I-PASS

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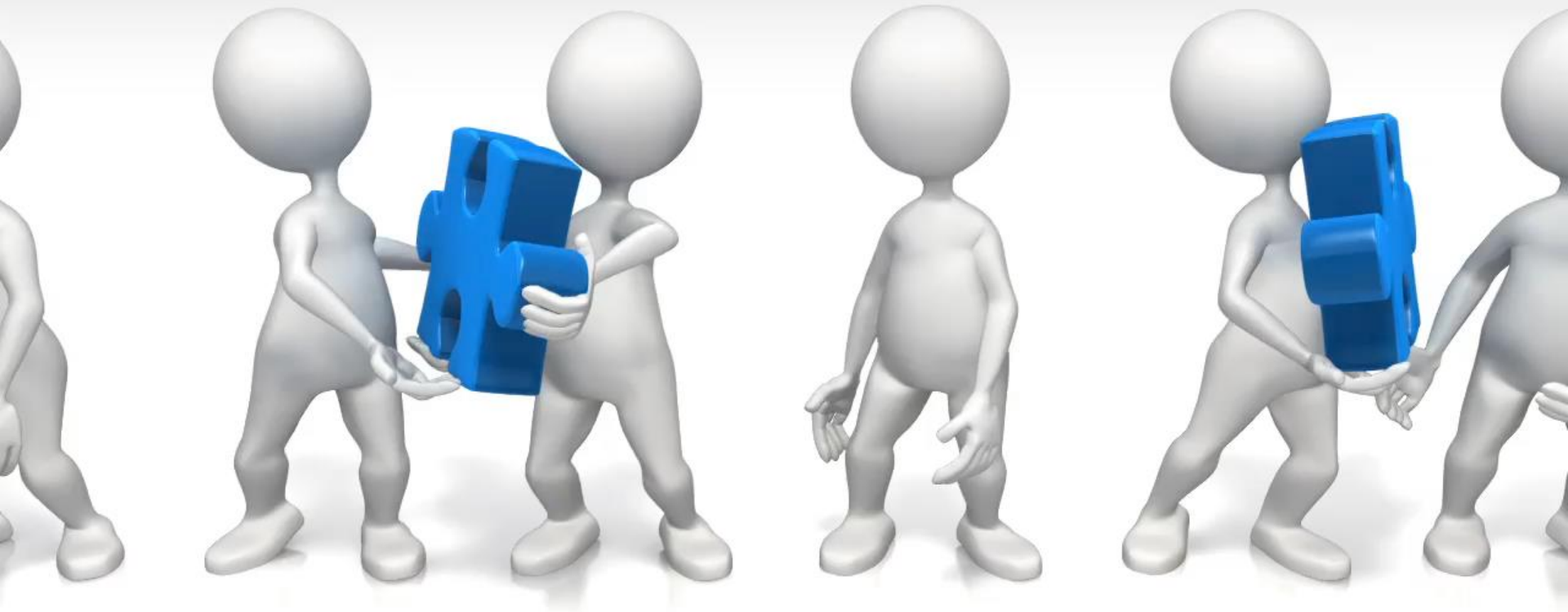
For Patient Care Report/Handoffs



Nursing Professional Development

What do you think?

Approximately what percentage of sentinel events involve some type of miscommunication?

(Click on your answer)

89%

Try again

52%

Try again

67%

Correct

And over 50% of the miscomunnications are related to handoffs!

(Starmer et al., 2012)

What do you think?

What is the dollar amount healthcare institutions in the U.S. lose annually due to communication-related malpractice cases?

(Click for the answer)

$1.1 Billion

Patient care handoffs are one area where communication can be improved.

I-PASS
BETTER HANDOFFS. SAFER CARE.

Purpose

Ineffective handoff communication is recognized as a critical patient safety challenge in healthcare.

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Purpose

Texas Children's is implementing an evidence-based, standardized format for communicating report/handoffs of patient care.

The Joint Commission (2017) defines a handoff as "a transfer and acceptance of patient care responsibility achieved through **effective communication**."

This is a system-wide initiative inclusive of Inpatient and Ambulatory areas in the Texas Medical Center, West Campus, and The Woodlands Campus.

I-PASS is currently being used by the Advanced Practice Providers at TCH and in the Emergency Center and CICU.

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Learning Outcome

Describe the use of the I-PASS mnemonic as a standardized format for communicating report/handoffs of patient care.

