

PLICO Educational Workshops

Tulsa County Medical Society
&
Oklahoma State Medical Association

Raising the Bar on the Handoff

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Raising the Bar on the Handoff



Malpractice Risks in Communication Failures

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crico

Protecting Providers.
Promoting Safety.

Annual Benchmarking Report



Malpractice Risks in Communication Failures

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

OVER
VIEW

CRICO Strategies' Comparative Benchmarking System (CBS) contains 350,000 medical malpractice cases representing more than \$25 billion in reserves and losses. CBS reflects the medical professional liability experience of more than 400 hospitals and 165,000 physicians from commercial and captive insurers across the U.S.

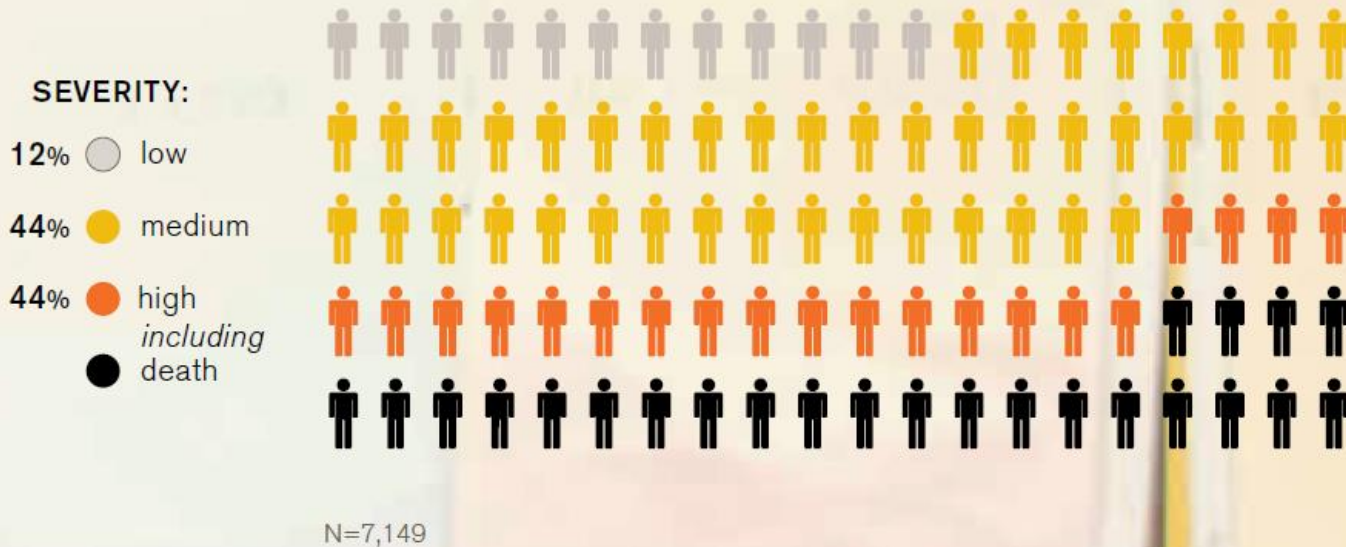


30%

Communication was a factor in 30% of 23,658 cases filed from 2009–2013.

Severity

SEVERITY OF PATIENT INJURIES



of all
high-severity
injury cases
involve a
communication
failure

N=8,445 cases involving
a high-severity injury



Who?

WHAT GOES WRONG

Communication errors may involve face-to-face conversations, electronic exchanges, or clinical notation and interpretation via the patient's medical record. For this Report, breakdowns in documentation timing, accuracy, and legibility were also included, as were systems failures in sharing information (e.g., test results and referral findings) and instructions among providers, patients, and family members.



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%



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

Visual Overview/Outline

1. Foundation



2. Framing



Workshop Overview/Outline

3. Real-time
attending to what
is happening



4. Finished Work



Verbal Outline

Module 1: Goal of an effective handoff [30 m.]

Break [15 m.]

Module 2: Result of an effective handoff [15 m.]

Module 3: Speaker monitors grasping [15 m.]

Module 4: Confirming grasping with inquiry [25 m.]

“Thinking” Outcomes

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.

“Performance” Outcomes

Participants are able to demonstrate the following for maximum handoff success:

1. Establish outcome oriented purpose.
2. Assess receiver's abilities.
3. Engage the other party in the handoff.
4. Look for spontaneous evidence of grasping.
If this occurs, stop here.
5. Follow up using effective inquiry.

Workshop Methodology

- ✓ Learning partnerships
- ✓ Conceptual presentation
- ✓ Experiential practice
- ✓ Conceptual presentation
- ✓ Experiential practice
- ✓ Etc.

