

Strategies for Shift Handoff

Jan Rebstock, RHIT, LHRM, CPHRM



Shift handoff is a basic health care practice designed to provide continuity of patient care from one health care team to another. The omission or ineffective handover of essential transfer information can lead to delays in treatment, missed treatment, or the wrong treatment. Shift handoff may also result in longer response time to patient requests if the handoff is not conducted in a timely manner. As a result, implementing effective as well as efficient strategies to ensure that pertinent patient information is communicated, received, understood, and acted upon is critical.

The Joint Commission has identified lack of communication as the number one root cause of reported sentinel events. Dr. Richard Crouteau, M.D., JCAHO's Executive Director of Strategic Initiatives, states that "Misinformation or ineffective communication at handoff points is one of the most common causes of adverse events and two-thirds of all of our sentinel events are related to breakdowns in communication, and most of that is at handoffs."¹

Not surprisingly, one of JCAHO's 2006 patient safety goals requires hospitals to implement a standardized approach to handoff communications, including an

opportunity for staff to ask and respond to questions.

One of the key points identified by the Australian Council for Safety and Quality in Health Care in drafting recent national operational principles for a clinical handover program is that it be structured, efficient, effective and action oriented; existing within and between all levels of health care.²

In applying lessons learned from NASA's Space Mission Control and others, some recognized points of vulnerability include:³

- *Being unaware of significant data or events;*
- *Being unprepared to deal with impacts from previous events;*
- *Failing to anticipate future events;*
- *Lacking knowledge to perform necessary tasks;*
- *Dropping or reworking activities that are in progress or that the team has agreed to; and*
- *Creating an unwarranted shift in goals, decisions, priorities, or plans.*

In developing standard protocols for shift handoff, the following are some strategies found to be effective by some hospitals and other industries:⁴

- *Face-to-face verbal updates between the responsible outgoing provider and incoming provider to allow for interactive questioning.*

"The greatest problem in communication is the illusion that it has been accomplished."

George Bernard Shaw

Risk Rx

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- *Chart throughout the day as care is rendered or events occur to allow more time for face-to-face patient status updates at change of shift.*
- *Electronic/written summaries of patient status, allowing for readbacks to facilitate clarification. Development of a standardized checklist of minimum patient data or items to discuss at each changeover.*
- *Allowing patient updates to be heard by more than one staff member to verify completeness/accuracy of information.*
- *Encouraging incoming as well as outgoing staff to initiate topics to avoid chances of missing important information.*
- *Limiting interruptions during shift updates.*
- *Completing critical activities before transfer of responsibility.*
- *Avoiding starting actions (whenever possible) until after the handoff is completed.*
- *Assuring that transfer of responsibility is unambiguous and that outgoing staff maintains responsibility until handoff of duties is complete, staying through any crisis that may emerge during the handoff.*
- *Utilizing technology that may enhance the efficiency of information transfer, such as personal digital assistants that could be passed from one staff member to another.*

^{3,4} Handoff strategies in settings with high consequences for failure: lessons for health care operations, Emily S. Patterson, et al.



Resident Tips: Applying for Hospital Staff Privileges

Larke Nunn, B.A., LHRM, CPHRM

The Medical Staff Office (MSO) is the entity responsible for credentialing of physicians and allied health professionals. Pursuant to state/federal statutes and Joint Commission on Accreditation of Health Care Organizations (JCAHO) standards, all hospitals must ensure the members of its medical staff have the training/experience to provide the services they are "privileged" to perform. Managed Care Companies (MCOs), ambulatory surgery centers, clinics, preferred physician groups and physician provider organizations (PPOs) are also required to credential their members. Most of these entities also have a Medical Staff Office to coordinate the process.

Initial Appointment: To apply for hospital privileges, you should send to the facility's Medical Staff Office, a copy of your curriculum vitae, along with a cover letter requesting an application for membership and designating your desired specialty. You will receive a packet containing instructions and forms, including but not limited to, an

¹ JCAHO's 2006 National Patient Safety Goals: Handoffs are biggest challenge.