Following completion of this online course, clinicians will be required to demonstrate use of the I-PASS format while communicating report/handoff of patient care. This will be explained in greater detail at the end of this course.

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Why I-PASS?

- I-PASS is an evidence-based package of interventions created to reduce communication failures during patient handoffs.
- I-PASS is the most validated and effective method for handoffs in the hospital. It was found to substantially reduce injuries due to medical errors in a major multicenter study published in 2014 in the *New England Journal of Medicine*.
- I-PASS is successfully being used by 70 leading hospitals in the U.S.
- No other handoff approach has such strong evidence of effectiveness.

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PATIENT SAFETY INSTITUTE

Why I-PASS?

I-PASS Handoff Program Summary

I∞PASS
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Excellent Benefits to All Stakeholders

- 30% reduction in Preventable Adverse Events
- 23% Reduction in All Medical Errors
- Handoff does not add time to the handoff process – Time Neutral
- Significant Financial Benefits due to reduction in errors
- Improved Quality of Care and Safety Culture

Why I-PASS?

The last step in I-PASS is “Synthesis” where the “receiver” of the patient care handoff repeats/reads back to summarize what was heard; asks questions & restates key action/to do items.

Joint Commission Standard

In 2010, **Standard of Care PC.02.02.01** was created from a 2006 National Patient Safety Goal related to communication:

The organization coordinates the patient's care, treatment, and services based on the patient's needs.

Element of Performance (EP) 2:

The organization's process for hand-off communication **provides the opportunity for discussion** between the giver and receiver of patient information. Note: Such information may included the patient's condition, treatment, medications, services, and any recent or anticipated changes of any of these (Joint Commission, 2017).

The "Synthesis" in I-PASS facilitates this discussion between the giver and receiver of patient information.

What is the I-PASS Mnemonic?

I = Illness severity (Stable, "Watcher," Unstable)

P = Patient Summary (Summary statement; events leading up to admission; hospital course; ongoing assessment; plan)

A = Action List (To do list; timeline and ownership)

S = Situation Awareness (Know what's going on; plan for what might happen)

S = Synthesis by Receiver (Receiver summarizes what was heard; asks questions; restates key action/to do items)

I-PASS as Compared to SBAR

I = Illness Severity • How sick is the patient? • Stable, Improving, Watch closely. Code status	S = Situation
P = Patient Summary • Brief patient overview	B = Background
A = Action List • Pending tasks	A = Assessment
S = Situation Awareness & Contingency Plan • Know what's going on • Plan for what might happen using if/then statements • Suggestions	R = Recommendations
S = Synthesis • Receiver summarizes what was heard; asks questions; restates key action/to do items.	**Addition of the receiver summarizing/clarifying with the messenger**

I – Illness Severity

- **Stable:** patients you are not worried about
- **Improving:** Not acutely unstable but have potential to worsen

  A good example is a patient that looks comfortable on a high level of oxygen support. They are stable now, but given the degree of support, they have the potential to worsen.
- **Watch Closely:** patients that are acutely ill/unstable
- **Code Status**

P – Patient Summary

- **Summary statement or “one-liner”**
- **Identification Statement, weight, allergies, code status**
- **Events leading to admission: Surgery, Surgeon, Date, Intra-Op complications**
- **Hospital course by systems, including:**
  - Cardiac
  - Respiratory
  - Fluid, Electrolyte, Nutrition/GI
  - Neuro
  - Genetics
  - Scheduled Medications
  - Access/Vascular
  - Consultations
  - Social: Language, Support, Concerns

A – Action List

The specific action items you are handing off to the person taking over care of your patient.

- What needs to be done?
- When to do it/What time?
- What to do about it?
- Pending results/studies to follow up

S - Situation Awareness & Contingency Planning

- Provides the receiver with specific instructions for what might go wrong
- List interventions that HAVE/HAVE NOT worked
- Contingency Planning - Problem solving *before* things go wrong:
  - "If this happens, then…"
  - Provides the receiver with specific instructions for what might go wrong
  - Ensures accepting team is prepared to anticipate changes in patient status and respond accordingly
  - Identify resources and chain of command
- For stable patients:

