

Hand-Off Communications Targeted Solutions Tool[®] (TST[®])

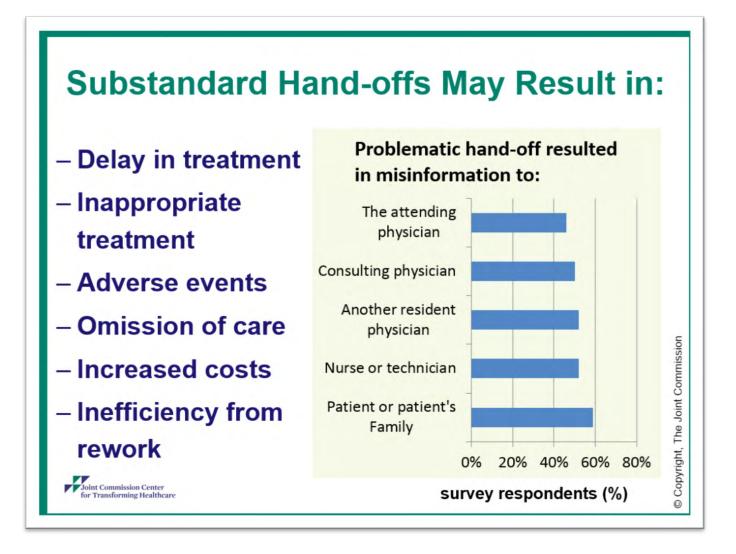
Implementation Guide for Health Care Organizations





Key Features of TST[®] Hand-Off Communications Module

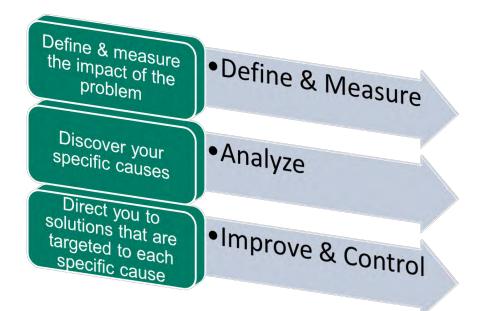
- Facilitates the examination of the current hand-off communication process
- Provides a measurement system that produces data that support the need for improving the current hand-off communication processes.
- Identifies areas of focus, such as the specific information needed for the transition that is being measured.
- Provides customizable forms for data collection
- Provides guidelines for most appropriate hand-off communication process
- Can be completed in 16-21 weeks
- Control plan included to maintain success



Purpose Statement

The purpose of this TST[®] Hand-off Communications Implementation Guide is to provide a model for launching a hand-off communications performance improvement project within a health care organization.

The TST[®] is an innovative online application that guides health care organizations through a step-by-step process to:



This guide recommends that you:

- Build your complete team by identifying your project leader(s), core and site team members.
- Understand and clarify the roles and responsibilities of each member.
- Set a goal and start date to launch the initiative with your core team.
- Follow all of the steps in TST[®] Hand-Off Communications module.
- Complete all of items listed in the Action Items section at the end of each phase.
- Launch the initiative in a few pilot areas first then add other areas/units over time that are in alignment with your goals.
- Use the change management tools and resources available in the TST[®] to:
 - Plan the Project
 - Inspire Your Staff
 - Launch the Initiative
 - Support the Change
- Share project and outcome results, demonstrate leadership support and increase awareness of the hand-off communication project.

Build the TST[®] Project Teams

To ensure your project's success, a team of individuals will work together to achieve the goals of your project and commit to achieve the project deliverables. The following information provides guidance on building a successful Hand-off Communications (HOC) team – whether you already have a team established or you need to create one. The following are two organizational models for launching this project using the TST[®]

- The Health Care Organization-Wide Team model for systems with multiple care settings and;
- Single Site Health Care Organization model for a hospital or ambulatory care setting.

