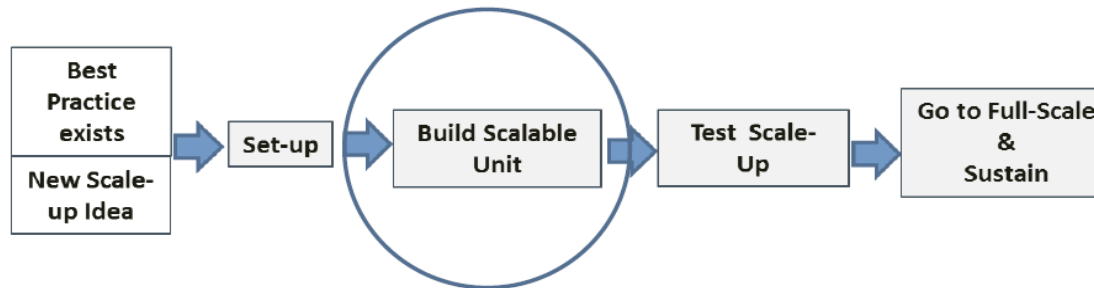


- I-PASS handoff for both Physician and Nursing Teams
- Phased hospital roll-out 2015-2016

The BMC Process



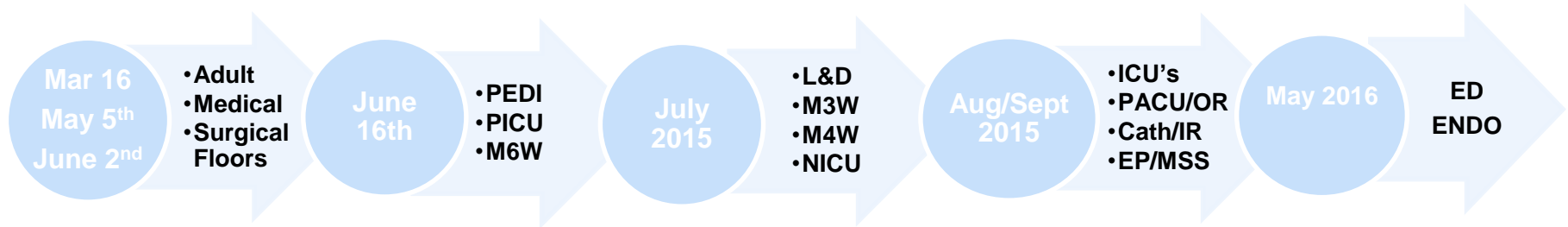
Phases of Scale Up



- 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)

