

Oklahoma State University College of Medicine Grand Rounds:

Raising the Bar on the Handoff

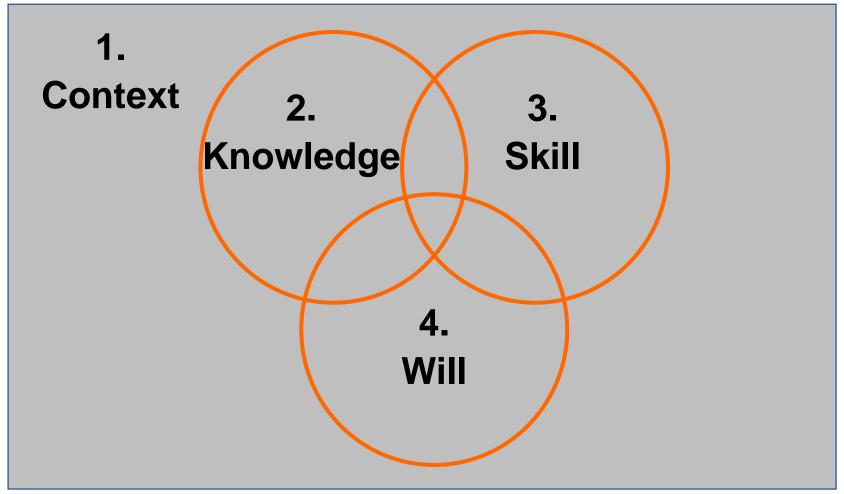
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September 12, 2017: 7:00 a.m. - 8:00 a.m.

Handoff Overview



1. Deeper Dive Into Context



Malpractice Risks in Communication Failures

Shari Moore

Crico Protecting Providers. Promoting Safety.



Malpractice Risks in Communication Failures

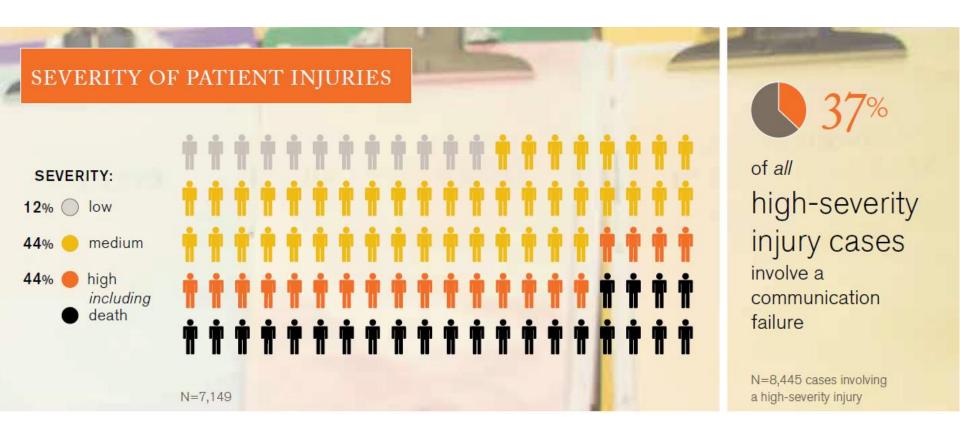


30% of the claims had one or more communication factors contributing to the event.





Severity





Who?





Consequences

- Odds of closing with payment are twice the odds of being closed with payment when these issues are absent and
- The indemnity payments is likely to be 14% higher than in cases where these issues are identified

Close with payment

	Communication Issue	Effect on Case Closure: Odds Ratio
Pr-PV	Communication among providers	90%
Pr-PV	Documentation – content (missing / inadequate)	80%
Pr-PV	Documentation - mechanics	62%
Pr-PV	Failure/delay in reporting findings to PROVIDER	51%
Pr-PT	Failure/delay in reporting findings to PATIENT	41%
Pr-PT	Communication between patient/family & providers	7%

Increase indemnity

	Communication Issue	Effect on Indemnity Payment
Pr-PV	Documentation - mechanics	28%
Pr-PV	Documentation content (missing / inadequate)	16%
Pr-PV	Communication among providers	8%