The core project teams for either setting should include:

Executive Sponsor Healthcare Setting Project Leader Process Owner

Organization Project Leader Clinical Champion Subject Matter

The Health Care Organization—Wide Team is led by the Organization Project Leader and the **Hospital A Project Lead** core team consists of three to seven individuals & Core Team who are also key stakeholders of your organization Ambulatory Hospital C that meet regularly. **Project Lead Project Lead** & Core Team & Core Team The Health Care Setting Site Team is led by the Center for Transforming designated Hospital Project Leader and inspires **Healthcare Staff** others to support the project. This team consist of & a group of three to seven individuals who are key Long Term Surgical Healthcare **Care Facility Center Project** stakeholders that meet regularly. **Project Lead** Organization Lead & Core & Core Team Team **Project Lead** Skilled **Hospital B** Nursing Facility **Project Lead Project Lead** & Core Team & Core Team Unit A Single Site Health Care Organization Team is Process Owner & led by the Hospital Project Leader and inspires Core Team Unit G Unit B others to support the project. This team consist of Process Process a group of three to seven individuals who are key Owner & Owner & Core Team Core Team stakeholders at the site and meets regularly with Center for unit Process Owners. The unit is the area where Transforming the project is being launched. **Healthcare Staff** Unit F Unit C & The Unit Team is led by the Process Owner and Process Process Hospital

should include their unit key stakeholders and ancillary staff involved in the project and meet regularly.



Key Roles and Responsibilities

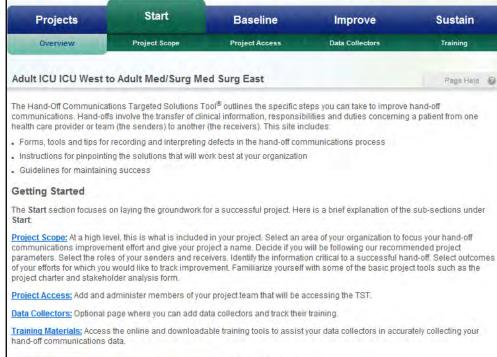
Roles	Responsibilities
Executive Sponsor Core Team	 Representative from the C-suite executive level Supports and inspires others to support the project Provide high-level oversight for the project and become more heavily involved should any issue resolution be necessary Approves needed resources for implementation of solutions
Organization Project Leader	 Key individual who manages the day-to-day project activities across all settings, helps gain support from stakeholders and leads others in the use of the TST[®] until the project is completed Primary point of contact for the organization -wide hospital teams Supports the hospital project leader by providing expertise in care delivery, implementation of clinical protocols, physician engagement, and cultivating organizational teamwork Ensure deliverables are on time and meet expectations Participate in creation, review, and presentations of deliverables as needed Key individual responsible for continued success that includes the organization's ongoing data collection plan, aimed at showing whether the improvements made during the project have been sustained
Hospital Project Leader	 This role is similar to the Health Care Organization project leader but has oversight of the project at their hospital or care setting Primary point of contact for the Organization-Wide project team model Key individual who manages the day-to-day project activities, helps gain support from stakeholders and leads others in the use of the TST[®] until the project is completed Participate in implementation of recommended solutions Ensure deliverables are on time and meet expectations
Clinical Champion	 Clinical leader who has the influence to lead the improvement initiative and spread the success of the project to other patient care units/areas in your organization.
Process Owner	 Leader of the project in the patient care area, for example the inpatient unit's director, manager, supervisor or local clinical director Responsible for day-to-day management of the initiative in their area Responsible for on-going data collection to maintain the gains Ensure deliverables are on time and meet expectations
Subject Matter Experts	 Individuals who are knowledgeable about specific areas or topics (such as in- fection control) and can provide guidance to the Core Team, as needed.

Core Team Notes:

• The core team members will meet regularly and will be closest to the process. At the initial phase, there should be no representatives from the sender group on the core team.

• Representatives from the sender group will be added to the team in the later in Determining Factors section.