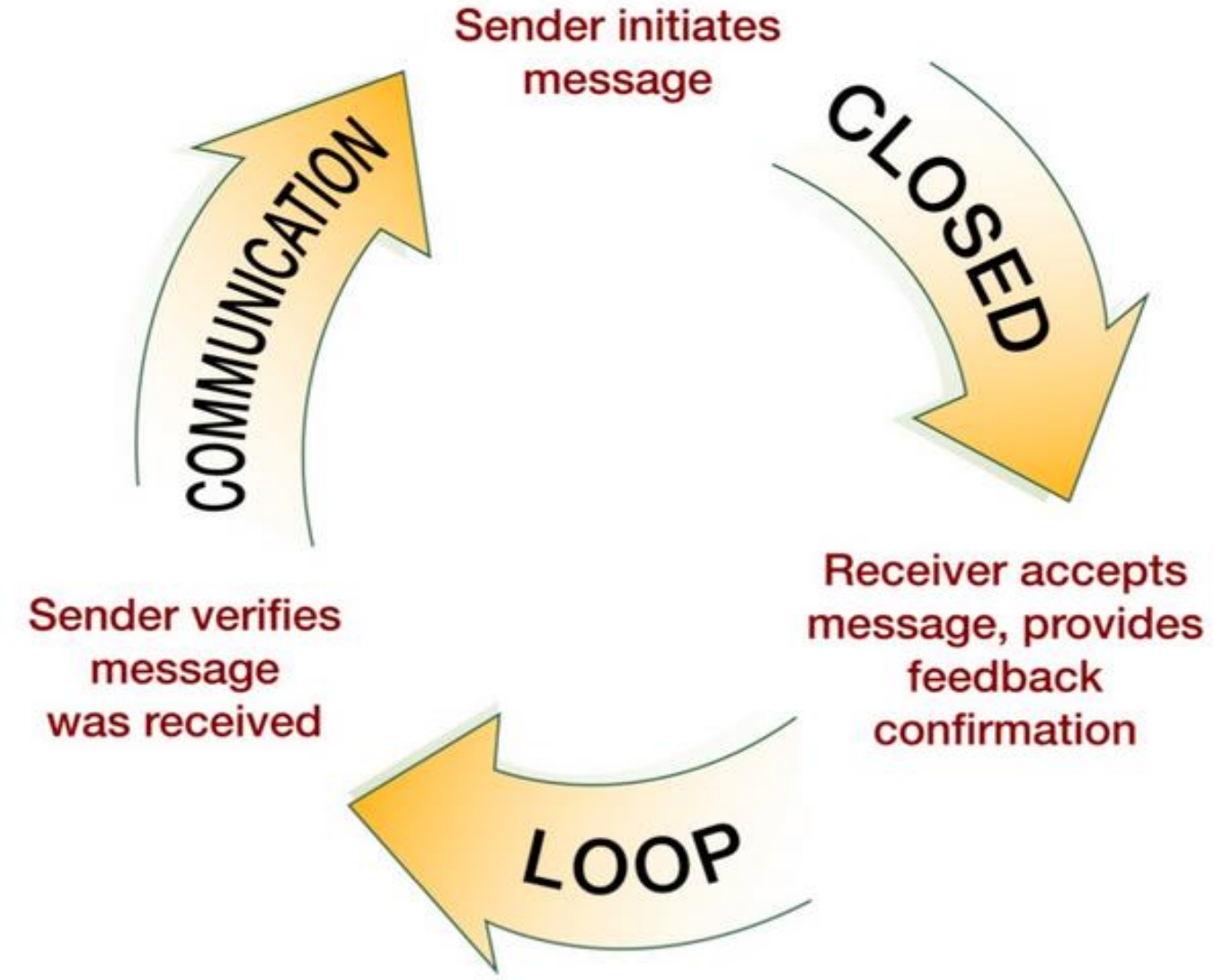
  "I don't anticipate that anything will go wrong."

S – Synthesis

- Receiver should allow the person giving handoff to get through the first 4 elements (IPAS) first without interruptions.
- Opportunity for the receiver to ask questions, clarify and then synthesize what they heard
  - Brief re-statement/summary of essential information and written documentation
  - Demonstrates information is received and understood
  - Receiver may synthesize the facts differently
- Keeps the receiver more engaged

By closing the loop, we solidify the shared mental model we are trying to establish.