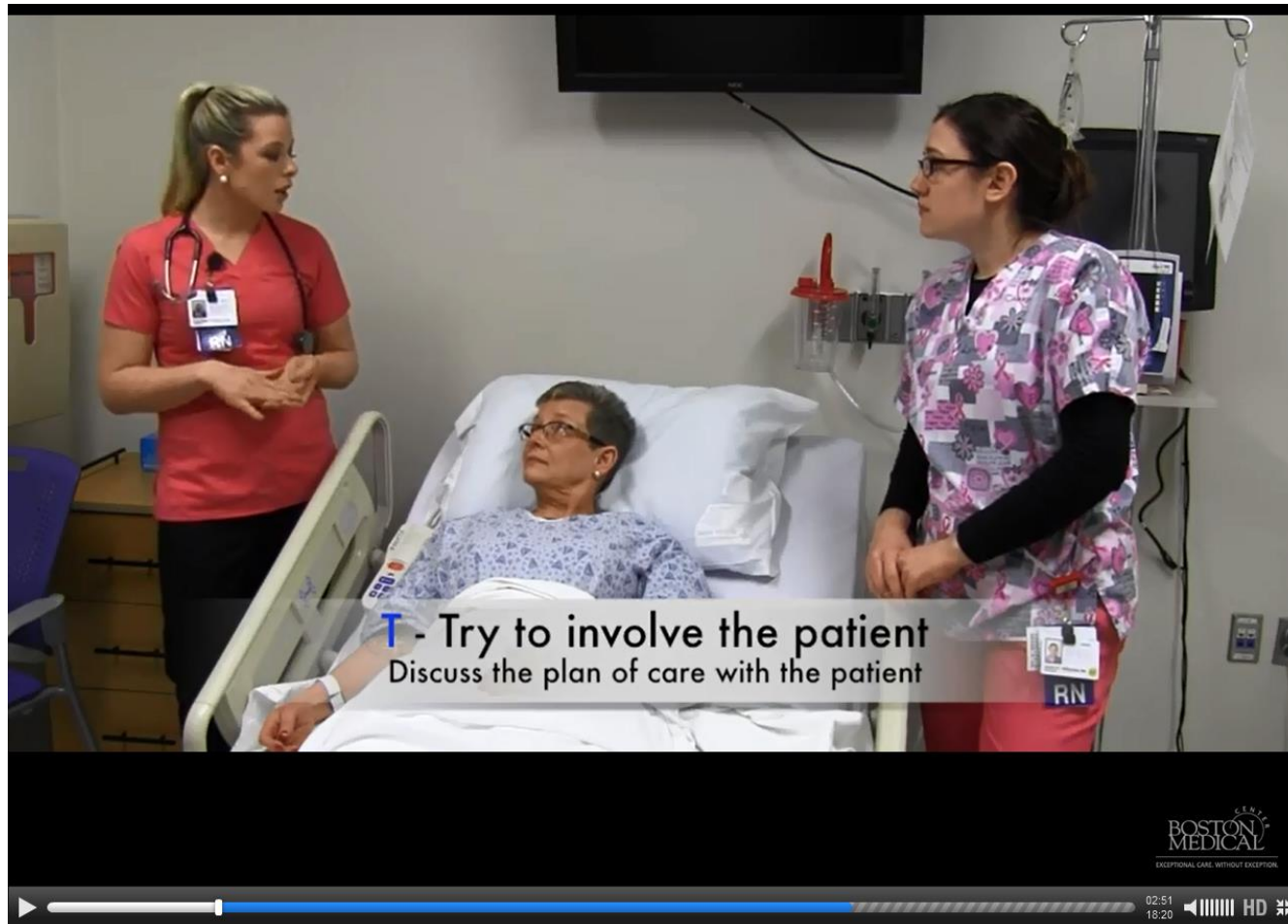
Timeline



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



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

Acknowledge staff

Compliance be present during handoffs

Hardwire with nursing EPIC Tool

Interest of leaders/organizational alignment

Engage front-line staff in decisions

Verify through audit process

Evaluate metrics and share

Acknowledge; Through Shared Governance

A

Seek feedback regularly from frontline staff
Address barriers/Modify tool

C

H

Have formal shared governance structure to guide patient care

I

- Nurse Informatics Council
- Nurse Practice Council
- Fall Prevention Committee

E

V

E

Acknowledge those who do the process well at the bedside

- Real time coaching
- Staff evaluations

Share Metrics (successes)

Compliance

- A** ➤ Add to handoff policy and procedure
- C** ➤ Add the process into the RN Job description
- H**
- I** ➤ Ensure that you provide detailed education and guidance to existing staff
- E** ➤ Include in new employee orientation
- V**
- E** ➤ Manager presence during handoffs is key during the transition
- Hold staff accountable after process is hardwired
- Leverage technology

Hardware

A
C
H
I
E
V
E

Epic Patient Lookup My Reports OR Schedule ClinDoc Tip Sheets BMC Directory Reference Materials

BMC TEST ENVIRONMENT

Patient Lists

My Lists: Searching Search Patient - All Admitted Patients for "Pain"

Patient Name	Age/Sex	Room/Bed	Problem	MRN	Pended Unsigned Orders
Pain, Dan	32 y.o. / M	M6E47/M6E47-01	None Found	5000266	
Pain, Jennifer	36 y.o. / F	E8E02/E8E02-01	None Found	5000191	
Pain, Matt	36 y.o. / M	M6W23/M6W23-01	None Found	5000192	

Available Lists: Recent Searches, System Lists, Admitted Patients, Expected Lab Draw, HOD, Inpatient Draw List, Inpatient Lab Draw, My Triage List, Preadmitted Patient, Recently Discharged