Getting Started





Tailoring the Project

Projects	Start	Ba	seline	Improve	Sustain
Overview	Project Scop	e Proje	ct Access	Data Collectors	Training
dult ICU ICU We	est to Adult Med/Su	urg Med Surg E	ast		Paga Helo 16
tame Your Project	Scope Agreement	lidentity follow	Critical Bements	Outcome Metric	Project Tools
ame your projec	t				
	of station is the little of the little	the property with the local data to	a second of a local second second	The other states and the second states	a file in the second second
project success an		the greatest need t	s in your òrganization	The greater the need, th	e higher the chance
project success an ender:	d staff buy-in.				
project success an ender: Select your sende	d staff buy-in.	Select your sen	der's wex	Name your see	
project success an ender: Select your sende # Hospital	d staff buy-in. r's setting:		der's area. Surg		
project success an ender: Select your sende	d staff buy-in. If's setting: Care	Select your sen	der's area. Surg	Name your see	
project success an ender: Select your sende # Hospital & Ambulatory C	d staff buy-in. ir's setting: Care ealth Care	Select your sen	der's area. Surg	Name your see	
ender: Select your sende Hospital C Ambulatory C Behavioral H	d staff buy-in. ir's setting: Care ealth Care	Select your sen O Aduit Medr O Pediatric M O ED	der's arsa. Surg JoodSurg	Name your see	
project success an lender: Select your sende Hospital C Ambulatory C Behavioral H C Long Term C	d staff buy-in. ir's setting: Care ealth Care	Select your sen O Aduit Medr O Pediatisch O ED # Aduit ICU	der's area. Surg MadSurg CU	Name your see	
sender: Select your sender Hospital Ambulatory C Behavioral H C Long Term C O Home Care	d staff buy-in. ir's setting: Care ealth Care	Select your sen O Adult Medi O Pediatic N O ED # Adult ICU O Pediatic N	der's area. Surg MadSurg CU	Name your see	
project success an ender: Select your sende Hospital C Ambulatory C Behavioral H C Long Term C C Home Care	d staff buy-in. ir's setting: Care ealth Care	Select your sen O Aduit Medr O Pediatic M O ED V Aduit ICU O Pediatic M O Neonatal H	der's area. Surg MadSurg CU	Name your see	

- This section gives the background for hand-off communications, project parameters (including operational definitions), its scope and building your team.
- There are videos displayed throughout the tool with tips from the original participating organizations that worked with the Center to develop the Hand-Off Communications tool.
- It is estimated that within 16 to 21 weeks, you will start to see the improvements from this project.

- The TST[®] allows you to customize and tailor the project to your organization's transition of care area to be addressed. Here is where you will identify the sender and receiver areas for this project.
- If internal Identify the sender area and setting that you want to look at (i.e. ED to Med Surg.).
- If external Identify the sender location and setting that you want to look at (i.e. hospital to SNF).
- Save your selections, and this will name the project for you.

Identifying Your Critical Information

Projects	S	tart	Baseli	ne	Improve	Sustain
Overview	Projec	t Scope	Project Acc	0694 D	ata Collectors	Training
Adult ICU ICU V	Vest to Adult M	ed/Surg Me	d Surg East			Page Help
Name Your Project	Scope Agreen	ident	ty Roles	intical Elementa	Outcome Henic	Project Tools
Critical elements s	elected (40 max):		ntied receiver da	ea colector form	n Baseline > Data C	onectory
Patient's identity						
52 Name	\$2 DOB	Ø H&P	12 Compieted	charting (paper)		
12 Age	17 Gender	(2) MRH	RAdmitting p	hysician and consi	ills requested	
Diagnosis:						
E Not applicab	I Reas	on for admissio	a Elm	erpreted EKG shyth	m @Pasir	nedical history
Chief compla	unt ERevie	w at systems				
Limitations on life	-sustaining treatm	ient				
IZ Not applicab	le Code	statua	Advance dire	clives		
Current status:						

- Ask the receivers to brainstorm on the critical pieces of information that they need to safely continue care for the patient and then select all of the required elements.
- These selections feed into your customized data collection form.