Greet Your Learning Partner(s)

- Create learning groups of two to four people.
- Please incorporate anyone who joins us after we begin.

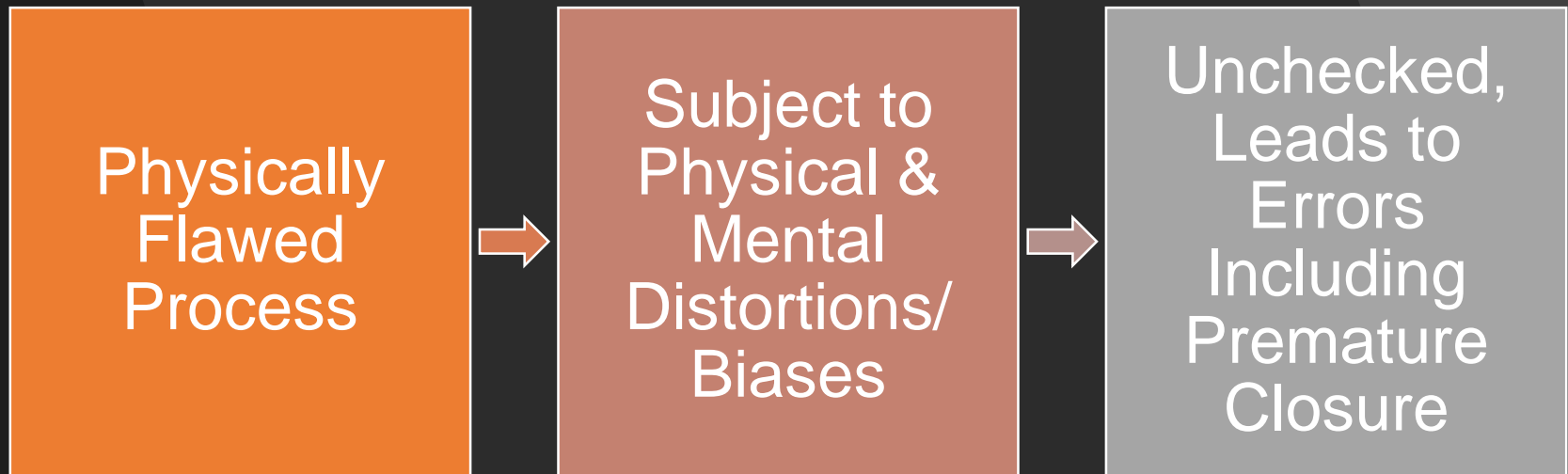
Module 1: The goal of an effective handoff is not to give, but rather for the receiver to get.



Zooming in on physical handoffs

1. Perception
2. Slow motion analysis
3. Experiencing physical grasping
4. Giver/sender responsibility to monitor grasping