Synthesis – Receive and Read/Repeat Back



Documentation of Synthesis

- Documentation of Synthesis consists of:
  1. The receiver's notes from verbal handoff
  2. EPIC documentation
- The receiver reads back their written notes taken during report
- Report giver and receiver review EPIC documentation and indicate IPASS given.
- These supplement the verbal handoff
- Helps receiver to follow report
- Facilitates active participation by receiver
- Provides more comprehensive & efficient information transfer

I-PASS Examples

I-PASS Example 1
Simple Admission

I-PASS Example 2
Complex Admission

Pediatric Provider Example

Sample Verbal Handoff

I	Illness Severity	OK, this is our sickest patient, and he's full code.
P	Patient Summary	AJ is a 4-year-old boy with a history of ex 26-week gestation admitted with hypoxia and respiratory distress secondary to a left lower lobe pneumonia. He presented with cough and high fevers for 2 days before admission, and on the day he presented to the emergency department he had worsening respiratory distress. In the emergency department, he was found to have an Na of 130, likely secondary to volume depletion versus syndrome of inappropriate secretion of antidiuretic hormone. He received a fluid bolus and was started on O_2 at 2.5 L. He is on Ceftriaxone.
A	Action List	Please look in on him at approximately midnight and make sure his vitals are unchanged and his oxygen saturation is stable. Check to determine if his blood culture is positive tonight.
S	Situation Awareness and Contingency Planning	If his respiratory status worsens, please get another chest radiograph to determine if he is developing an effusion.
S	Synthesis by Receiver	OK, so AJ is a 4-year-old ex-premie admitted with hypoxia and respiratory distress secondary to a left lower lobe pneumonia on Ceftriaxone, O_2, and fluids. You want me to check on him at midnight to make sure he's stable and check his blood culture. If his respiratory status worsens, I will repeat a radiograph to look for an effusion. I think I have it.

RN Example – Pediatric 1

I = Illness severity	Patient is stable
P = Patient summary	7 day old male dosing weight 3 kg full code no allergies Dx: HLHS MA/AA s/p Norwood BT Shunt POD 1 by Dr. McKenzie. Can follow with a review by systems (CV, Resp, Neuro, Gi/GU, Heme etc.)
A = Action list	The patient's MAP has been elevated, so Nipride was increased. You need a new syringe and I put a Pharmacy request in at 0545. You have an ABG due at 0700 for a vent change I made at 0630. The foley was removed at 0500 and you are due to void.
S = Situation Awareness & Contingency Plan	If the Nipride doesn't arrive in 30 minutes, then call the pharmacist. If there is no urine output by 1100, then the patient will need to be straight cathed
S = Synthesis	You said the BP was elevated but what are our goals? Is the order up to date? What vent change was made at 0630? Ok I will notify the MD if I have no urine output by 1100 and obtain my ABG at 0700.

RN Example – Pediatric 2

I = Illness severity	Anthony is a 14 year old, stable patient with history of sickle cell
P = Patient summary	He is here with chest pain for three days. Denies fever or shortness of breath. We have drawn labs drawn, given a 20ml/kg NS bolus, and administered three doses of Morphine 4mg. The last dose was at 1200.
A = Action list	Anthony is waiting on x-ray, and MIFV to come from Pharmacy
S = Situation Awareness & Contingency Plan	He is complaining of pain 8/10, and can be remediated in one hour. If his pain is not controlled with the next does he will be admitted. Mom is at the bedside and has been updated with the plan of care.
S = Synthesis	4 year old, stable sickle cell patient here with chest pain. Denies fever or SOB. Waiting on x-ray, MIVF, and can be medicated for pain now. RN 1 Correction, he cannot have another dose of morphine for one hour. RN2 Ok, thank you for correcting me.

RN Example – Obstetric 1

I = Illness severity	Ms. Smith is a stable female
P = Patient summary	35 year old admitted yesterday around 1pm, G3P2 at 33. 4 weeks gestation with placenta previa presenting with bright red vaginal bleeding, not in active labor. During the day & the overnight shift, she had no vaginal bleeding. An ultrasound was completed and admission labs were drawn. Labs and ultrasound came back normal. Dr. Wilson is planning to watch her for now. She will be a repeat C-section, anesthesia and neonatology has been notified. She received betamethasone 12 mg IM yesterday at 3pm, with her second dose due this afternoon. Fetal heart rate has been a category 2, positive for accelerations with little to no uterine contractions on the monitor or by palpation. She has no complaint of fluid leaking or additional bleeding. She is awake and alert with no complaint of pain at this time. She remains afebrile and her GBS came back negative. Respirations and pulse are within normal range, clear lungs on auscultation. Her blood pressures are normal as well, ranging from 125/76 to 110/62. Her hemoglobin did drop this morning from 12.1 to 9.9. Her abdomen remains soft and non-tender. She has been on clear liquids since yesterday with LR infusing at 125ml/hr. Access is an 18G IV to her left forearm infusing LR. Her blood type is A+. No bowel movement overnight, and her last void was at 6:45am The father of the baby went home last night on his way back now.