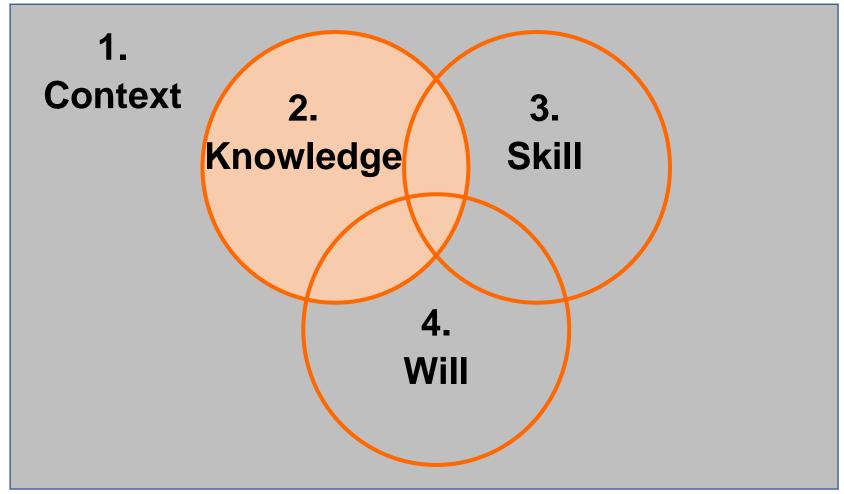
Consequences

Cases triggered by provider-provider communication failures are significantly more likely to result in payment.

Communication case types	Close with Payment	Average Indemnity
Communication - all	41%	\$433k
Provider-provider	49%	\$484k
Provider-patient	35%	\$381k



Handoff Overview



Deeper Dive Into Knowledge

Participants are able to **think** in the following ways:

- 1. Describe both physical and oral handoffs.
- 2. Reflect upon the physical purposes of oral handoffs and verbalize outcome oriented objectives.
- 3. Discriminate between expressive and outcome oriented speech.
- 4. Discriminate between the presence or absence of spontaneous evidence of a successful handoff.
- 5. Use cognitive and behavioral prompts for effective inquiry when soliciting evidence of grasping.
- 6. Recognize and describe the futility of questions that ask for yes/no responses. They are non-productive forms of inquiry during handoffs.

Recommended Reading

Communication Recommendations that Add Value to Understanding and Improving Handoffs

MANAGING UNCERTAINTY IN ORGANIZATIONAL COMMUNICATION

Michael W. Kramer

Vocabulary: Current vs New

Current

- Handoff
- Signout
- Transmitting info.
- SBAR
- ANTICipate
- I-PASS
- Provide information

New

- 1 Attention
- 2. Purpose
- 3. Performance
- 4. Expressive
- 5. Outcome Oriented
- 6. Feedback
- 7. Grasping
- 8. Spontaneous Evidence
- 9. Soliciting Evidence

Role of Perception in Handoffs

Physically Flawed Process

Subject to Mental Distortion/ Bias

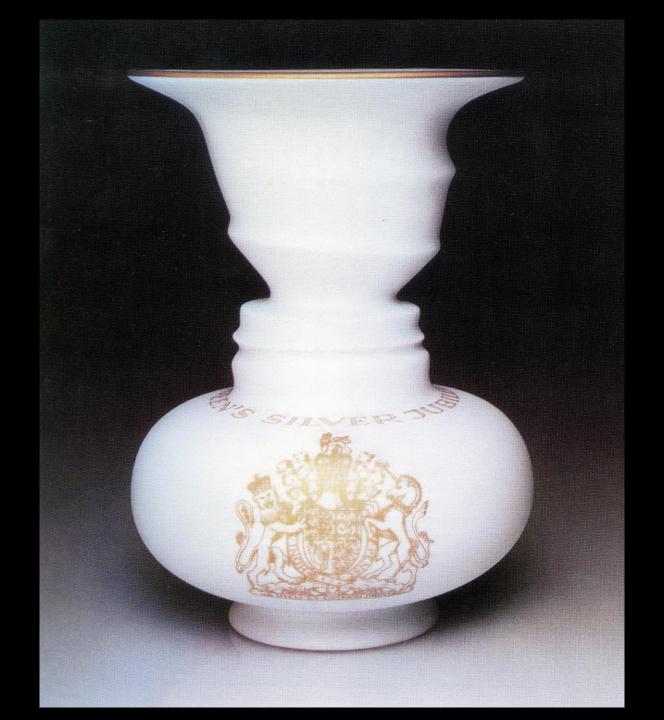
Unchecked, Leads to Premature Closure

The Truth about the Blind Spot





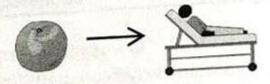






Spectrum

Diabetes Misunderstanding



- Patient in hospital taught to inject insulin by injecting an orange
- Patient readmitted to hospital with dangerously high blood sugar
- Patient was injecting insulin into the orange, then eating it