Training Data Collectors

Project	5	Start	Baseline	Improve	Sustain
Overview	Proj	lect Scope	Project Access	Data Collectors	Training
Adult ICU ICI	J West to Adult	Med/Surg Med	Surg East		Paga Help
Training Mod	lules for Data C	ollectors			
core team. It is i		r and receiver data	collectors are trained se	ever, senders should not ye parately to avoid confusion b	
There are two m	ain components to t	raining both sende	r and receiver data colle-	ctors:	
Scenario revie	w and practice with t	he hand-off comm	unications collection too		
. Written scenar	io-based testing				
Ensuring that ha	nd-off communicat	ions data collecto	rs are ready		
The following tra	ining tools are provi	ded to ensure relia	ble data collection.		
			data collectors understa idules, which include a t	nd the material and will be ab est.	le to measure the data
communications	data collectors will data collector does	pass the written ex	am with a score of 90 pe	a screen. The expectation is l rcent or higher. In the event t d provide additional time for o	hat a hand-off
Training Module	5			Additional Links	
	Viel-based	Domiosiatir	EDFs.ins.ins0	Download all audit to	cols (.zip)
lospital	Gender / Receiver	Sender / Receiver /	Gender / Receiver	Operational Defini	tions
Reconstance	Sender / Beceiver	Sender / Baceloer	Sender / Receiver	 Written test for ser 	iders
Home Care	Sender / Reveixer	Sender / Entrixen	Sender / Estatust	 Written test for rec 	eivers

Test answers for receivers

- The TST[®] provides detailed information on how to train the receiver and sender data collectors. It includes: scenario review and practice with the collection tool and written scenario-based testing.
- The tool outlines the distinctive roles each data collector has, as well as, the data collection methodology in order to obtain a representative sample and non bias data.
- It is important that sender and receiver data collectors are trained separately to avoid confusion between the groups and to maintain anonymity of the senders and receivers while collecting data.

Measuring Defects and Contributing Factors

Joint Commission Center for Transforming Healthcare		Hand-off Communication Tool-RECEIVER
Date of hand-off (month/day/year):		Time of hand-off (hh:mm):
Your role: Primary physician]Physician designee	
Your unit: Adult ICU East Wing 4		
Did the hand-off meet your needs to co	ntinue caring for the patient?	Yes No
"If "No," please check all that apply:		
A. The method of communication	was ineffective	
Check the method(s) that wer inelfective for this hand off:	S Chart	Electronic record
interesting of the barry set.	Face to face	Pax
	Handwritten	Telephone
	Text message	Other(plassa spacey)
B. The timing of the hand-off com	munication and physical arrival e	f the patient were not in sync
C. The amount of time provided i	vas inadequate	
D. Interruption(s) occurred		
E. Standardized procedures were	not followed	
F. Staffing was inadequate		
G. The sender provided inaccurate	e or incomplete information Chies	ch all that apply:

• This is an example of the data collection form.

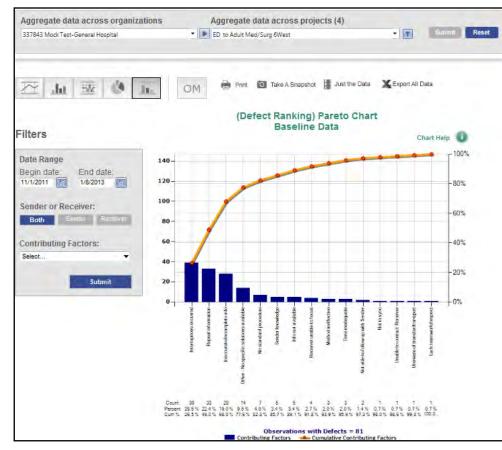
- Receiver data collectors will use this form that contains the critical information your team identified for an effective hand-off.
- Sender data collectors will use a different customized data collection form.
- Determine who will enter this data and add them as a team member to the project.