RN Example – Obstetric 1 continued

A = Action list	No new orders have been received. Follow up on additional labs, continue LR, and consider requesting a normal diet if no bleeding noted.
S= Situation Awareness & Contingency Plan	If the bright red bleeding comes back, notify the physician, Neonatology Team, Anesthesia, and Labor & Delivery Charge Nurse. Prep for C-section, and type and cross II units.
S = Synthesis	Ok, so Ms. Smith is a stable 35 year old female, G3P2 33. 4 weeks gestation admitted yesterday with placenta previa presenting with bright red vaginal bleeding, not in active labor. She's had no additional vaginal bleeding. Labs and ultrasound came back normal. I will follow up on additional labs.and request normal diet if no bleeding. Her last dose of betamethasone is due this afternoon. What time? Fetal heart rate has been a category 2, positive for accelerations with little to no uterine contractions on the monitor or by palpation. Her hemoglobin dropped from 12.1 to 9.9. If the bright red bleeding comes back, I will notify the physician, Neonatology Team, Anesthesia, and Labor & Delivery Charge Nurse. Prep for C-section, and type and cross II units.

RN Example – Obstetric 2

Listen to this OB report and identify what I-PASS element is missing…

(Click on the speaker to listen and then click to see if you correctly identified what is missing.)

There was no synthesis by the report receiver at the end. How would you synthesize this report?

Respiratory Example

I = Illness severity	Stable; Full Code
P = Patient summary	29 week old male born this shift at 13:09. Placed on BCPAP +8, 40% in delivery room. Intubated an hour after delivery, then given CUROSURF® at 15:30 due to decreasing sats. Sats improved post CUROSURF®. Current weight is 1.375 kg. Chest X-ray taken after intubation. Patient is intubated with a 3.0 taped at 7.25 cm at the lip. Current vent settings: AC/VG 40, Vt 6.9, +6, 0.35, pmax 25, FIO2 30-35%.
A = Action list	Second CUROSURF® due at 03:30. If CUROSURF® is not in the drawer at 03:00, call the pharmacy. Continue to wean the FIO2 as tolerated. Try weaning the Vt down to 4 – 4.5 mL/kg to begin meeting extubation criteria.
S = Situation Awareness & Contingency Plan	If the patient continues to do well after the second dose of CUROSURF®, ask the team about extubation. If the tabs of the neobar start to rise up slightly, replace the neobar.
S = Synthesis	How low were the sats and how high was the FIO2 before the dose of CUROSURF® was given? Have you tried weaning the FIO2 below 30%? Is the patient breathing over the vent? To summarize, patient is a 29 weeker, born today. Next CUROSURF® is due at 03:30. I will talk to the team about weaning and possibly extubating.

Social Work Example

I = Illness severity	Unstable
P = Patient summary	Jane Doe: DOB… MRN …. Pt is a 5 month old who was admitted for prematurity, she has other diagnosis due to prematurity. Pt was exposed to illicit substances in utero. CPS is in the process of taking custody because of the following reasons: positive drug screen, parent's behavior at bedside which includes hindering care and threatening staff, lack of comprehension of pt's dx and plan of care etc. Parents are NOT allowed at bedside. All medical interventions have been on hold because parents do not want to give consent for any medical intervention recommended by the team. The medical team is waiting for CPS to get custody so they can move forward with the treatment plan (trach and g-tube placement). Custody hearing is scheduled for today at 3pm.
A = Action list	CPS will contact SW via page operator when they get custody of the baby. Inform the team once you confirm CPS has custody so they can obtain consent for surgery. Please place a copy of the paperwork in the paper chart at bedside.
S = Situation Awareness & Contingency Plan	If you do not hear from CPS, Please call and inquire the status of case.
S = Synthesis	NICU patient who is critically ill. CPS is involved and is in the process of getting custody. CPS will contact SW once custody is granted. Once I receive confirmation, I will communicate with the team. If I don't hear anything, then I will call the CPS worker for update.

