

PLICO Explore Healthcare Summit

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Embassy Suites Hotel & Conference Center

Raising the Bar on the Handoff

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Workshop Overview

At its most fundamental level, a hand-off is a communication event between two people. In the same way a carpenter, electrician, or plumber uses specific tools in each trade, studying and improving hand-offs also requires a specialized tool set. The tools used to understand communication skills ultimately are words and their special meanings. Nine (9) terms/phrases can help us understand and improve hand-offs:

Attention	Expressive	Grasping
Purpose	Outcome Oriented	Spontaneous Evidence
Performance	Feedback	Soliciting Evidence

This presentation begins with a review of vocabulary used to analyze and teach handoffs throughout the healthcare industry and then flows quickly into focusing on physical handoffs, a critical yet often overlooked starting place for understanding oral handoffs. The presenter will use a series of videos (slow motion videos that reveal precisely how relay racing batons are passed from the giver to the receiver) and physical activities. Everyone will be able to study their own physical handoffs.

When focusing on improving oral hand-off skills, all participants will have opportunities to practice two sophisticated skills in small groups:

1. Observing/studying the receiver's spontaneous response or reaction in order to ascertain evidence of grasping and
2. Using inquiry to solicit evidence of grasping.

The approach to this subject will both directly strengthen everyone's hand-off skills and provide a framework for enabling participants to improve communication with everyone with whom they work.

All participants will leave with the knowledge and tools needed to share these skills in their respective organizations.



Two Sessions on 8/10/17:

10:15am-11:45am

Hospitals...Navigating the Currents Educational Track

1:15pm-2:45pm

Dialogues in Medicine Educational Track

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The 5 steps of an oral handoff:

1. Decide upon the desired outcome.
2. Assess the receiver's abilities.
3. Engage the other party in the handoff.
4. Look for spontaneous evidence of grasping.
5. Follow up using effective inquiry when there is no compelling spontaneous evidence apparent.

Desired Session Outcomes

■ Participants are able to think in the following ways:

1. Describe both physical and oral hand-offs.
2. Reflect upon the physical purposes of oral hand-offs 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 Bloom's taxonomy as 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 hand-offs.

■ Participants are able to take the following actions for maximum handoff success:

1. Decide upon desired outcome(s).
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 when there is no compelling spontaneous evidence apparent.

■ Participants can demonstrate effective handoffs.

*Some things cannot be taught.
They can only be learned through experience, by living.*

Current vocabulary used in healthcare to understand handoffs:

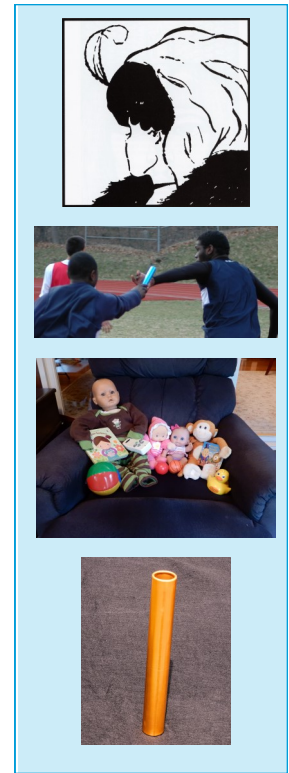
- Handoff
- Signout
- Transmitting information
- Interactive communications that allow the opportunity for questions
- The transfer of information along with authority and responsibility
- Repeat-back and/or read-back used as processes for verification of information received
- SBAR (Situation-Background-Assessment-Recommendation)
- ANTICIPATE (Administrative data, New clinical information, Tasks, Illness severity, Contingency plans)
- I-PASS (Illness severity—Patient summary, Action list, Situational awareness and contingency planning, and Synthesis or read-back)
- Barriers to transmission of accurate information in a patient transfer, including incomplete medical record, lack of complete information provided by nurses, and the omission of essential information.
- Handoffs are compromised if critical pieces of information are omitted because of difficulties with data access or if documentation is illegible or not transferred.
- Joint Commission states: "The primary objective of a 'handoff' is to provide accurate information about a patient's/client's/resident's care, treatment and services, current condition, and any recent or anticipated changes. The information communicated during a handoff must be accurate in order to meet patient safety goals."

