

# IMPLEMENTATION OF ATTENDING-SUPERVISED IPASS HANDOFF IN THE NEURO-ICU

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## BACKGROUND

- Duty hour restrictions, cross coverage, and the growing number of mid-level practitioners has led to an increased number of handoffs across medical specialties
- These handoffs are well-known points of communication breakdown which can lead to patient safety issues
- Factors contributing to an effective handoff include standardization of communication, appropriate training and supervision, ample time, a quiet environment, and a supportive culture
- We hypothesize that attending supervision of handoffs is feasible and can improve practitioner perception of transitions of care

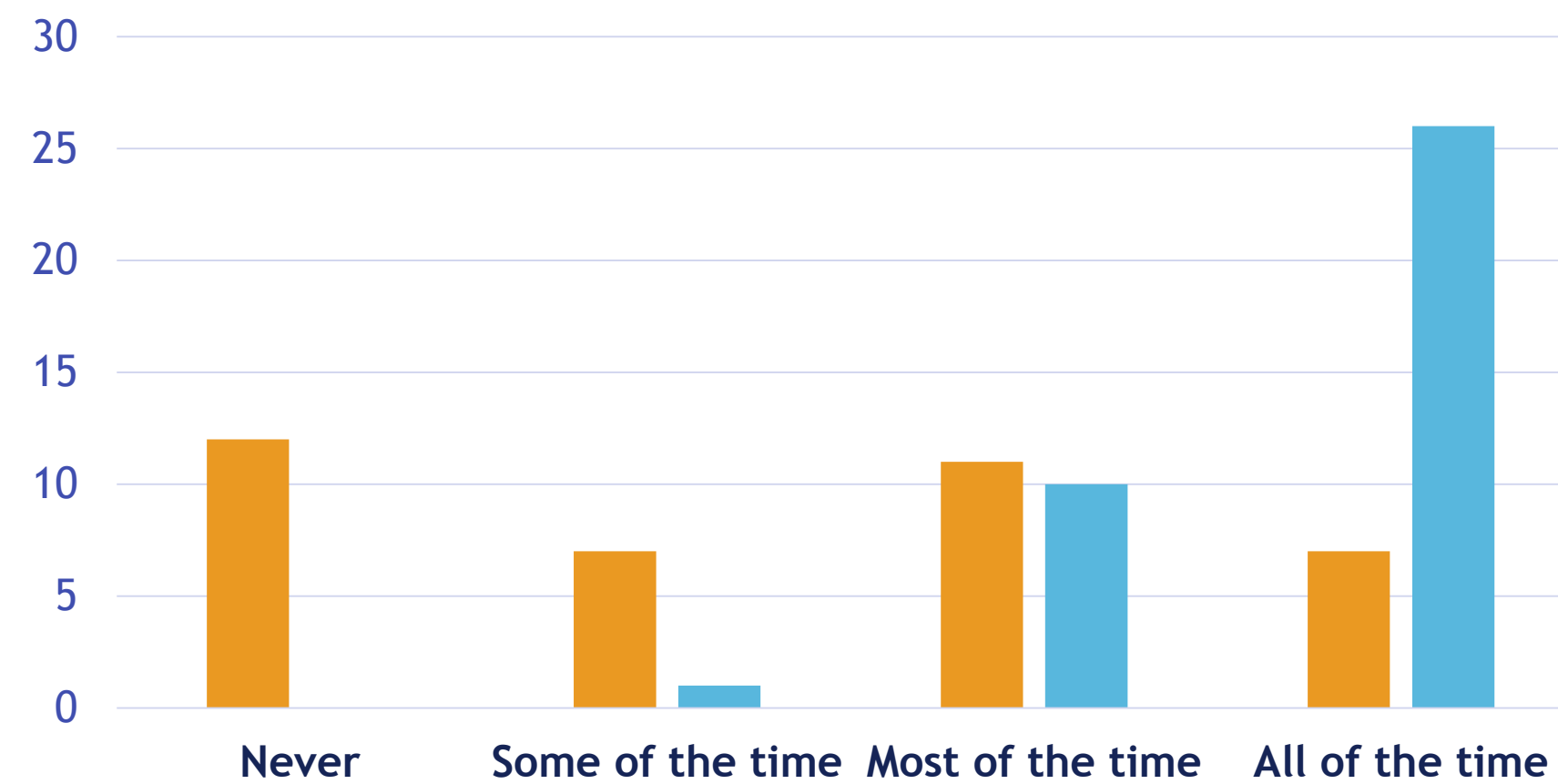
## METHODS

- Beginning in January 2018, attending supervised handoffs were implemented in the Neurologic ICU
- Attending physicians were either physically or telepresent during handoffs at 6:30am and 5pm
- Handoffs followed standard IPASS format
- A quantitative and qualitative survey was administered to practitioners regarding this change in the handoff practice