When Will I-PASS Be Used?

- Shift-to-shift hand-offs
- Transfer of care from one unit/clinical area to another or to another facility
- SBAR will still be used for concerns or escalations
- SBAR will remain available in EPIC in same location – now below IPASS

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Patient Experience Reminders

- Report still needs to occur at the bedside.
- Always start by introducing yourself to patient & family when entering the room.
- Update the whiteboard as a reference point for the patient and family.
- Before leaving the room after report, ask the patient and family what questions or concerns they have regarding the plan of care.

I-PASS Handoff in EPIC for Inpatient Nurses

Note: I-PASS screen will be located in a different location for Outpatient.

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Summary

Patient Story | Index | Medication Summary | Comp Overview | Education History | ED Encounter Summary | Event Log | Intake/Output | **IPASS Handoff**

IPASS Handoff

I - Illness Severity

Respiratory Arrest this Admission

Watcher

Patient Isolation Status

Isolation	Added	Added By	Removed	Removed By
Contact	02/14/19	Test, Rn Rb, RN		

P - Patient Summary

Sticky Notes to MD/PA/NP Comment

Background Sticky Notes Comment

ADT Events

	Unit	Room	Bed	Service	Event
06/13/18 1045	LT PICU 10	LT1005	01	Neurosurgery	Admission

Signed In Providers

Treatment Team

Relationship	Provider	Shift Start	Shift End	Contact	Comment	
Registered Nurse	Test, Rn Rb, RN	0842	2042	222-222-2222	Charge	Sign Out

Treatment Team

Provider	Role	Specialty	From	To	Primary office phone	Pager
Clone, Tch Md Int Neuro Surgeon, MD	Attending Provider	Neurosurgery	06/13/18 1045	—	832-822-3950	Number not on file
Test, Rn Rb, RN	Registered Nurse	—	02/14/19 0931	—	832-824-1000	Number not on file

I-PASS Handoff in EPIC for Inpatient Nurses

P - Patient Summary (continued)

Medical History

Past Medical History

	Date	Comments
Skin abnormalities [L98.9]		

Pertinent Negatives

No pertinent negatives documented.

Surgical History

Past Surgical History

	Laterality	Last Occurrence	Comments
Facial cosmetic surgery [SHX629]			

Hospital Problem List

Never Reviewed

	ICD-10-CM	Priority	Class	Noted	POA
Face blindness	R48.3			2/14/2019	Unknown

Patient Lines/Drains/Airways Status

Active Drain / Airway

None

Patient Lines/Drains/Airways Status

Active Lines

Name:	Placement date:	Placement time:	Site:	Days:	Additional Info
CVC Double Lumen - 02/14/19 Right Subclavian	02/14/19	0925	Subclavian	less than 1	Orientation: Right Tunneled Line: Non-tunneled Insertion attempts: 1 Placement Verification: Blood Return
Peripheral IV - 02/14/19 Left Antecubital	02/14/19	0924		less than 1	Orientation: Left PIV Location: Antecubital Insertion attempts: 1

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I-PASS Handoff in EPIC for Inpatient Nurses

P - Patient Summary (continued)

Lines with Linked Medications

Peripheral IV - 02/14/19 Left Antecubital

** No Currently Infusing Medications **

CVC Double Lumen - 02/14/19 Right Subclavian

** No Currently Infusing Medications **

Recommendation Sticky Notes

Comment

A - Action List

Vitals and Flowsheet Data

View-Only Flowsheet Data
Head to Toe Overview
Comprehensive Overview
Hemodynamics
Vitals Graph
Weights
LDA Documentation
Pain Data

Current Blood Orders

Comment

(From admission, onward)

None

Blood History

View: **72 Hours** 4 Days Encounter Long term

Sort by: **Product** Time

Expand All | Collapse All

None

Last Vitals

Last Vitals	Weight
2/4/2019	529.1

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I-PASS Handoff in EPIC for Inpatient Nurses

Assessment Sticky Notes Comment

S - Situational Awareness (Suggestion)

Orders

Active Orders
Nursing Orders
Medication Summary
Peri-Operative Orders
Respiratory Orders
Dialysis Orders

Recommendation Sticky Notes Comment

S - Synthesis by Receiver

Synthesis (Please summarize patient status and ask questions)

	Most Recent Value
IPASS Given To	Jon at 02/14/2019 0900
IPASS Given By	Sansa at 02/14/2019 0900
SBAR Given To	—
SBAR Given By	—
Other Pertinent Clinical In	—
Periop Significant Events	—

Note: SBAR is still available to document escalations and concerns.

