Joint Commission Center for Transforming Healthcare®

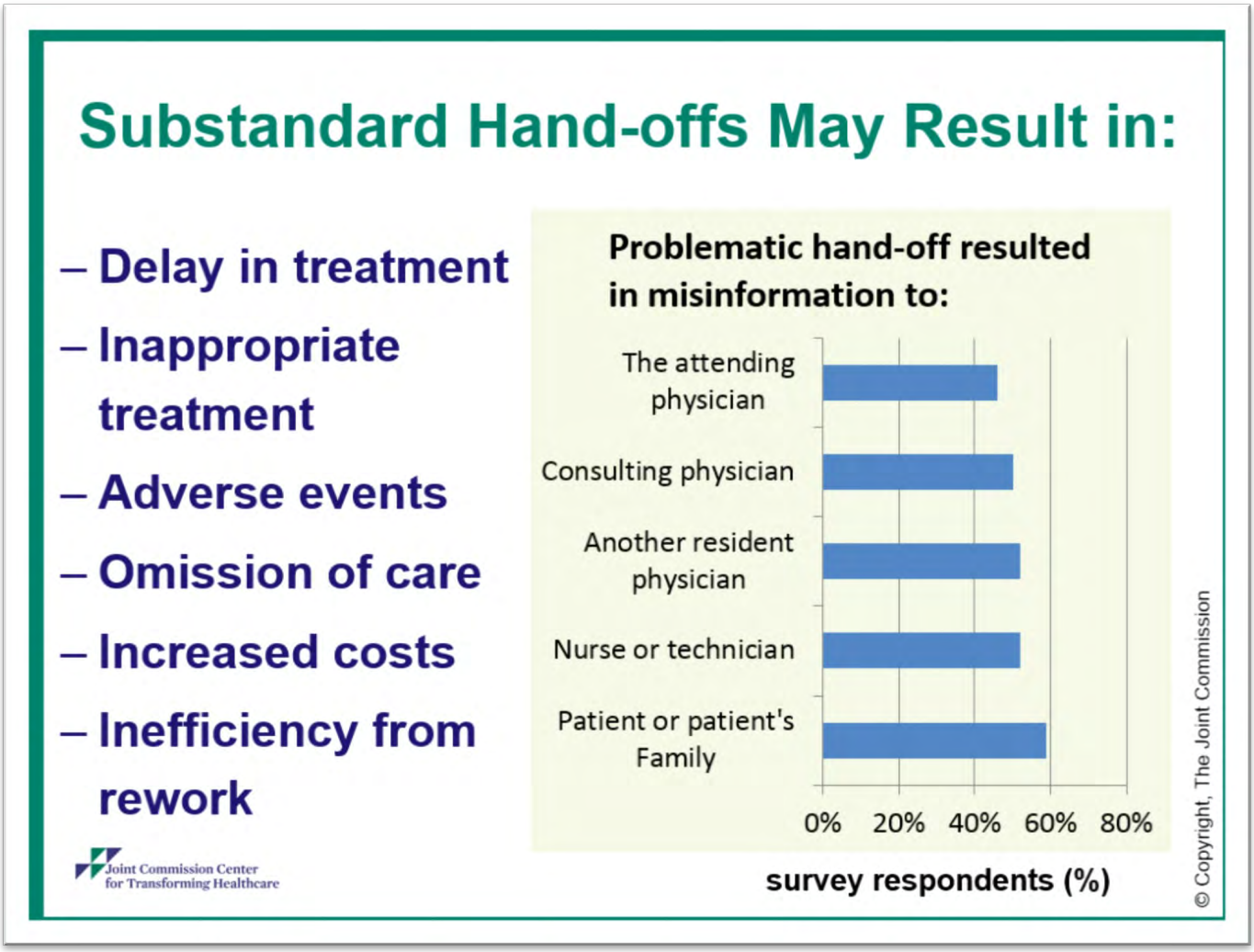
Hand-Off Communications
Targeted Solutions Tool® (TST®)