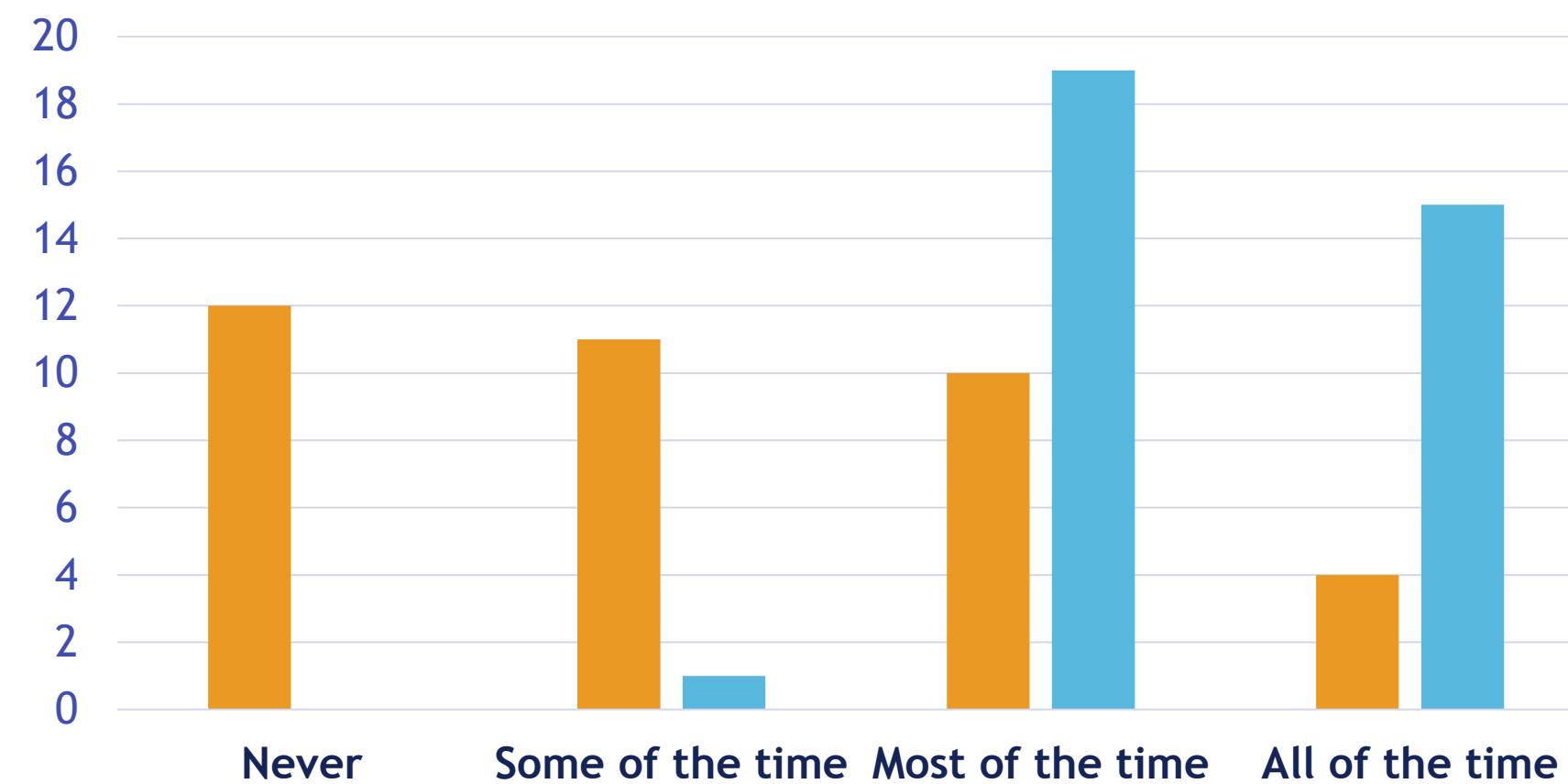


<b>I</b>	Illness Severity	<ul style="list-style-type: none"> <li>• Stable, "watcher," unstable</li> </ul>
<b>P</b>	Patient Summary	<ul style="list-style-type: none"> <li>• Summary statement</li> <li>• Events leading up to admission</li> <li>• Hospital course</li> <li>• Ongoing assessment</li> <li>• Plan</li> </ul>
<b>A</b>	Action List	<ul style="list-style-type: none"> <li>• To do list</li> <li>• Time line and ownership</li> </ul>