Baseline Results

Projects	Start	Baseline	Improve	Sustain
	Overview	Data Collection	Outcome Metrics	Analyze
ED to Adult Med/Surg 6	West			Page Help 👔
Summary of Finding	js	Charts	Sh	are the Findings
land-off Communicatio laseline Defective HOC Rate J.S.A. Baseline Defective HOC	For Your Project			Observation Counts Sender Receiver Total 6% 106 121 227 2%
op 5 contributing factors	of defective ha	nd-offs:		
 Interruptions occurred 	27%	Solution Guides		
 Repeat information 	22%	Solution Guides		
 Inaccurate/incomplete info 	19%	Solution Guides		
Other - No specific solution	s available 10%	Solution Guides		
 No standard procedure 	5%	Solution Guides		
Outcome Metrics data:				
Outcome Metrics data: • Readmissions - Percent		14%		

- The TST[®] will give real time feed back in terms of number of observations entered by the data collectors and the compliance rate.
- After entering baseline data, the TST[®] will analyze your data and show your baseline hand-off defect rate by receiver, sender and total and contributing factors based on your data collected.
- There are 6 chart options chart options to display results, located on the Charts tab.

Determining Factors—Analysis



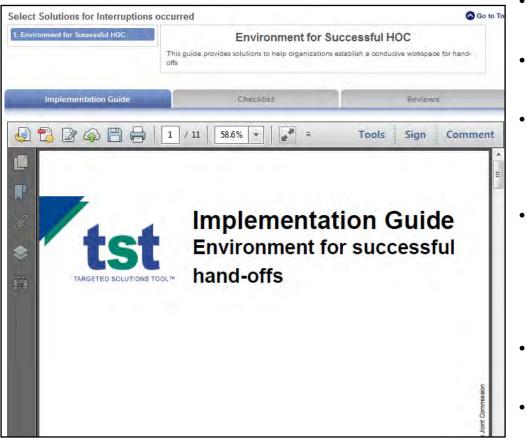
- The Pareto Chart will show why the hand-off did not meet your needs, and rank your contributing factors from highest to lowest frequency based on your data collected.
- The bars of the graph represent the different contributing factors that were identified for why the hand-off did not meet your need.

Targeted Solutions

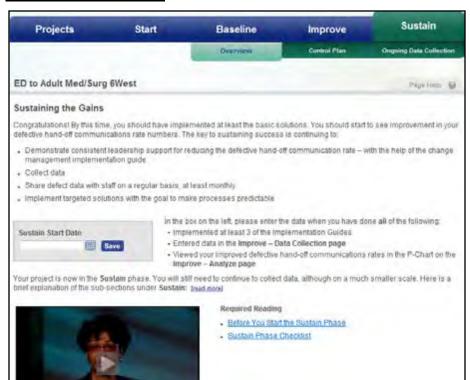
Projects	Start Ba	seline Impi	rove	Sustain	
Overview	Solutions Data (Collection Outcome	Metrics	Analyze	
to Adult Med/Surg 6V	Vest		1	Page Help	0
tions and implementation (reduce the causes that keep	d-off communications in your are Suides have been developed that o staff members from communica ase. More information about these	address their corresponding ating more effectively, so your	defects. Implementi unit's defective hand	ng these guide	
🖌 Interruptions occurred	22% Repeat information	19% Inscarate/monmplete int	to 10% titter		
No standard provedure	3% Sender knowledge	3% into not available	3% Reariver of	sable to forses	
Method ineffective	2% <u>Time inadequate</u>	1% hind attac to come any with damage	1% Not in synd		
Unable to contact Receiver	1% Unaware of transferitranseart	T% Lask teamwork/respect	0% <u>Inadequate</u>	statting	
SIGN ADME TO CONTRA HIS WITH CONDUCTOR	0% Receiver importedge				
	0% Receiver knowledge	T% Last transortitested	0% insienuate	staffing	

- In the TST[®], you will find specific Solutions and Implementation Guides for why the hand-off did not meet the sender's and receiver's needs.
- Follow the step-by-step process in the guides to address your contributing factor and use the document to track action items and next steps to plan out your improvement.

Implementing Solutions



Sustaining the Gains



- Bring the senders and receivers together at a team meeting.
- Identify the top contributing factors for your pilot area.
- Select your targeted solutions based on your data and the analysis of your contributing factors.
- Decide who will lead the implementation of the targeted solutions and complete the implementation checklist provided with each solution.
- Enter the date that you implemented solutions for each area.
- Share improvement data with staff.
- This section focuses on sustaining the improvements made in your project, replicating results in other areas of your organization, and other considerations to take your project to a higher level.
- Designate someone in each area to "own" the process (for example, the dedicated leader or a setting/area manager).