Implementation Guide
for
Health Care Organizations

tst®
TARGETED SOLUTIONS TOOL®

Key Features of TST® Hand-Off Communications Module

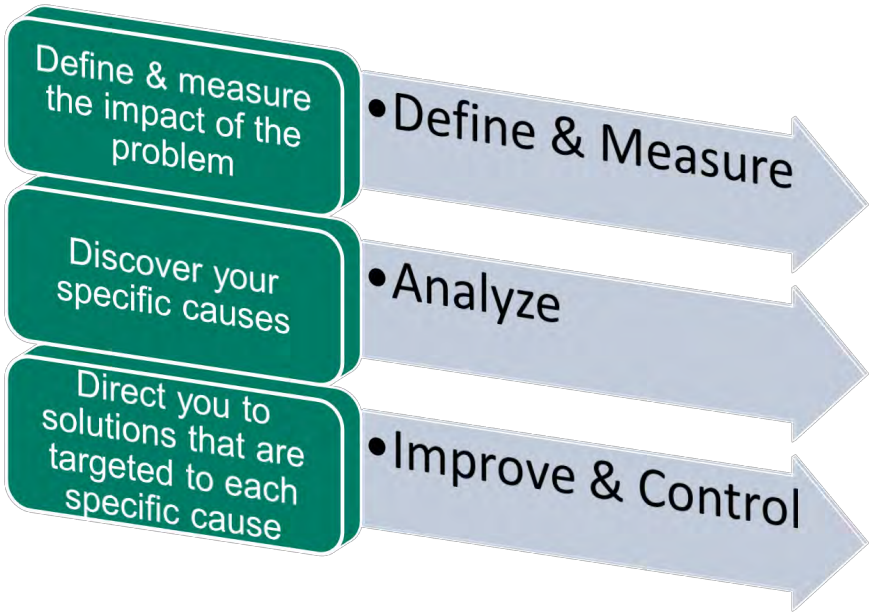
- Facilitates the examination of the current hand-off communication process
- Provides a measurement system that produces data that support the need for improving the current hand-off communication processes.
- Identifies areas of focus, such as the specific information needed for the transition that 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	Organization Project Leader
Healthcare Setting Project Leader	Clinical Champion
Process Owner	Subject Matter

The Health Care Organization—Wide Team is led by the Organization Project Leader and the core team consists of three to seven individuals who are also key stakeholders of your organization that meet regularly.

The Health Care Setting Site Team is led by the designated Hospital Project Leader and inspires others to support the project. This team consist of a group of three to seven individuals who are key stakeholders that meet regularly.

Single Site Health Care Organization Team is led by the Hospital Project Leader and inspires others to support the project. This team consist of a group of three to seven individuals who are key stakeholders at the site and meets regularly with unit Process Owners. The unit is the area where the project is being launched.

The Unit Team is led by the Process Owner and should include their unit key stakeholders and ancillary staff involved in the project and meet regularly.

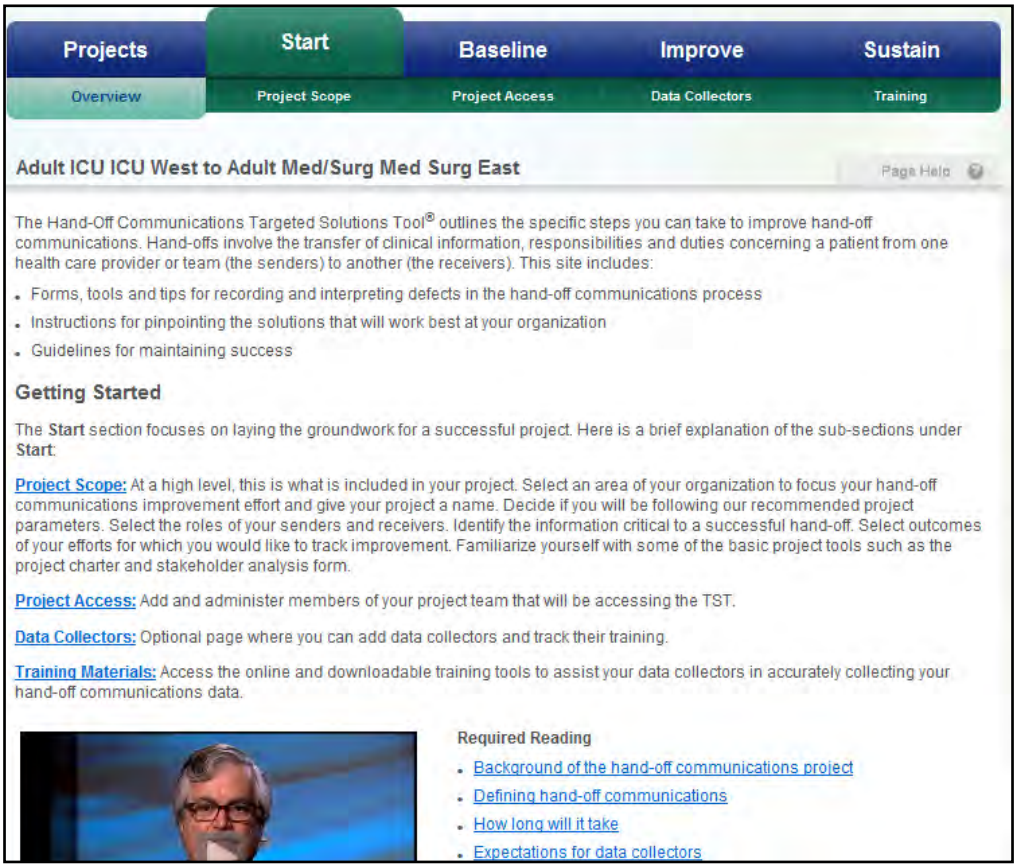
Key Roles and Responsibilities

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:

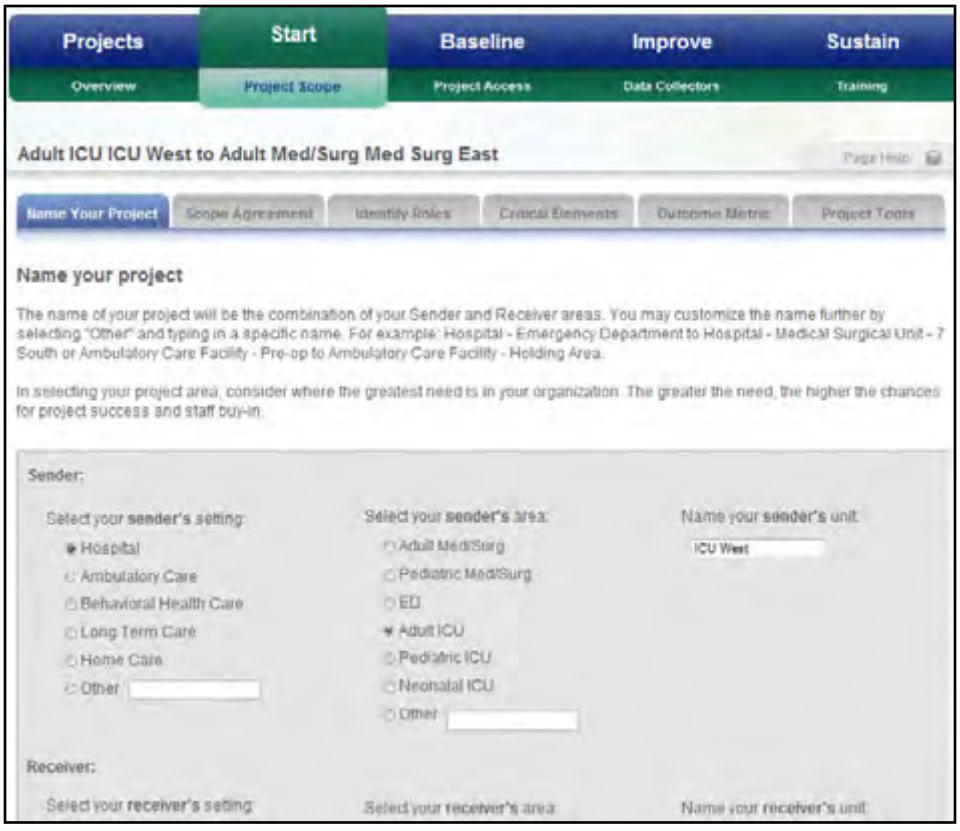
- The core team members will meet regularly and will be closest to the process. At the initial phase, there should be no representatives from the sender group on the core team.
- Representatives from the sender group will be added to the team in the later in Determining Factors section.

Getting Started



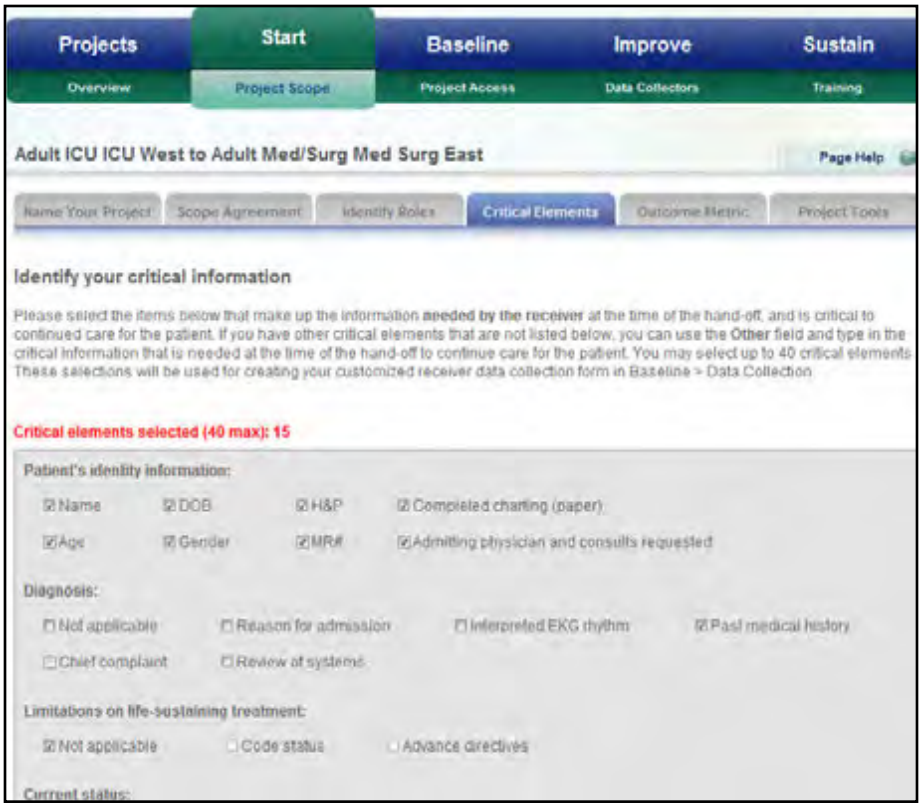
- This section gives the background for hand-off communications, project parameters (including operational definitions), its scope and building your team.
- There are videos displayed throughout the tool with tips from the original participating organizations that worked with the Center to develop the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