<b>S</b>	Situation Awareness and Contingency Planning	<ul style="list-style-type: none"> <li>• Know what's going on</li> <li>• Plan for what might happen</li> </ul>
<b>S</b>	Synthesis by Receiver	<ul style="list-style-type: none"> <li>• Receiver summarizes what was heard</li> <li>• Asks questions</li> <li>• Restates key action/to do items</li> </ul>

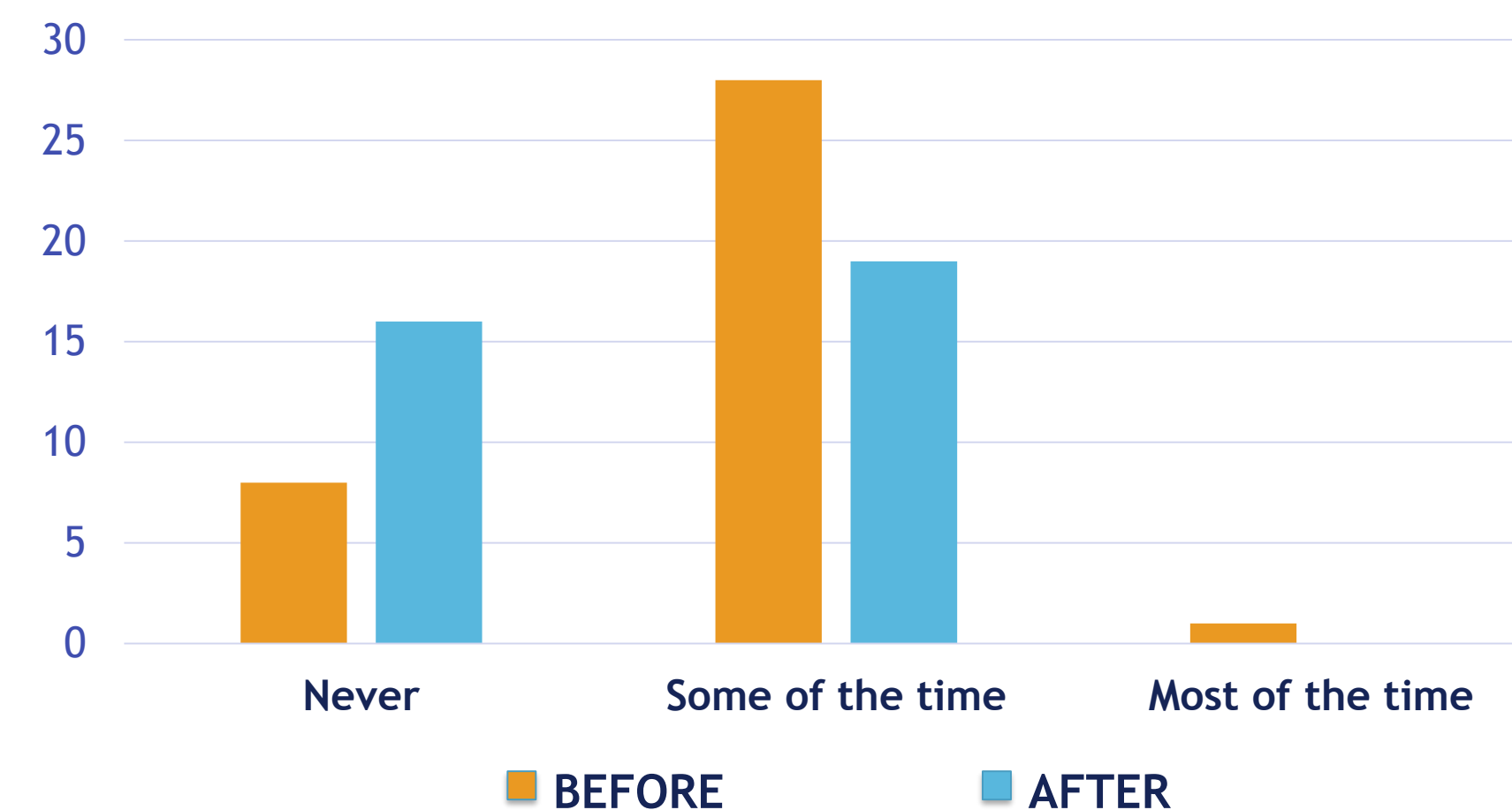
## How often do handoffs occur in a dedicated, quiet environment?