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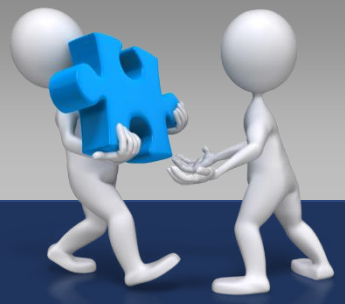
Implementation Timeline



I-PASS

January-February 2019

- Collaborate with interprofessional stakeholders
- Finalize training plan
- EPIC modifications

February-April 2019

- Launch pre-survey and e-learning course
- Peer Assessments
  - 100% - reports logged in HealthStream
- Monitor plan

May 2019

- Appraisers conduct unit-level audits
  - 25% - reports to be placed on I-PASS webpage
- Stakeholder feedback

June 2019

I-PASS GO LIVE!

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I-PASS Resources

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Badge cards/templates will be available:

1. I-PASS mnemonic on one side
2. QR-code link on the other side that goes to an I-PASS Resources website

Patient Hand Off	
I	**Illness Severity:** How sick is the Patient? • Stable, Watcher, STAR
P	**Patient Summary:** Brief Overview, one liner • Age, sex, PMH/PSH • CC, significant signs and symptoms, working diagnosis or differential • Diet/NPO, meds, support, access, infection sources • Hospital course so far • Suggested plan
A	**Action List:** To Do • What to do, when to do it, & what to do about it
S	**Situational Awareness:** If/Then Statements • What could happen and what intervention would be needed
S	**Synthesis:** • Receiver summarizes patient status and ask questions
Texas Children's Hospital ©	**I-PASS**

Scan me

Use a QR Scanner or camera on phone to scan QR Code or click here to view website

I-PASS Peer Assessments

Following completion of this online course, clinicians will be required to demonstrate use of the I-PASS format while communicating report/handoff of patient care.

- Validations will be captured through a web-based I-PASS Peer Assessment Tool in REDcap.
- A QR code on the badge cards goes to the I-PASS Resources website where there is a link to the “I-PASS Peer Assessment Tool” in REDcap.

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I-PASS Peer Assessments

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Clinician receiving report opens REDCap by clicking on link to "I-PASS Peer Assessment Tool" from the I-PASS Resources website. A QR Code to the I-PASS Resources website will be available on the badge cards.

Employee ID # for person reporting handoff entered & clinician receiving report indicates that he/she observed clinician giving report using I, P, A & S.

Both clinicians agree & attest that "Synthesis" was effectively completed.

Encourage and hold peers accountable to complete all elements of I-PASS. Some elements may need to be repeated before you feel confident indicating it was observed. Please let educator know if peer needs additional remediation.

Peer Assessment Tool in REDCap

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Date of I-PASS hand-off observation:

* must provide value

Today D-M-Y

Please provide the employee ID number of the person reporting hand-off:

* must provide value

Indicate if the following elements were observed during live I-PASS hand-off:

	Yes	No
Illness Severity (stable, watcher or unstable)	○	○
Patient Summary (summary, ongoing assessment, plan)	○	○
Action List (to-do list, timeline and ownership)	○	○
Situation Awareness/Contingency Planning (what's going on, preparation for what might happen)	○	○

We attest that "Synthesis" (read-back, restates key to-do items, clarifies, asks questions) was effectively completed

* must provide value

○ Yes ○ No

How long did it take for the employee reporting hand-off to give I-PASS vs. SBAR?

* must provide value

○ Less time ○ Same time ○ More time

References

The Joint Commission. (2017) *Sentinel Event Alert.* Retrieved from https://ipassinstitute.com/2017/09/13/joint-commission-releases-sentinel-event-alert-related-handoff-communication/

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Starmer, A. J., Spector, N. D., Srivastava, R., Allen, A. D., Landrigan, C. P., & Sectish, T. C. (2012). I-PASS, a mnemonic to standardize verbal handoffs. *Pediatrics*, *129*, 201-204.

Thank you!

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