Set-up Outcomes Data

Projects	Start	Baseline	Improve	Sustain
	Overview	Data Collection	Outcome Metrics	Analyze
Adult Med/Surg Sen	ders Unit to Ambu	latory Care Receivers	Area	Page Halp
Outcome Metrics (O	M)			
improvements in your han		project will lead to an improve		
mprovements in your han following tool can help you outcome data for the six m mpact your project is havi	u track the performance nonth period prior to the ng and if outcomes are	of these outcomes on a mor date you started your project improving as a result of your	thly basis. It is recommende Then, you can compare the	ed that you also enter
improvements in your han following tool can help you outcome data for the six m impact your project is havi Note:The grid will contain	a track the performance nonth period prior to the ng and if outcomes are both baseline and impr	of these outcomes on a mor date you started your project improving as a result of your	thly basis. It is recommende Then, you can compare the	ed that you also enter
improvements in your han following tool can help you outcome data for the six m impact your project is havi Note:The grid will contain Your Baseline Date start (a track the performance nonth period prior to the ng and if outcomes are both baseline and impr date: -	of these outcomes on a mor date you started your project improving as a result of your	thly basis. It is recommende Then, you can compare the	ed that you also enter
improvements in your han following tool can help you outcome data for the six m impact your project is havi Note:The grid will contain Your Baseline Date start of Your Improve Date start of	I track the performance nonth period prior to the ng and if outcomes are both baseline and impr date: - late: -	of these outcomes on a mor date you started your project improving as a result of your ove OM Data	thly basis. It is recommende Then, you can compare the	ed that you also enter
mprovements in your han ollowing tool can help you outcome data for the six m mpact your project is havi Note:The grid will contain four Baseline Date start of four Improve Date start of	I track the performance nonth period prior to the ng and if outcomes are both baseline and impr date: - late: -	of these outcomes on a mor date you started your project improving as a result of your ove OM Data	thly basis. It is recommende Then, you can compare the work.	ed that you also enter
following tool can help you outcome data for the six m impact your project is havi Note:The grid will contain Your Baseline Date start of Your Improve Date start of Enter your OM Informatio	I track the performance nonth period prior to the ng and if outcomes are both baseline and impr date: - late: - n into the following tab	of these outcomes on a mor date you started your project improving as a result of your ove OM Data le:	thly basis. It is recommende Then, you can compare the work.	ed that you also enter a monthly data to see the

• Beyond defective handoff, what else would you like to measure? Patient satisfaction, and readmissions?

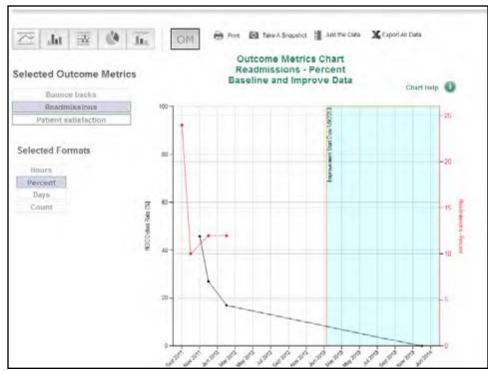
• In Step 3c, based on the setting for your pilot project, you were given the option to select a measurable outcome to track for improvement, such as readmissions, bounce-backs or medication errors.

• As a result of entering the metric data for the six

month period just prior to implementing solutions for your designated outcome, you can now compare pre- and post implementation outcome metric data. This will allow you to see the impact the hand-off communications project is

having on the outcome metrics.

Updating Outcomes Data



• As part of sustaining the gains you can continue to update outcome data.



We Invite You to Join the Growing Number of TST[®] Users

For more information about the TST[®]:

• Visit the Center website at

www.centerfortransforminghealthcare.org or;

- Call Customer Service at (630-792-5800) or;
- Send an email to tst_support@cth.org.