Tailoring the Project



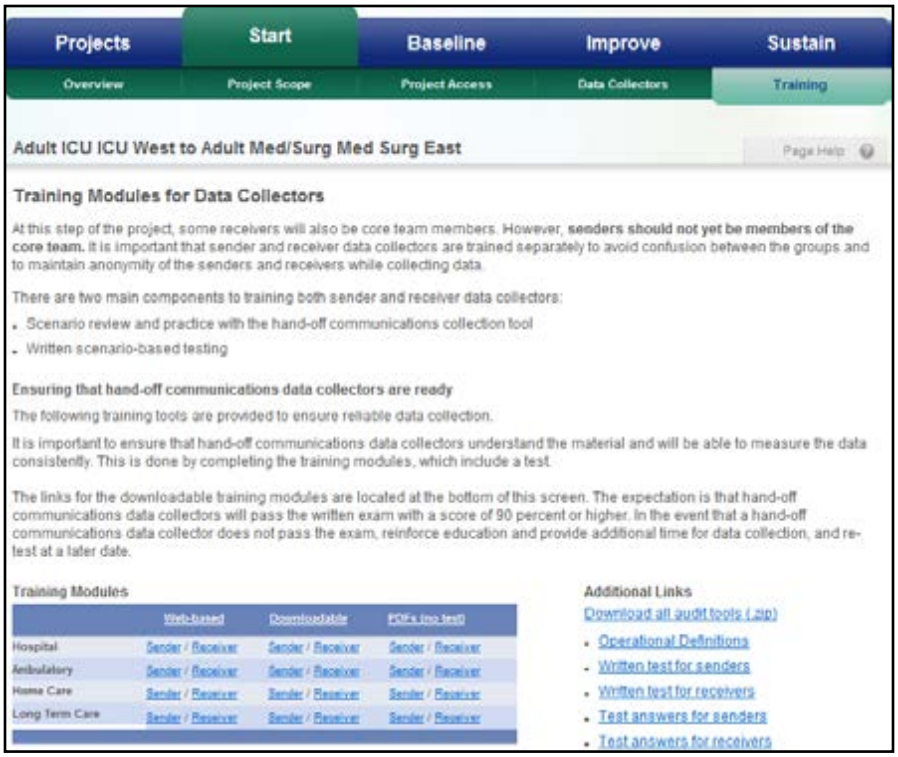
- The TST® allows you to customize and tailor the project to your organization's transition of care area to be addressed. Here is where you will identify the sender and receiver areas for this project.
- If internal - Identify the sender area and setting that you want to look at (i.e. ED to Med Surg.).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