1. Perception

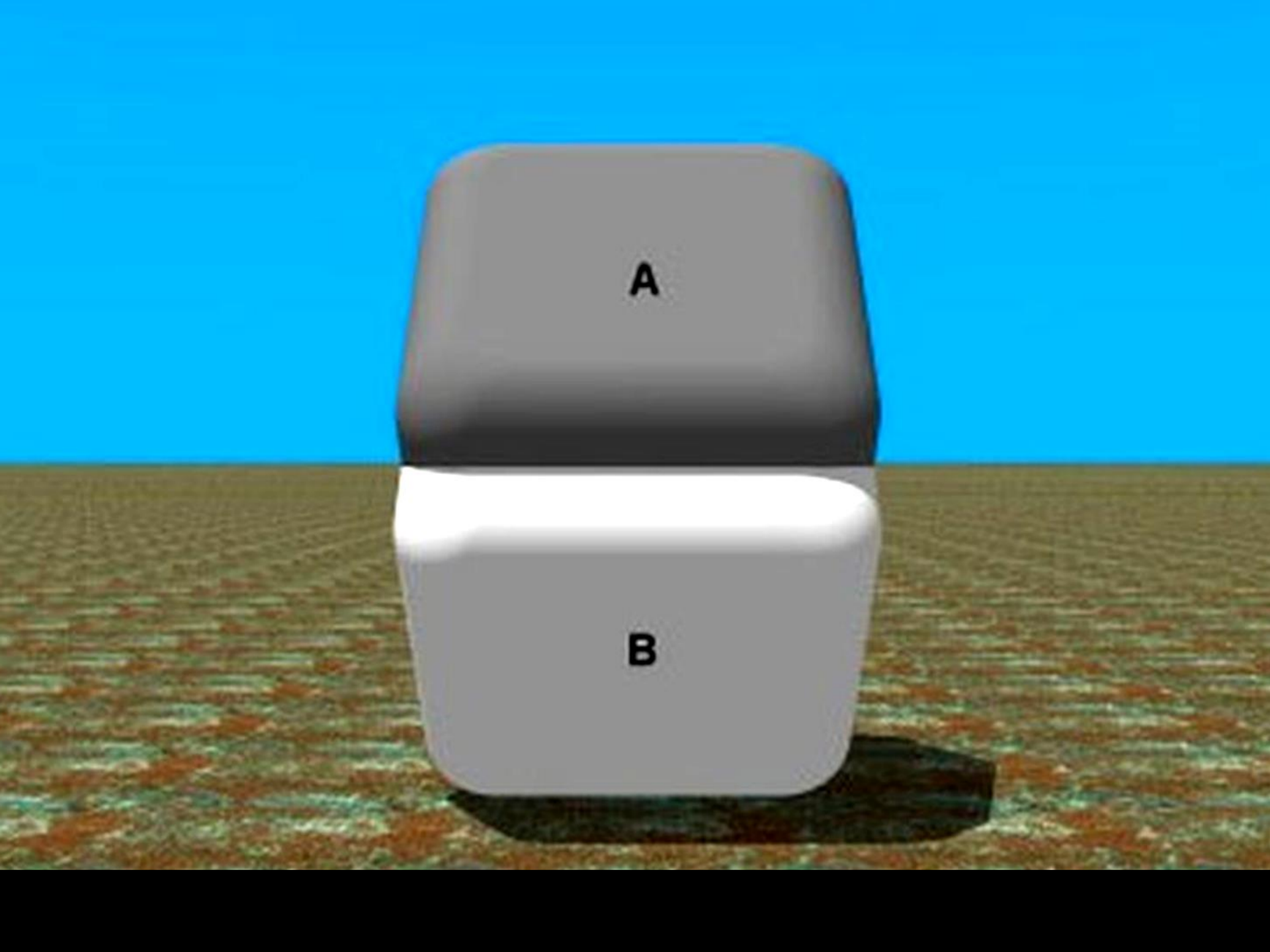


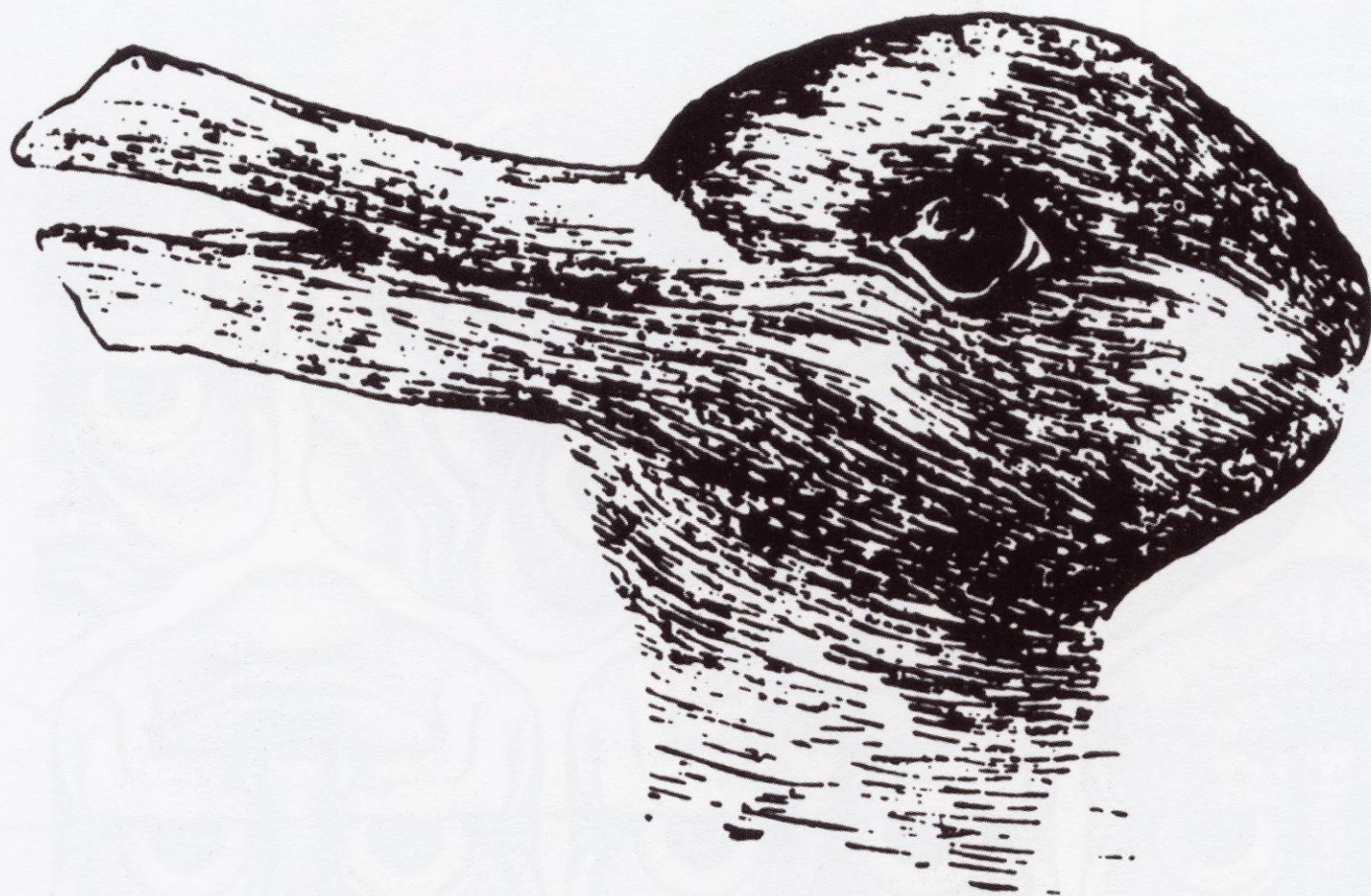
The Truth about the Blind Spot







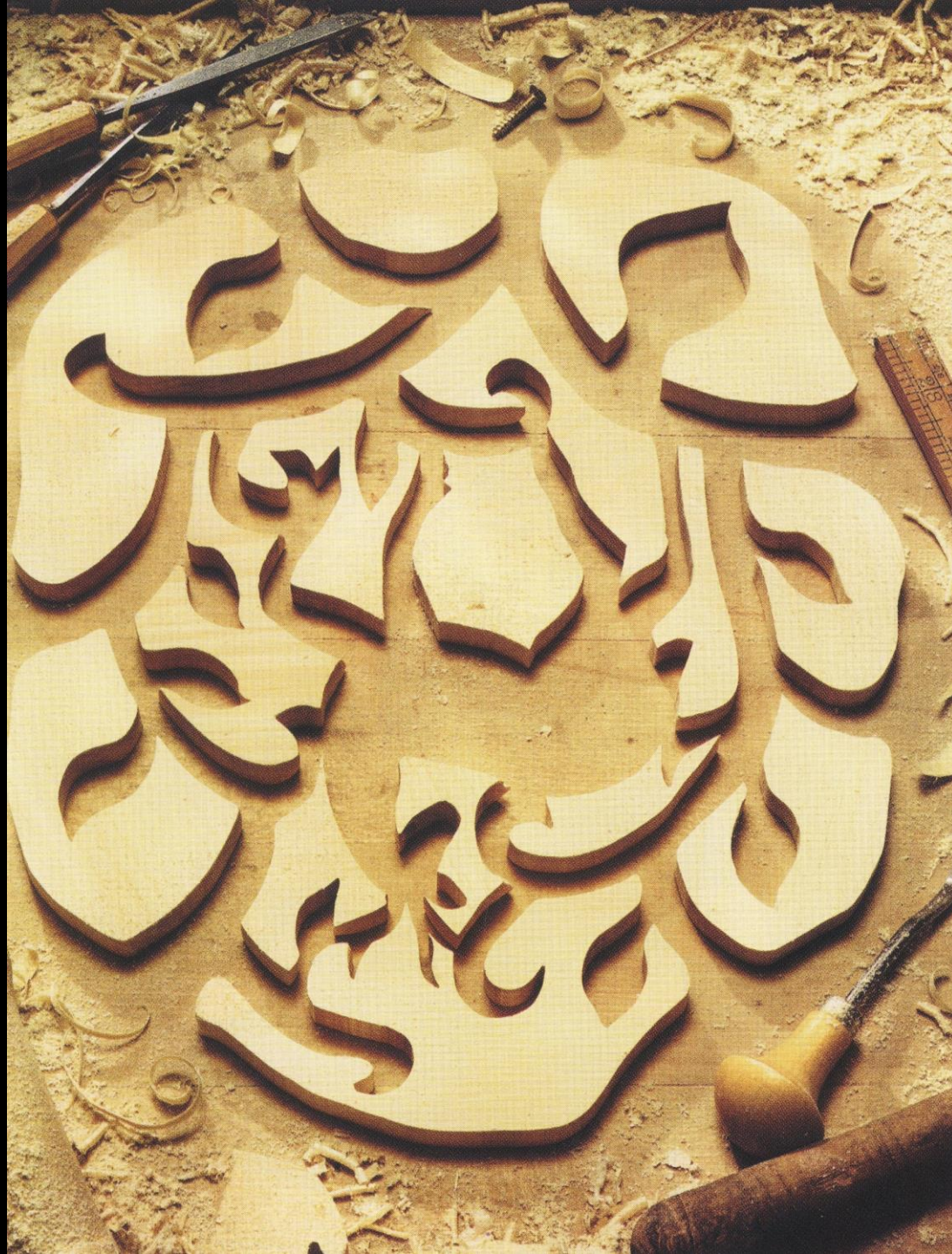








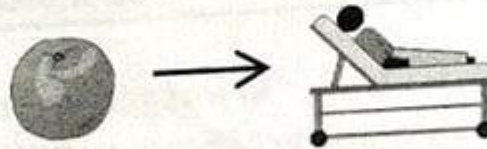






Spectrum

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

2. Three Slow Motion Video Clips of Grasping













3. Experience Physical Handoffs

1

Practice with
your learning
partner

2

Practice at a
handoff
table/station

3

Throwing, the
transition from
physical to
oral handoffs

4. Giver/sender responsibility to monitor grasping



Giver/sender
is responsible
for monitoring grasping,
not the receiver.



We will re-visit this in Module 3.



Continue to be aware of anything you pass
or that is passed to you.

Module 2: The result of a handoff flows from the initial thinking of the goal/purpose.

Concept: At the end of a handoff, the receiver

1. has a grasp of what is expected/needed
2. has the necessary information or access to it
3. has the skills and resources to follow through
4. accepts responsibility for follow through

Practicing Outcome Goals

1. Give a compliment
2. Give feedback
3. Explain my reasons
4. Tell you about a patient
5. Explain the bloodwork results

Note: See flowchart, part 1, comparing expressive and outcome oriented goals.

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?

Practicing Outcome Goals

1. Give a compliment
2. Give feedback
3. Explain my reasons