Profile Springboard Report Req Doc Due Meds Report: Profile

Pain, Dan #5000266 (32 y.o. M) (Adm: 03/14/16) MEN 6E-M6E47-M6E47-01

Attending Provider: Christopher S Manasseh, MBBS

Allergies: **No Known Allergies** Isolation: None Ht: -- Admission Cmt: None
Code Status: Not on file Wt: 90.719 kg (200 lb) Admission Wt: 90.719 kg (200 lb)

Medical Problems [Comment](#)

Care Team Pager [Comment](#)

Treatment Team

Handoff

Pain, Dan
M6E47-01 | M6E47 Nursing Med-Surg

Illness Severity
{Illness Severity:22232}
No Patient Care Coordination Note on file.

Patient Summary
PMH: has no past medical history on file
Lang Spoken:
Diet:

Action Items
DIC or Transfer?: {DIC or Transfer:30400103}
Concerning Labs: {YES:NO:3040104}
Next Labs/Specimens Due:
Test or Procedure(s) scheduled for next shift:
Handoff Cues: {HANDOFF CUES:3040101}

Situational Awareness/Synthesis
Prev Next Close Cancel

Investment from Leadership

A
C
H
I
E
V
E




Engage Front-line Staff in Decisions

A
C
H
I
E
V
E



- A
- C
- H
- I
- E
- V
- E



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

—

:

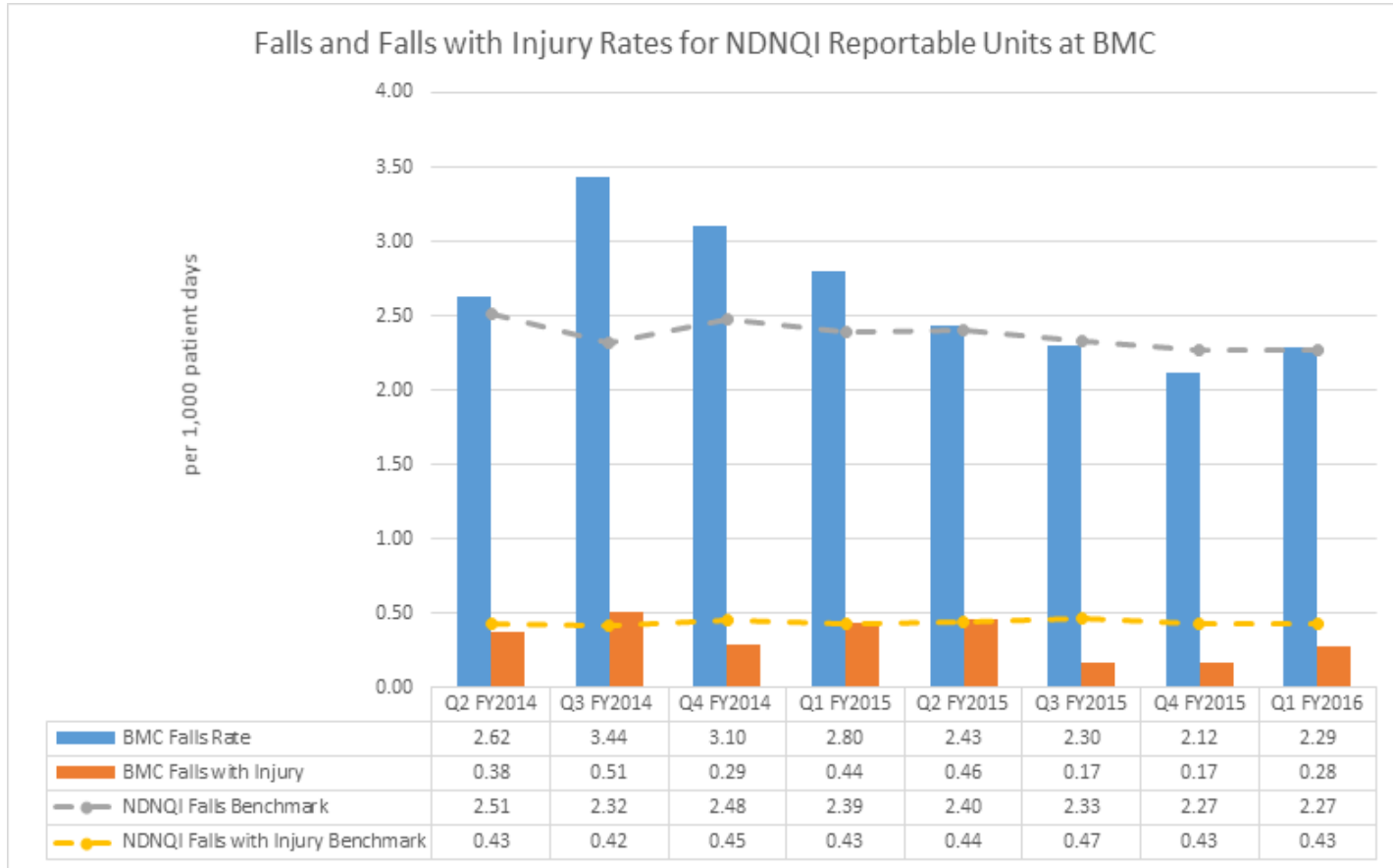
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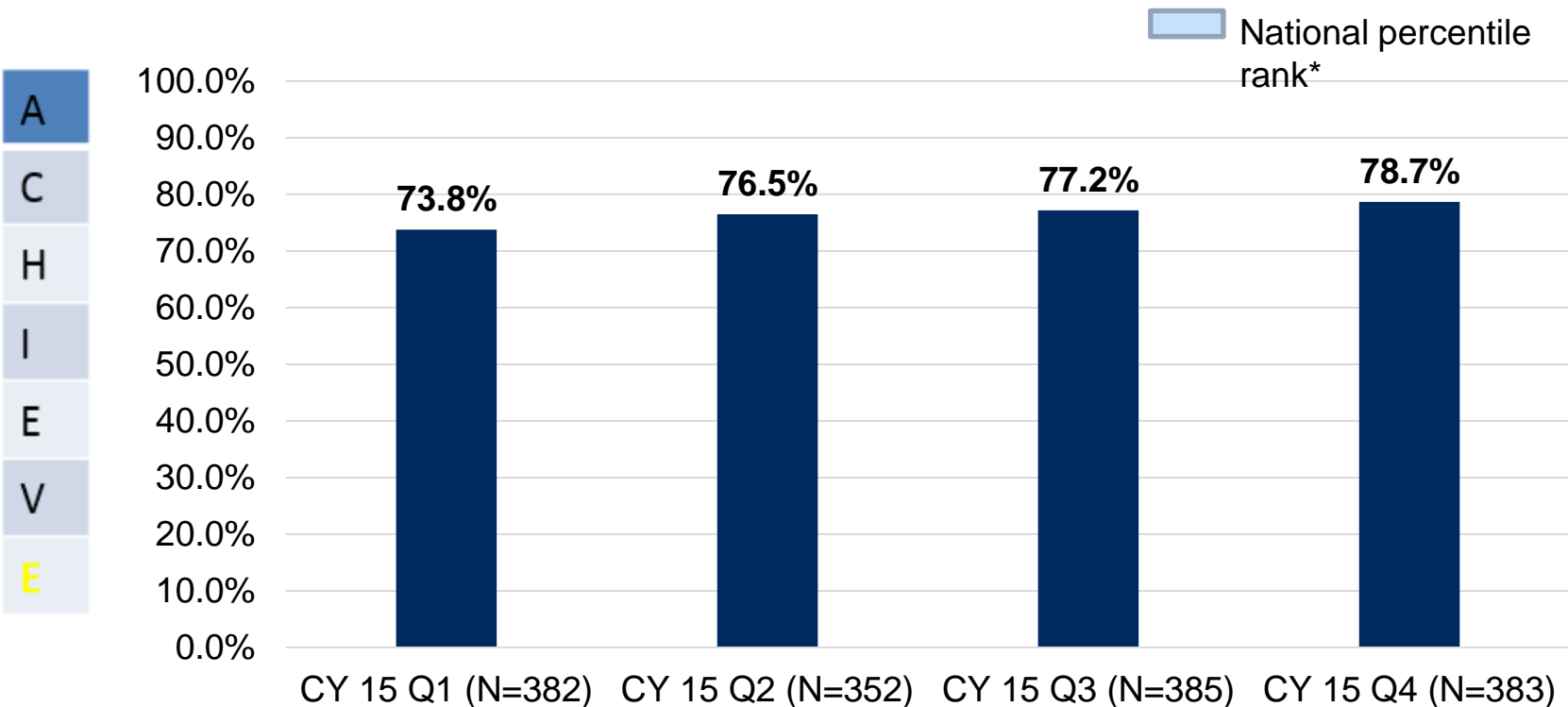
RN Giver *