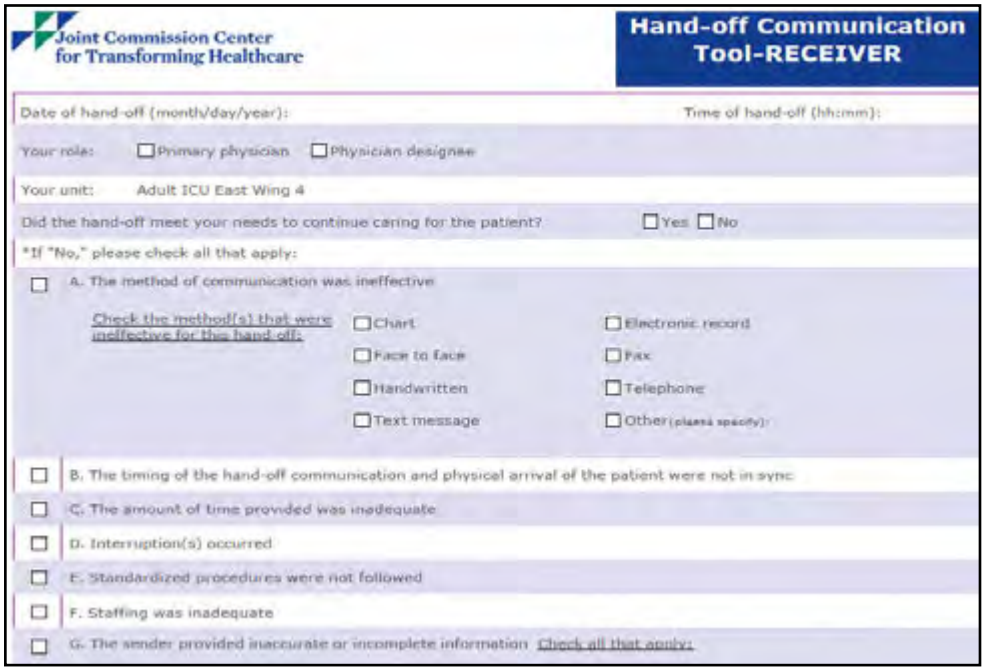
- Ask the receivers to brain-storm on the critical pieces of information that they need to safely continue care for the patient and then select all of the required elements.
- These selections feed into your customized data col-lection form.

Training Data Collectors



- 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



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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 continue 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 were ineffective for this hand-off:

☐ Chart ☐ Electronic record
☐ Face to face ☐ Fax
☐ Handwritten ☐ Telephone
☐ Text message ☐ Other (please specify)

☐ B. The timing of the hand-off communication and physical arrival of the patient were not in sync

☐ C. The amount of time provided was inadequate

☐ D. Interruption(s) occurred

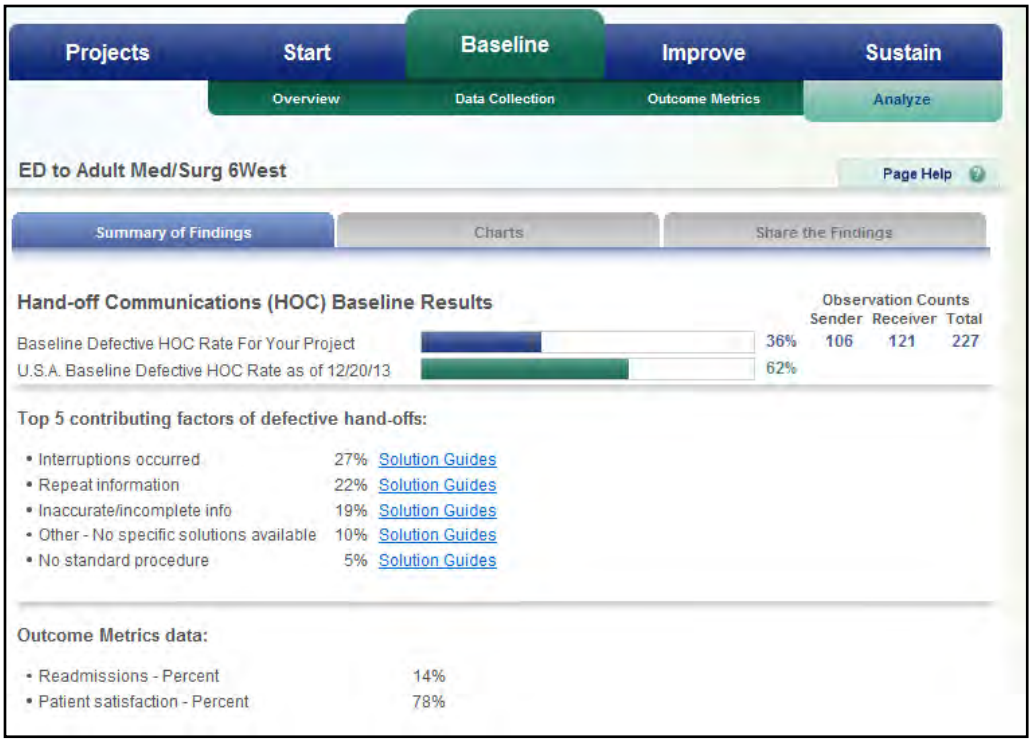
☐ E. Standardized procedures were not followed

☐ F. Staffing was inadequate

☐ G. The sender provided inaccurate or incomplete information Check 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 6West

Page Help

Summary of Findings | Charts | Share the Findings

Hand-off Communications (HOC) Baseline Results

		Observation Counts Sender	Receiver	Total
Baseline Defective HOC Rate For Your Project	36%	106	121	227
U.S.A. Baseline Defective HOC Rate as of 12/20/13	62%			

Top 5 contributing factors of defective hand-offs:

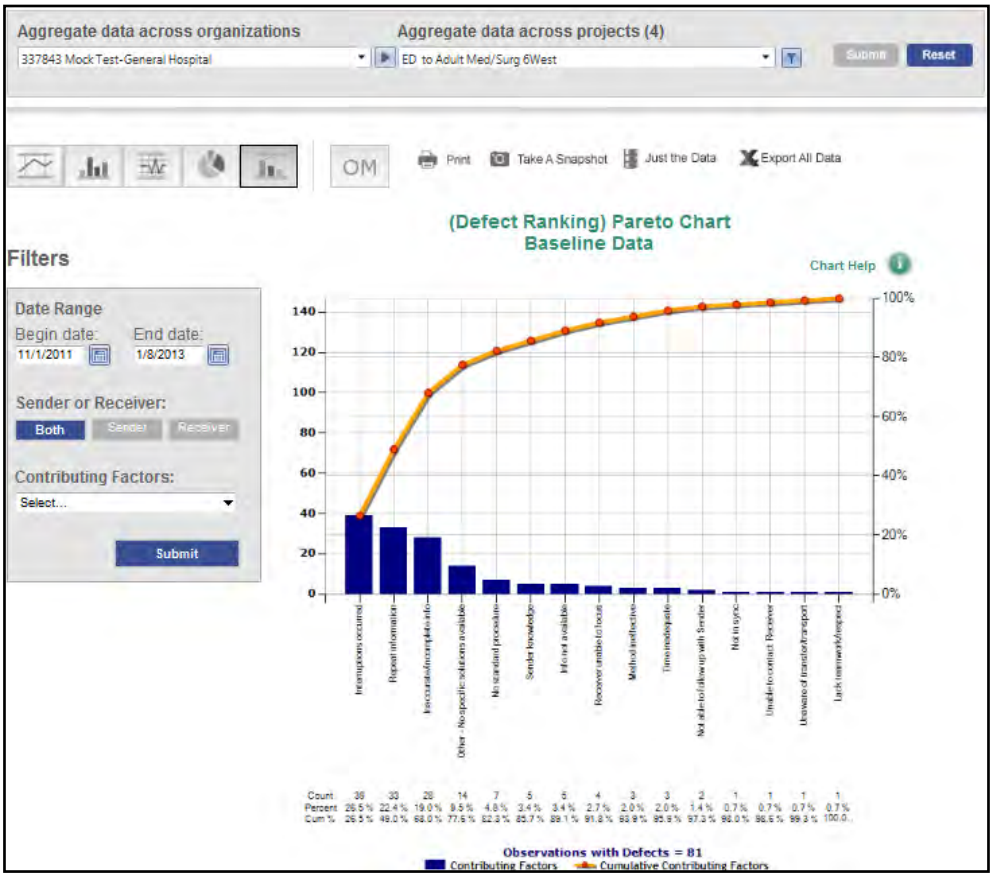
- Interruptions occurred 27% Solution Guides
- Repeat information 22% Solution Guides
- Inaccurate/incomplete info 19% Solution Guides
- Other - No specific solutions available 10% Solution Guides
- No standard procedure 5% Solution Guides

Outcome Metrics data:

- Readmissions - Percent 14%
- Patient satisfaction - Percent 78%

- 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

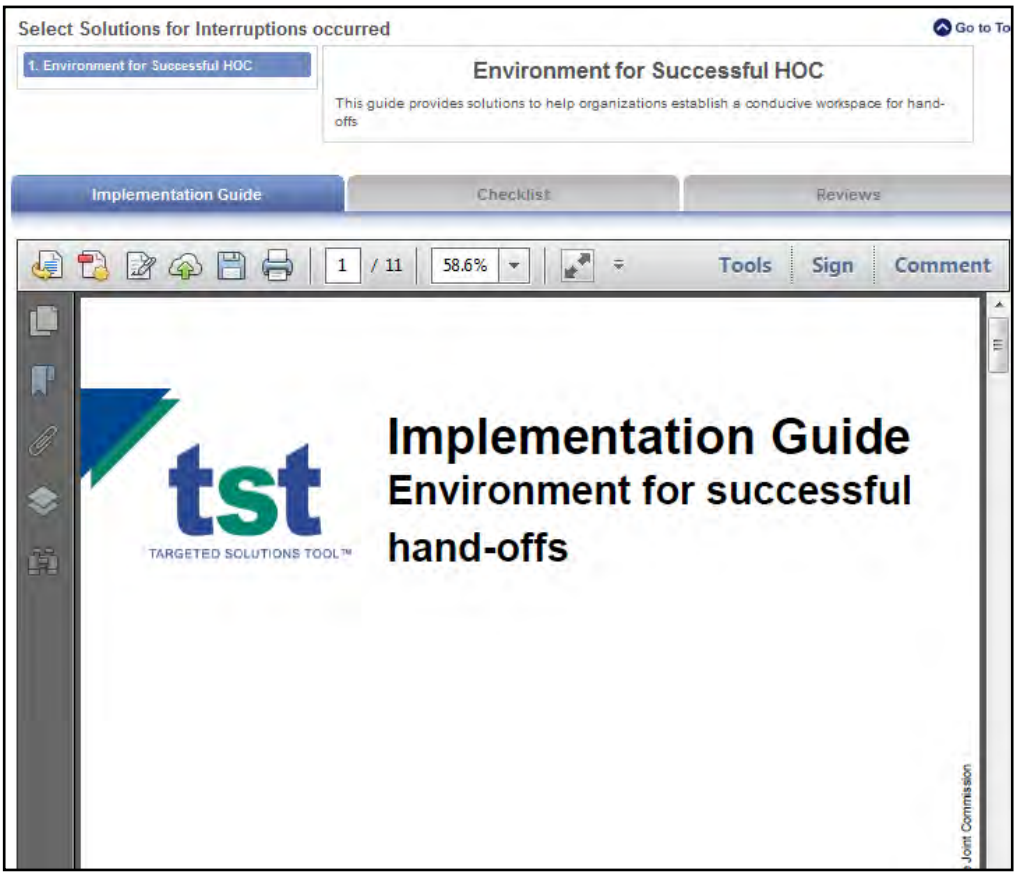


- The Pareto Chart will show why the hand-off did not meet your needs, and rank your contributing factors from highest to lowest frequency based on your data collected.
- The bars of the graph represent the different contributing factors that were identified for why the hand-off did not meet your need.

Targeted Solutions

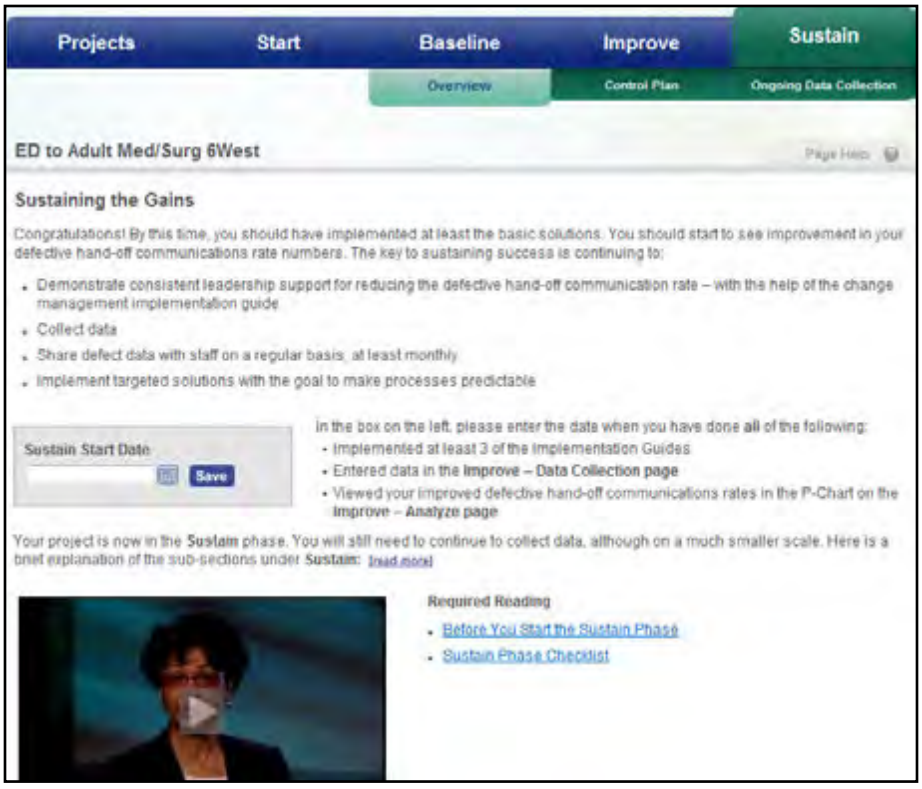
- In the TST®, you will find specific Solutions and Implementation Guides for why the hand-off did not meet the sender's and receiver's needs.
- Follow the step-by-step process in the guides to address your contributing factor and use the document to track action items and next steps to plan out your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