² Passing the baton of care - the patient relay, Australian Council for Safety and Quality in Health Care.

Risk Rx

Vol. 2 No. 4 October-December 2005
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application, a privilege form and a release of information authorization. Most likely, there will also be forms containing statements related to informational confidentiality and Medicare participation.



The application form is lengthy and requests information pertaining to your medical education, including internship, residency and fellowship(s), special certifications, DEA, licensure, U-pin and Tax ID numbers, Board Certification(s), professional liability insurance, former employment, affiliations with other hospitals, managed care companies and professional organizations. There will also be queries as to your experience since completing your training, your personal health as well as any prior or pending disciplinary actions and claims. You need to indicate on the privilege sheet what services/procedures you wish to perform. You need to designate whether you want your status to be "active," "courtesy" or "consulting." Be sure to read all the forms carefully and complete them in their entirety. Failure to do so will result in process delay.

Upon completion, the forms must be returned to the MSO, along with the specified fee. You should include a copy of all your educational certificates, special certifications, your license and DEA.

Additionally, you will need to have 2-3 (depending on the requirements of the facility) prior professors or peers, other than those with whom you are associated in practice, send to the hospital, in your behalf, letters of recommendation. Finally, you must instruct your professional liability insurance carrier to send the MSO a "declaration sheet" specifying your dates/limits of coverage.

Upon receipt of your materials, the MSO will query the listed institutions, either via the internet, fax or letter, to verify that the information listed is correct. They will also query your former employers and the other facilities with whom you are/or were associated to verify accuracy and to inquire as to your performance. Queries will also be made to the National Practitioners' Data Bank and the Medicare/Medicaid Fraud/Abuse Lists to check for disciplinary actions/claims and sanctions respectively. Once this process is complete, your application will be reviewed by the section chief, if applicable, the department chairman, the Credentials Committee, the Executive Committee of the Medical Staff and finally the hospital's Board of Trustees. If approved, you will receive a letter of appointment, along with a copy of the facility's Bylaws, Rules & Regulations. They will likely include an acknowledgement form that you will need to sign and return, indicating that you have read and agree to abide by these regulations.

Once appointed, (not applicable for emergency medicine), you will be placed on the "call" schedule for your specialty. Those selecting courtesy or consulting status will likely perform "call" for the first year. If you will be active, you will remain on the "call" schedule throughout your association with the facility. You will also likely be asked to select a hospital and/or Medical Staff committee on which you would like to serve.

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Vol. 2 No. 4 October-December 2005
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Your status will be "provisional" for the first year. At the end of that period, your performance will be evaluated and you will be promoted to the status of your choice: active, courtesy or consulting.

Re-appointment: Medical Staff members must be re-credentialed every 2 years.

Two to three months prior to your re-appointment time, the MSO will send you a packet. The application form is shorter in that it is not necessary to obtain information regarding your training or associations prior to your current appointment. Information relative to current employment, hospital/professional organization affiliation, re-certifications, ongoing training (CMEs), professional liability insurance, disciplinary actions and claims will be requested. Again, there will be a release of information form and a privilege sheet. All forms should be timely completed and returned to the MSO, along with the specified re-appointment fee. You should attach certificates from any training you received since your appointment (or last re-appointment). Again, you should attach a copy of your current license, DEA and have your professional liability insurance carrier send a declaration sheet to the MSO. This time you will only need to have one peer send a letter to the MSO recommending your re-appointment. Be sure to timely return your materials. If you do not allow the MSO adequate time to process your application, your appointment could expire and your privileges be temporarily suspended until it has been completed.

In addition to the material you provide, the MSO will query the Quality Management Department to obtain information as to your performance in the hospital during the preceding 2 years.