\$2700

Average daily cost for hospital admission

Know What Not To Ask

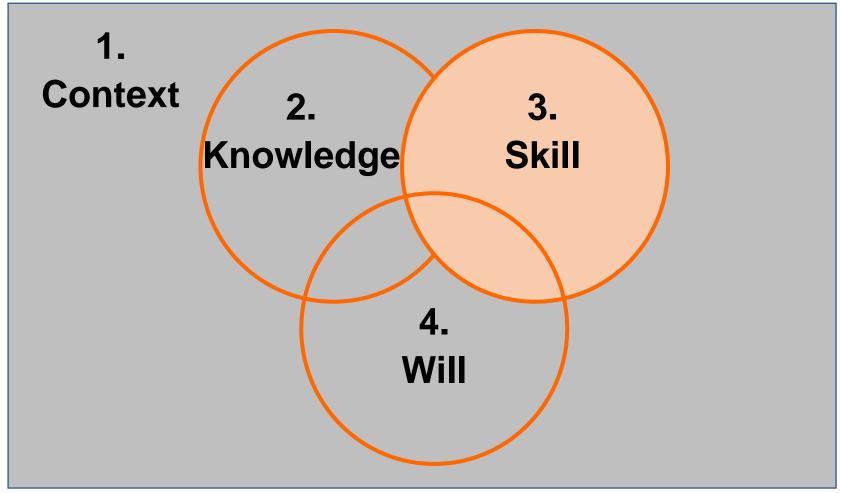
- 1. Do you understand?
- 2. Will you be able to get this done on time?
- 3. Is this something you can manage?
- 4. Can you get this to me by the end of the week?
- 5. Do you know what needs to be done?

Know 2 Types of Communication

- Expressive
- Outcome/Results Oriented

(see Handoff Flowchart)

Handoff Overview

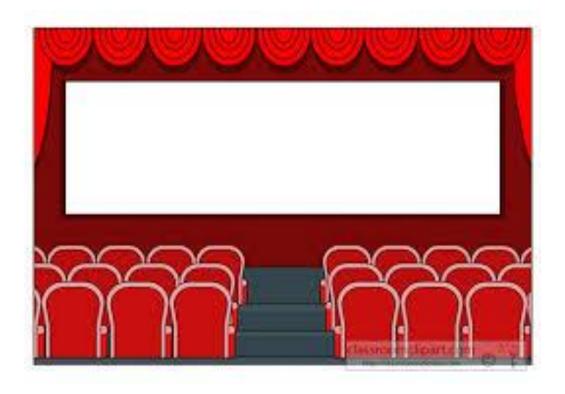


Deeper Dive into Skill

Participants are able to demonstrate four parts of an effective handoff:

- 1. Establish outcome oriented purpose.
- 2. Communicate with the receiver while monitoring grasping.
- 3. Assess feedback/responses from receiver as evidence of grasping or lack there of.
- 4. Follow through with constructive inquiry to confirm grasping when necessary.

Three Video Clips of Grasping













Highly Successful Physically

Participants are able to demonstrate four parts of an effective handoff:

- 1. Establish outcome oriented purpose.
- 2. Communicate with the receiver while monitoring grasping.
- 3. Assess feedback/responses from receiver as evidence of grasping or lack there of.
- 4. Follow through with constructive inquiry to confirm grasping when necessary.

No So Much Orally

Participants are able to demonstrate four parts of an effective handoff:

- 1. Establish outcome oriented purpose.
- 2. Communicate with the receiver while monitoring grasping.
- 3. Assess feedback/responses from receiver as evidence of grasping or lack there of.
- 4. Follow through with constructive inquiry to confirm grasping when necessary.

Give a Compliment

- What do you want the receiver to feel?
- What do you want the receiver to be thinking?
- What opinion do you want the receiver to have of you?
- How will you know you were successful?

Conversion From Expressive To Outcome Goals

- 1. I want to give you some feedback
- 2. I need to get something off of my chest
- 3. I want to explain this policy to you
- 4. Time for me to give you your evaluation

Comm. with the Receiver While Monitoring Responses

The speaker, not the receiver, is responsible for monitoring grasping—while speaking.

 Monitoring grasping during a communication is a skill which can be developed.

Monitoring Three Levels

Practice Session: Monitor your receiver against three levels of attention, while you tell a story.

