Implementation of a Shift Hand-off Tool on the VA Psychiatric Ward

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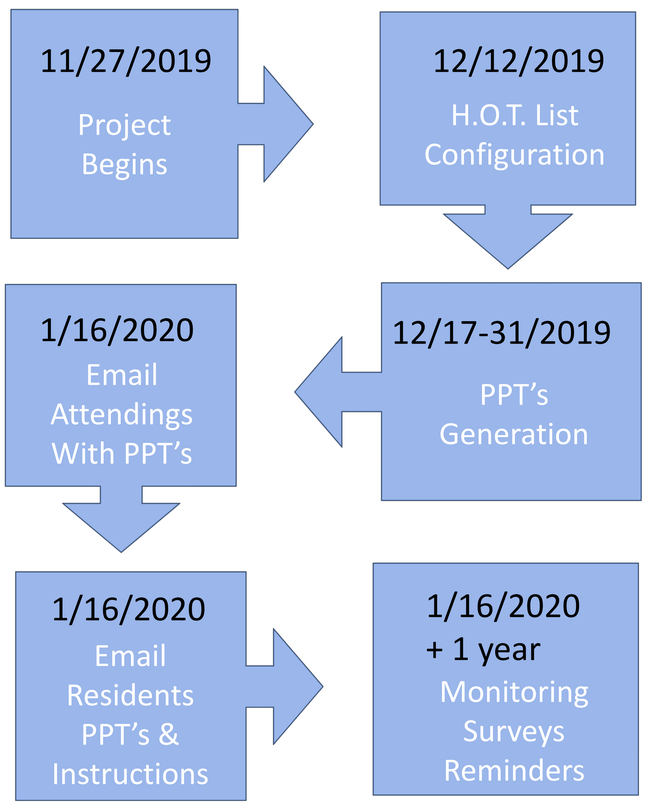
INTRODUCTION

The hand-off process is a common point of miscommunication which can impact patient safety and care. Most Electronic Medical Records (EMR) software has an embedded hand-off tool to communicate treatment plans across shift transitions and address acute patient needs efficiently. This project used the existing Hand-Off Tool (H.O.T.) list available on the Computerized Patient Record System (CPRS) EMR to communicate pertinent clinical information during shift changes on the inpatient psychiatric ward at the Albuquerque Veterans Association.

WORK SCHEDULE



METHODS

Phase One – Developing Process

Configuring H.O.T. List

Home Outlook Access

1. Configured access for Ward 7 clinicians to H.O.T. list tool
2. Developed guidelines for H.O.T list tool use.
3. Educated clinicians about H.O.T list tool.
4. Developed HIPPA compliant method to send secure encrypted e-mails with hand-off information.

Phase Two – Addressing Barriers

To eliminate barriers of access and technological challenges for attending physicians, three PPT's were created to present the procedures in a user-friendly interface.

Encrypting emails

1. How to access their email from their home using their home access.
2. How to access the H.O.T. list from CPRS
3. How to open the secured email.

RESULTS

Phase one, developing the process for clinicians to access and communicate with the H.O.T list, was accomplished without complications. However the implementation of the H.O.T list was initially characterized by resistance and confusion. The most significant barriers was the unfamiliarity of the attendings/residents with the technology including;

- Accessing email from home
- Accessing the H.O.T. list from home
- Opening secure email from home

Phase two: addressing barriers to implementation by creating instructional PPT's, devoid of protected patient information, successfully addressed lack of knowledge about the technological interface.

CONCLUSIONS

- ❑ Successful implementation of the shift hand off tool was completed despite initial resistance.
- ❑ User-friendly documentation was key to increase access and use of the H.O.T. list tool.
- ❑ The H.O.T list has been successfully adopted by clinicians on service and on call.
- ❑ Further monitoring of the H.O.T. list is needed with surveys to identify and address barriers.