This will include information as to blood utilization, timely/accurate completion of medical records, committee, department, and quarterly Medical Staff meeting attendance, utilization management (cost per case, avoidable days, length of stay, etc.), risk management and peer review. Depending upon your specialty, other data such as C-section rate, surgical complication and/or postoperative infection rate may be reviewed. Checklist type evaluation sheets will be sent to the department chairmen of the other hospital where you are privileged. MSO personnel will then query the National Practitioners' Data Bank and Medicare/Medicaid Fraud Abuse List. Once all of this information has been obtained, your section chief, if applicable, and department chairman will review all and complete a checklist evaluation form. Your re-appointment will then be forwarded to the Credentials Committee, Executive Committee of the Medical Staff and Board of Trustees. Once approved, you will receive a letter confirming your re-appointment.

Additional Privileges: If at any time you wish to perform an additional service or procedure, you should submit your request, in writing, to the MSO. You should attach the appropriate training certificates to corroborate that you are qualified to receive the new privilege. Your request will then be processed and forwarded to the section

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Vol. 2 No. 4 October-December 2005
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chief, if applicable, department chairman, Credentials Committee, Executive Committee of the Medical Staff and Board of Trustees. Once granted, you will receive a letter of confirmation.

Renewals: If between re-appointments your license, DEA, Board Certification or other certification renews, or you change your professional liability insurance carrier, be sure to provide the MSO with that information as soon as possible.

Disciplinary action/Claims: If you are disciplined by your regulatory Board or receive a formal notice of a medical malpractice claim (Notice of Intent, Summons and Complaint), most facilities require the MSO be immediately notified.

Resignation: Should you plan to leave the area or for some other reason wish to resign your privileges, be sure to send a letter to the MSO, advising them of your intention and the date it will take place. You should provide them with a forwarding address. If applicable, be sure to have your professional liability carrier send them a declaration sheet indicating that you have purchased "tail" or "nose" (prior acts) insurance to provide coverage for two years following the date of your resignation.

Other services: In addition to the credentialing function, the MSO serves as support personnel for the Medical Staff. With your permission, they provide information about you to other hospitals, managed care companies and other entities to which you have submitted applications for privileges. They assist the department chairmen by publishing the monthly "call" schedule. They assist the Bylaws Committee in maintaining and updating the Bylaws, Rules & Regulations. They take and maintain minutes from the section, department, Bylaws Committee, Credentials

Committee, Executive Committee and quarterly Medical Staff meetings. They provide secretarial duties for the section chiefs, department chairmen, aforementioned committee chairmen and Executive Committee members. They publish a monthly calendar of Medical Staff activities. They also maintain the bulletin board in the Doctors' Lounge and have information as to local professional organizational meetings, special hospital meetings and educational opportunities in the hospital and medical community.

When you begin your practice, visit the medical staff office at the facility to which you will be applying for privileges. They will guide you through the credentialing process and do all possible to provide assistance. They usually have an open line of communication to hospital and Medical Staff administration and are a valuable source of information.



Legal Case Review

Cristina Palacio, Esq.

Case Summary: Emergency Restriction of the License of Arnaldo Carmouze, PA, by the Department of Health.

This was an administrative case involving a licensed physician assistant, who was employed as a PA at the Weems Hospital Emergency Department in Apalachicola but whose supervising physician was 500 miles away in Miami. While the Weems ED had a Medical Director, DOH records did not

Risk Rx

Vol. 2 No. 4 October-December 2005
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indicate that he was a supervising physician for Carmouze.

On June 7, an 85-year-old patient in respiratory distress, with a history of congestive heart failure, coronary artery disease and atrial fibrillation, was referred to the Weems ED by her cardiologist. Carmouze was on duty at the time and responsible for treating the patient. Carmouze ordered nebulizer treatments for the patient, but her condition quickly deteriorated. Soon after arrival, the patient went into respiratory arrest, followed shortly by cardiac arrest. Carmouze did not attempt endotracheal intubation to open the patient's airway until after she was in cardiac arrest. Concerned that appropriate care was not being provided, an ED nurse contacted the patient's cardiologist who arrived shortly thereafter to attempt resuscitation himself. Unfortunately, his attempts were unsuccessful.

