STANDARDIZING THE HANDOFF OF HOSPITALIZED PATIENTS WITH DPAC-Q

Efrén C. Manjarrez Jr., M.D., SFHM
Assistant Professor of Clinical Medicine
Associate Chief
Division of Hospital Medicine
Associate Chief Patient safety and Quality Officer
University of Miami Health System
What is a Handoff?

• Handoff = transfer of professional responsibility and information between physicians in a HIPAA compliant manner with a standardized approach

• A handoff is **NOT** an H&P....

• Rather, a handoff **briefly** conveys:

  1. Why the patient is here
  2. What is their current clinical condition
  3. What is the plan going forward...
Handoffs take multiple forms

- Consulting Service
- Ward Nurse
- Cross-Covering Physician
- Primary Care MD
- ER Physician
- ER Nurse
- Pharmacist
- Lab
Patient admitted to hospital by MD

MD enters patient clinical information on handoff template

Deficits in patient clinical information in online handoff template

Suboptimal verbal MD to MD handoff

Medical error with harm

Good catch

MD does not place patient on handoff template

MD unaware of patient

Good catch

Deficits in ≥1:
• Reason for admission
• Active/unstable medical problems
• Current condition at handoff
• Anticipated problems
• To do list for next shift

Patient handed off with correct information

Receiving MD is clear on plan of care and cares for patient after seamless transition

Medical error with harm

Good catch

Medical error with harm

Good catch
- Failures in communication are the most common root cause of sentinel events reported to JCAHO

Sentinel Event Statistics. Available at: [http://www.jcaho.org](http://www.jcaho.org)
Handoff Basics-Before you begin...

- This information is “discoverable” by malpractice attorney’s, so be careful what you type into the computer...
- Limit interruptions
- The handoff should be verbal interactive communication between off-going and ongoing provider
- All patients that are handed off are included
- A standard computerized template is updated and printed out prior to each handoff session
Proposed Verbal Handoff Script DPAC-Q

D= Demographics
P=Problems
A=Anticipatory Guidance
C=Checklist
Q=Questions ?
Proposed Handoff Script DPAC-Q

Demographics

<table>
<thead>
<tr>
<th>ID</th>
<th>“Mr. Martinez is a 50 yo WLM”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Status</td>
<td>“He is Full code”</td>
</tr>
<tr>
<td>Illness Severity</td>
<td>“He is one of my sickest patients for tonight”</td>
</tr>
</tbody>
</table>
Problems

<table>
<thead>
<tr>
<th>Reason for admission</th>
<th>“He was admitted for unstable angina”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active/ unstable</td>
<td>“DM and Htn are both uncontrolled”</td>
</tr>
<tr>
<td>Chronic Stable</td>
<td>Gout</td>
</tr>
<tr>
<td>• Allergies</td>
<td>• “Allergic to penicillin”</td>
</tr>
<tr>
<td>Current clinical condition at handoff</td>
<td>“At 5 PM, I just started nitro drip due to recurrent chest pain with 1 set of (-) cardiac enzymes and nonspecific T wave changes on EKG”</td>
</tr>
</tbody>
</table>
Proposed Handoff Script DPAC-Q

**Anticipated complications** “If this happens, then do X, Y, and Z”

<table>
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<tr>
<th>“Potential Complications overnight include...”</th>
<th>“He is on ACS protocol with B Blocker, statin, ACE, nitrates, O2, LMH heparin, ASA, and Plavix, so...”</th>
</tr>
</thead>
<tbody>
<tr>
<td>o If he develops chest pain again, then transfer to CCU and call the cath fellow</td>
<td></td>
</tr>
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</table>

| “If he develops ____, then please do the following: A,B, and C” | o If his dinner BS > 300, then increase his basal insulin at bedtime from 10 units to 15. |
Proposed Handoff Script DPAC-Q

Checklist/ To Do list *specific to next shift*

• “The to-do list for the next shift is...”
• “The checklist for the next shift is...”

<table>
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<tr>
<th>“Please check” Check CBC at midnight</th>
<th>(Specific task, not vague) Transfuse 2 units prn Hb&lt;8.</th>
</tr>
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<tr>
<td>“Please check the Cardiology note to see if going to Cath in AM”</td>
<td>(Specific task, not vague) o If so, then make npo, decrease his PM basal insulin to 8 units, and start D5 IVF at 75 ml /hr at 6AM Instead of “make npo and decrease his insulin”</td>
</tr>
</tbody>
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Proposed Handoff Script DPAC-Q

Questions

• “When is the third set of cardiac enzymes due?”
# Verbal Checklist

<table>
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<tr>
<th>Competency</th>
<th>Present or absent</th>
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<td><strong>Demographics</strong></td>
<td></td>
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<tr>
<td>• ID</td>
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<tr>
<td><strong>Repeat</strong> Questions asked</td>
<td></td>
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Summary

As a physician you assume ownership of all patients that you handoff and cross-cover.

• High quality handoffs are the responsibility of all physicians- patient safety depends on it

• UHealth has now provided a standard handoff script for guidance

• The checklist is the minimum required handoff elements- each facility’s computer template may have variations