4. Tell you about a patient
5. Explain the bloodwork results

Note: See flowchart, part 1, comparing expressive and outcome oriented goals.

Module 3: Speaker, not receiver, is responsible for monitoring grasping.

Concept: The speaker, not the receiver, is responsible for monitoring grasping during the communication and for making adjustments as necessary.

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

- ☐ **Level 3:** Receiver is visibly inattentive, distracted, disinterested, even disrespectful.
- ☐ **Level 2:** Receiver is faking it with occasional eye contact and a periodic “yep.”
- ☐ **Level 1:** Receiver is sincerely attentive making eye contact, mirroring posture, interrupting with appropriate questions that advance your story.

Module 4: Use specific type of inquiry to increase confidence grasping has occurred.

Concept: Demonstrate parallels between using questions during physical and oral handoffs

Practice questions

- Practice questions that do not work, that do not produce conceptual or behavioral evidence of grasping.
- Practice questions that do work
 - They ask for cognitive/behavioral evidence
 - They ask for a calculation

Note: Initially, read from the tri-fold program material.

Application Exercise

You are responsible for discharging a young patient with a broken arm now in a cast. Explain cast care to the youth's mother **twice**.

Mother's job during this exercise:

First time through ...

- ✓ Ask meaningful questions.
- ✓ Say "Excuse me" and ask questions about what you are being told, about your fears, or about possible problems.
- ✓ At the end of the explanation, ask "Who can I call if I have questions when I get home?"

Second time through ...

- a. Say nothing but "yes" and "sure."
- b. See if your partner can create useful questions that make the handoff effective, that facilitate evidence of successful grasping.

Practice Sharing this Skill

“Teach back” time: Practice teaching your partner the 4-step Handoff Flowchart (part 2).

1. **Outcome** oriented purpose
2. **Process**—giving your attention to your purpose **and** your receiver, observing his/her responses
3. **Assess** your personal confidence that there is convincing/compelling evidence grasping has occurred
4. **Inquiry**—use effective inquiry to obtain sufficient evidence of success

Q & A

Review Desired Outcomes

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.

Review Performance Outcomes

Participants are able to demonstrate the following for maximum handoff success:

1. Establish outcome oriented purpose.
2. Assess receiver's abilities.
3. Engage the other party in the handoff.
4. Look for spontaneous evidence of grasping.
If this occurs, stop here.
5. Follow up using effective inquiry.

Additional Applications

- Leadership
- Education
- Training
- Coaching
- Parenting

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

Thank you!