New vocabulary to understand handoffs:

- ◆ **Attention:** Caring for and observing the receiver.
- ◆ **Purpose:** Intended outcome or result.
- ◆ **Performance:** Observable behavior.
- ◆ **Expressive:** Throwing words into the air without a specific target or purpose.
- ◆ **Outcome Oriented:** Sending words in ways they can be caught and used.
- ◆ **Feedback:** Naturally occurring self-correcting responses to our behavior.
- ◆ **Grasping:** Successfully catching an object or an idea.
- ◆ **Spontaneous Evidence:** Feedback that reveals if the receiver has grasped
- ◆ **Soliciting Evidence:** Follow up inquiry in the absence of spontaneous evidence of grasping.

Physical Handoffs

1. To improve oral handoffs, we need to first zoom-in to take a closer look at physical handoffs giving our attention to all that takes place in less than half a second.
2. Secondly, we need a quick review of perceptual bias, perceptual differences, and premature closure.
3. Thirdly, we will examine three (3) short video clips of real handoffs.
4. Lastly, let's experience actual physical handoffs:
 - Physically practice gradually increasing awareness of the sensation of grasping. Try to increase awareness of when you, as the giver, experience the closure of grasping. Satisfaction/closure for the sender comes from experiencing receiver's grasping.
 - Visit a Handoff Table and practice
 - ⇒ Note visual and tactile evidence
 - ⇒ Feel different amounts of pressure
 - ⇒ Adjust for weight differences among objects
 - ⇒ Explore how objects are touched differently—middles, ends, tops, etc.
 - Raise the stakes by practicing throwing objects—explore how we assess readiness, trajectory, positioning, etc.



Oral Handoffs—See Insert

“Goal” Exercise: Expressive vs Outcome Oriented Goals

Expressive Goals: I am going to ...	Outcome Oriented Goals
1. Give a compliment	I want you to ... <ul style="list-style-type: none"> • Feel proud of what you did. • Feel excited about your achievement. • Feel recognized and appreciated. • Feel engaged and respected..
2. Give feedback	
3. Share my point of view	
4. Give you my two cents	
5. Explain the reasons for the project	
6. Get something off my chest	
7. Tell you about the patient in room 401	
8. Explain the bloodwork results	

If there is no spontaneous evidence of grasping, use inquiry.

Questions That Do Not Work:	Reasons They Do Not Work
1. Do you understand?	Responses of “yes,” “sure,” and “no problem” are not indications of grasping.
2. Will you be able to get this done on time?	
3. Is this something you can manage?	
4. It is a big job, are you up for it?	
5. Can you see one of my patients for me?	
6. Are you able to take on some additional work?	
7. Do you know what needs to be done?	
8. Would you ...?	
9. Can you ...?	
10. Please repeat back exactly what I said.	Exact repetition is not evidence of grasping.

Questions THAT DO WORK can be derived from either (or both) of two approaches:

Creating Questions based upon Blooms Taxonomy

Levels	Sample Verbs
1. Knowledge	list, recall, repeat (ineffective methods)
2. Comprehension	describe, restate, classify, explain
3. Application	illustrate, interpret, sketch, schedule
4. Analysis	test, calculate, distinguish, examine, contrast
5. Synthesis	arrange, assemble, design, organize, plan
6. Evaluation	estimate, predict, assess, compare, evaluate

Creating questions based upon asking for a response that uses 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?

Sample questions applying Bloom’s Taxonomy

- a. Which issues do you think are most important in Mr. G.’s care?
- b. What do you think success would look like for the patient in room 406?
- c. Please describe how you want to approach the family about their daughter.
- d. How many weeks of physical therapy do you think she will need after her operation?
- e. As an intern, what knowledge do you believe is most applicable to this patient’s needs?
- f. This patient appears similar to one you took care of last week. I would love your thoughts.
- g. After this handoff I would appreciate you sketching out your plan for covering these patients.
- h. In addition to the labs that I have ordered, what other issues could/should we be looking into?
- i. There may be multiple ways of interpreting these test results. What interpretation do you believe is most compelling?
- j. When do you think you might have time to re-visit the patient’s medical history, we might have missed something.

“Checking for grasping needs to be a part of every handoff.”™