Evaluate: Falls and Falls with Injury

A
C
H
I
E
V
E



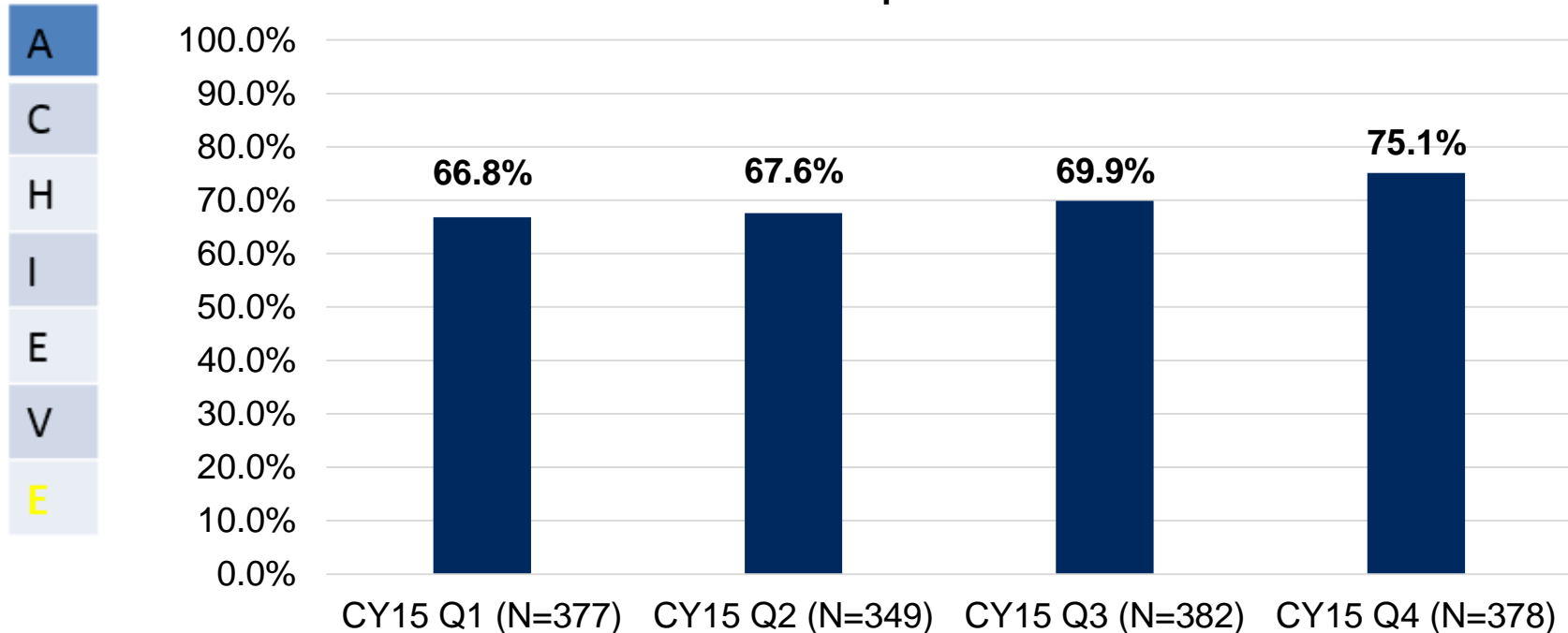
Evaluate: Communication Nursing Domain



- A
- C
- H
- I
- E
- V
- E

Patient Experience: Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Rate the Hospital '9 or 10'



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



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