Allegation: Practicing beyond the scope of practice permitted by law, F.S. §458.347(2)(e).

Analysis:

DOH investigated the above case and reviewed an additional 120 records of patients treated by Carmouze at the Weems Hospital Emergency Department from April 22 - June 12, 2002 and found the following:

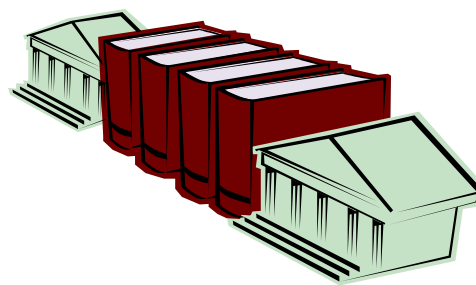
(A). None of the records reviewed contained documentation that the supervising physician had supervised or delegated the performance of any medical services to him.

(B) There was no evidence of any retrospective reviews by his supervising physician or of any telephone consultations.

(C) Carmouze did not practice within reasonable proximity to supervising physician. Generally, the Florida Administrative Code only requires "indirect supervision" of PA practice (F.A.C. §64B-30.012). DOH rules (F.A.C. §64B-30.001) define indirect supervision as easy availability of the supervising physician and require the supervising physician to be within reasonable physical proximity.

(D) The medical records did not identify the supervising physician by name and professional title, as required by statute, F.S. §458 331(1)(m), nor were tasks and procedures reviewed, signed and dated by the supervising physician within 30 days, as required.

DOH concluded that Carmouze had "demonstrated a flagrant disregard for the duties and responsibilities imposed upon a physician assistant practicing in the State of Florida." They also concluded that he had "manifeste[d] such a pattern and propensity to practice ... outside of the scope permitted" that there was a high probability that the pattern would continue, posing an immediate serious danger to the health, safety and welfare of the public.



Consequently, Mr. Carmouze's license was restricted to prohibit him from practicing as a PA without the direct (on-site) supervision of a supervising physician.

DOH's disciplinary action in this case is based on rather egregious circumstances –

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Vol. 2 No. 4 October-December 2005
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a PA whose supervising physician practiced 500 miles away and whose records did not indicate any evidence of review for more than 7 weeks. While there has not been any action taken against the supervising physician of record as of yet, the rules cited establish physician supervisory responsibilities as well as a scope of practice for PAs.

assure that there is evidence of a "review" of all the tasks and procedures performed in the review time period as a simple signature at the end of voluminous notes may not suffice as adequate evidence.

Risk Reduction Strategies:

1. This case indicates the importance of both the practical aspects and the documentation aspects of supervision. While the supervising physician need not be on site while a PA provides most services, s/he does need to be available by phone and within reasonable physical distance to permit her/him to timely and personally attend to the patient if necessary. In assessing the "reasonableness" of the proximity of the supervising physician, the PA and the physician should consider the nature and location of the services being provided (including vulnerability of the patient population), the probability that assistance will be required, and the risk of the tasks/procedures being performed.

2. DOH requires that a supervising physician must review PA records "within" 30 days. The rule should be not be seen as establishing a set interval, but rather as establishing a maximum interval. A prudent approach would be to assess the nature of the services and patient population needs and decide on what frequency is appropriate, with the maximum allowable being 30 days. While DOH may not take action based on violation of the rule if review occurs every 30 days, a medical malpractice action may be based on the argument that the physician should have reviewed more frequently, given the illnesses and/or population of the practice. The PA and supervising physician should

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Editor:

Jan Rebstock, RHIT, LHRM, CPHRM
UF Self-Insurance Program

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Shands Healthcare

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suggestions to:
rmeduc@shands.ufl.edu