## How often is IPASS format followed?



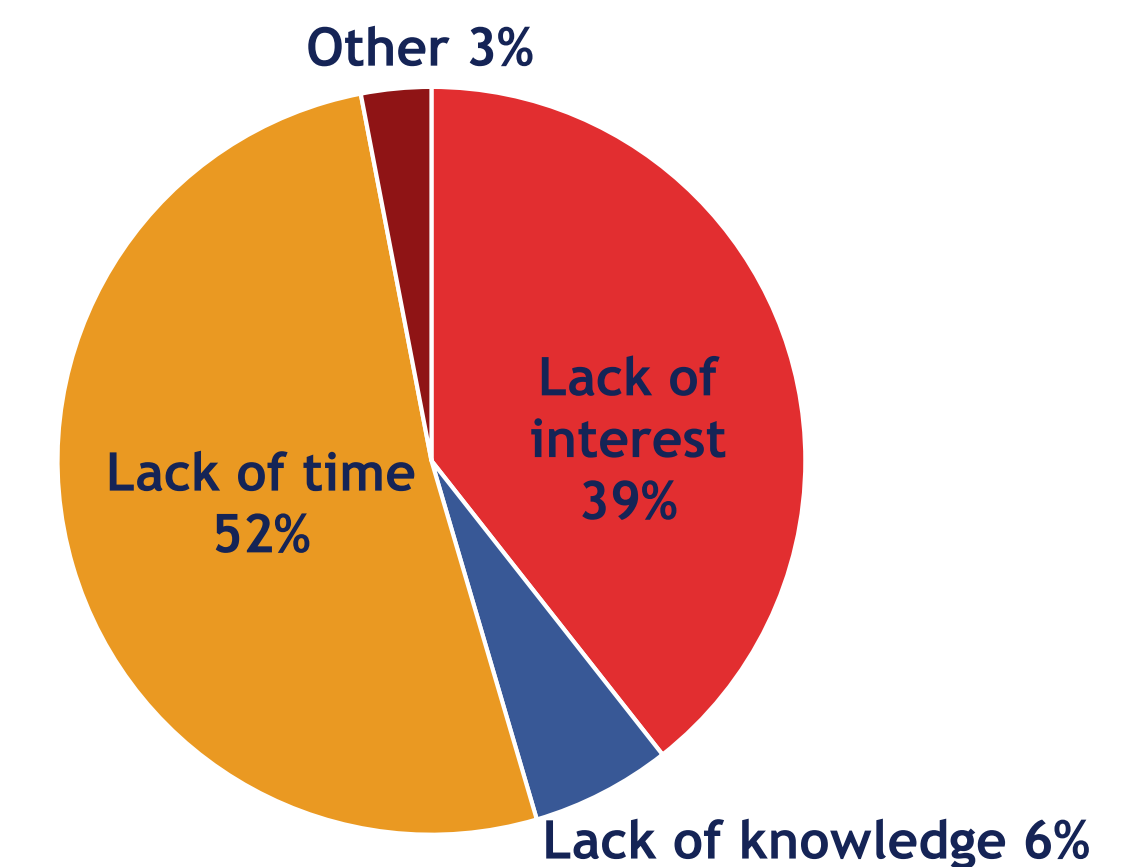
## How often do you perceive errors in handoffs to be the cause of lack of quality care?



## RESULTS

- 37 providers completed the survey: 5 Neurointensivists, 4 Neurocritical care/Stroke fellows, 5 PGY-4 residents, 8 PGY-3 residents, 8 PGY-2 residents, and 7 NICU nurse practitioners
- The majority (56%) of respondents had >1 month of experience with attending supervised handoffs

## Barriers to implementation of a standardized handoff:



## CONCLUSION

- 98% of respondents felt that attendings clarified patient information or contingency plans during handoff
- 60% agreed that having attending supervision has led to less miscommunications and improved patient safety
- After implementation, handoffs have become more structured and with less interruptions, less errors, better provider preparedness, and improved patient safety
- The main barrier to implementing a standardized handoff was lack of time followed by lack of interest
- Further work to streamline an efficient handoff and educate providers about its importance is needed