Implementing Solutions



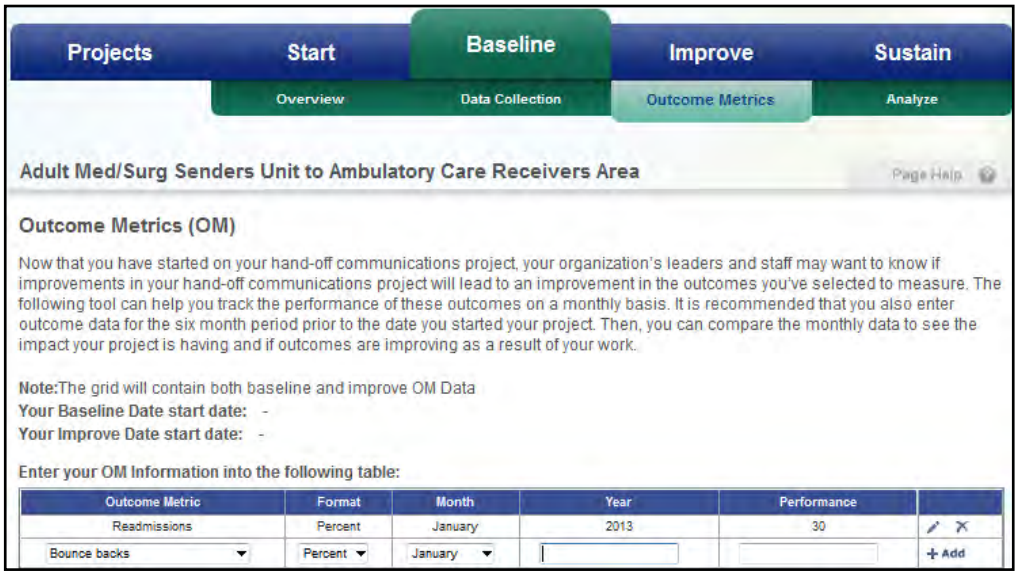
- Bring the senders and receivers together at a team meeting.
- Identify the top contributing factors for your pilot area.
- Select your targeted solutions based on your data and the analysis of your contributing factors.
- Decide who will lead the implementation of the targeted solutions and complete the implementation checklist provided with each solution .
- Enter the date that you implemented solutions for each area.
- Share improvement data with staff.

Sustaining the Gains



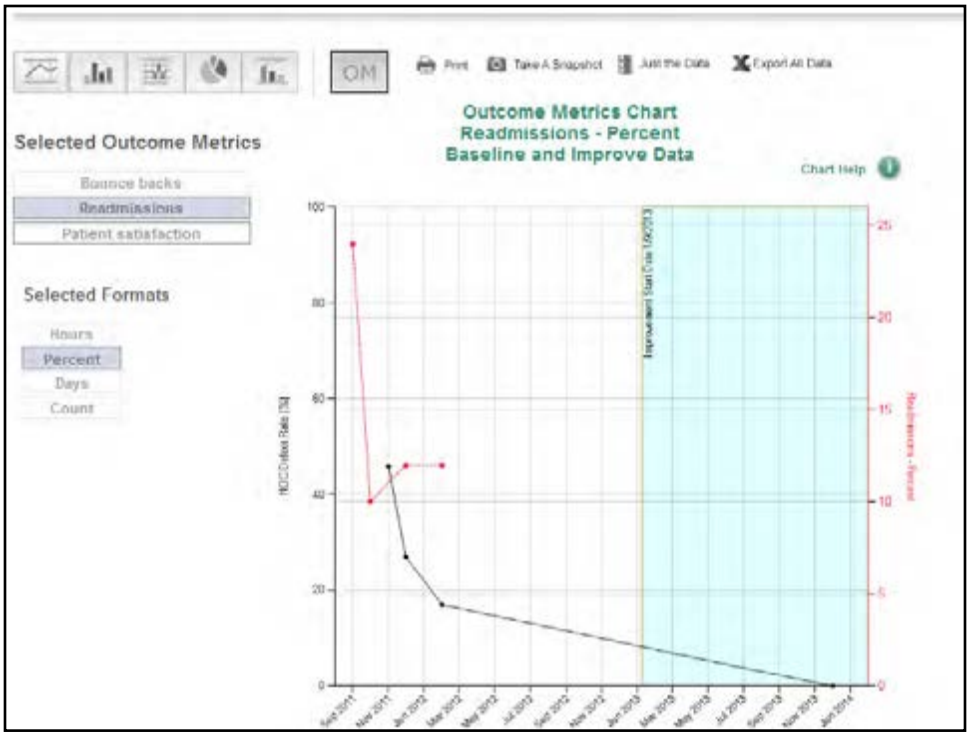
- This section focuses on sustaining the improvements made in your project, replicating results in other areas of your organization, and other considerations to take your project to a higher level.
- Designate someone in each area to “own” the process (for example, the dedicated leader or a setting/area manager).

Set-up Outcomes Data



- Beyond defective hand-off, 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.

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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.