Preventing Fumbles on Patient Handoffs

By Matthew Weinstock

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A new Joint Commission initiative aims to improve transitions of care.

Regular readers of this blog (Hi, Mom) will recall that my father in-law suffered a series of medical mishaps late last year following treatment for esophageal cancer. Poor — really, nonexistent — communication during transitions of care, coupled with insufficient discharge planning, resulted in him being readmitted to the hospital — to the ICU — following surgery. He was eventually moved to an inpatient bed, where he stayed for several days and later discharged. Thankfully, we had lined up a live-in nurse this time around to help manage his care.

It was a harrowing experience. Even after being sent home the second time, communication between his many physicians and his nurse was, well, horrible. The primary care doctor didn't talk to the oncologist. Neither talked effectively with his cardiologist and the nurse had to be an aggressive advocate in order to get even basic information. Despite all of that, he is doing well now.

Sadly, we know that my father in-law's experience is not unique. The Joint Commission estimates that 80 percent of serious medical errors involve miscommunication between caregivers when a patient is handed off or transferred between care settings. Miscommunication was also the leading root cause of sentinel events reported to the commission between 1995 and 2006. That's partly why the Joint Commission's Center for Transforming Healthcare initiated a project aimed at helping hospitals improve transitions of care.

Ten hospitals and health systems, including Intermountain Healthcare, Johns Hopkins and Partners HealthCare, participated in the effort to not just study the problem, but develop a set of interventions. The hospitals discovered several common problems during hand-offs:
- Lack of teamwork and respect
- Differing expectations between the clinician sending the patient and the one receiving the patient
- Interruptions occur between handoffs
- "Sender" unable to contact "receiver" in a timely manner
- "Sender" provides inaccurate or incomplete information
- "Receiver" has competing priorities and is unable to focus on the transferred patient
- "Receiver" is unaware of the transfer

The interventions can be modified, and include:

- Make successful hand-offs an organization priority and performance expectation
- Teach staff what constitutes a successful hand-off
- Identify new and existing technologies to assist in making hand-off successful
- Develop standardized forms, tolls and methods such as checklists and SBAR

This is the center's eighth project since launching in 2009. Other initiatives looked at hand hygiene, wrong-site surgery and preventing falls. What sets the center apart from other initiatives is that it doesn’t promote a one-size-fits all approach, says Joint Commission President Mark Chassin, M.D.

"There aren't just two or three causes," says Chassin, who visited our office earlier this week to discuss the center's work. "There are typically 25 to 30 and each requires a different intervention."

Equally as important, he says, types of causes leading to errors will differ from hospital to hospital. So, what the center purports to do is help hospitals identify what's happening in their facility, measure performance and then directs them to solutions that can be customized for their unique circumstances.

Interestingly, quality and safety topics dominated Chassin's visit with our editorial team. He noted that the Joint Commission during his tenure is moving away from simply being known as an accreditation organization and toward one that has a direct impact on health care quality and safety. Indeed, it was something he mentioned during an interview with me when he took over the reins of the Joint Commission in 2008. We also profiled his efforts to change the organization from the inside out in a 2010 cover story.

Given all of the changes going on in health care, it will certainly be interesting to see how the commission’s role continues to evolve. Chassin says that the organization is well positioned to drive improvements in a more integrated delivery system, given that its accreditation arm touches nearly every type of provider.


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