- **Level 3:** Receiver visibly inattentive, distracted, disinterested, even disrespectful.
- Level 2: Receiver faking it with occasional eye contact and a periodic "yep."
- **Level 1:** Receiver sincerely attentive making eye contact, mirroring posture, interrupting with appropriate questions.

Follow-up Q's That Work

Key features:

- A. They ask for cognitive and/or behavioral evidence of understanding such as
 - 1. What do you think is the most difficult challenge for this patient?
 - 2. Which tests are likely to give us the best information?
 - 3. How does this compare with similar patients you have worked with?
 - 4. Which patient do you think will require the most attention?
 - 5. Should this patient be placed on a different unit?

Follow-up Q's That Work

Key features:

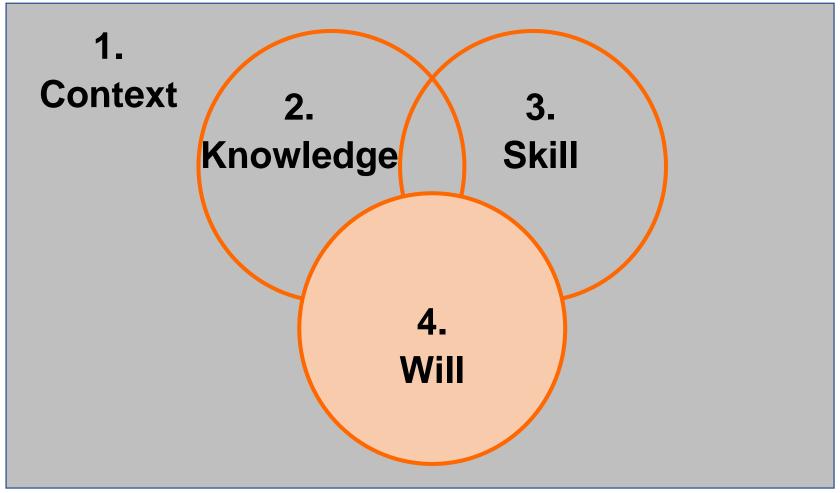
- B. They invite the receiver to calculate something which can be expressed using numbers:
 - 1. How long do you think this will take?
 - 2. What time Thursday do you think is the best time to get this to me?
 - 3. How much time do you think you will need for the procedure on this patient?
 - 4. When do you think we can discharge this patient?
 - 5. When do you think you will be able to send me a draft of this project plan?

Follow-up Q's That Work

Practice Session:

- 1. Can you bring potato salad to my family reunion this Saturday?
- 2. Our bicycle club is doing a 30 mile ride Friday, can you make maps for everyone?
- 3. You are responsible for discharging a young patient with a broken arm now in a cast. Apply the content of this program and tell the mother what she needs to do for her child.
- 4. You want to give someone a research assignment. Think about something you could ask a colleague, resident, intern, medical student, or assistant to research for you. Applying the content of this program, give the assignment.

Handoff Overview



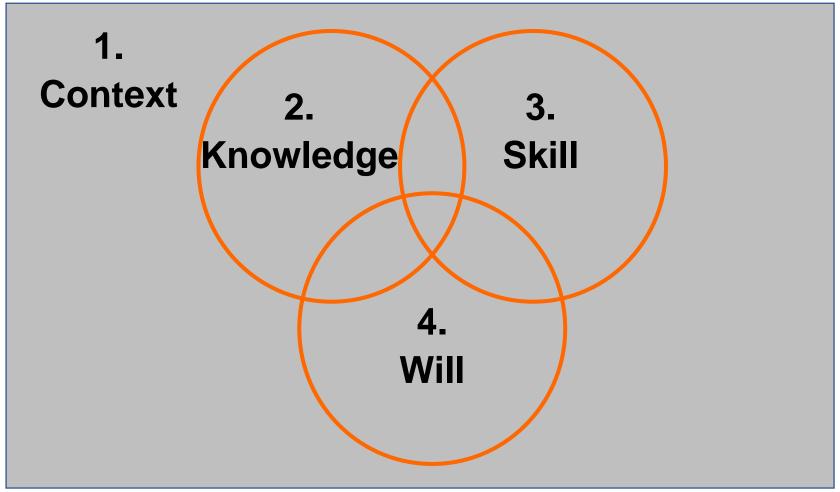
Deeper Dive into Will

The will for physicians, care givers, teachers, leaders, and parents to care about grasping flows from emotional maturity.

Additional Applications

- Leadership
- Education
- Training
- Coaching
- Parenting

Handoff Overview and Q&A



Will you do anything differently, and if so, what?

Thank you!