Presenter

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Roudebush VAMC
Indianapolis, Indiana

PHYSICIAN SHIFT HANDOFF TOOL

ChangeOver List

Print | Exit | Paste | Copy

==========

Patient Name: Ten,Patient Age: 67 Sex: M
SSN: 000-00-000 Rm: xxx Team: 12
Code
Allergies:

Meds: <==UNIT DOSE==>
ACETAMINOPHEN/HYDROCODONE TAB \Give: 1-2 TABS PO Q6H PRN t\PAIN
*ALBUTEROL SOLN,INHL \Give: 0.5ML NEB Q6H
CALCIUM CARBONATE/VITAMIN D TAB \Give: 1 TABLET PO BID WM
*DIPHENHYDRAMINE CAP,ORAL \Give: 25MG PO Q4H PRN t\for allergic rhinitis Max ...
DOCUSATE CAP,ORAL \Give: 100MG PO DAILY
ENOXAPARIN INJ \Give: 40MG/0.4ML SQ DAILY
FERROUS GLUCONATE TAB \Give: 324MG PO BID WM
FORMOTEROL CAP,INHL \Give: 12MCG INHL ORAL BID
GUAIFENESIN TAB,SA \Give: 600MG PO BID
METHADONE TAB \Give: 5MG PO BID
MIRTAZAPINE TAB \Give: 7.5MG PO BEDTIME
*MOMETASONE INHL,ORAL \Give: 1 PUFF INHL ORAL DAILY t\(rinse mouth after use)
OMEPRAZOLE CAP,EC \Give: 40MG PO BID
*OPTICHAMBER \Give: 1 AS DIRECTED PRN t\(for use with mdi;s)
*POTASSIUM CHLORIDE TAB,SA \Give: 20MEQ PO DAILY
SOD BICARB 4% INHALATIONS \Give: 2ML NEB Q6H
TERAZOSIN CAP,ORAL \Give: 10MG PO DAILY
ZOLPIDEM TAB \Give: 5MG PO BEDTIME PRN
ZZFORMOTEROL DEVICE \Give: ONE DEVICE MISC PRN t\(for use with formoterol caps)

Assessment/Plan of Care:
<<Note: MEDICINE-NP NOTE Signed by:Doctor Hubert Ten on May 30, 2008@13:51:53>>
ASSESSMENT AND PLAN:
1)NSCLC T4N0M0- Stable. continue XRT per radiation oncology recommendations. Will have 33 fractions to 1080 cGy until 6/18. Oncology to see in clinic s/p course of radiation in about 6 weeks to discuss adjuvent chemo.

2)Fever-Low grade temp today, pt stated he always runs slightly high. Not ill-appearing. Expectorating clear to white secretions. Imipenem discontinued on 5/18 after 10 day course for E cloacae and Psuedomonas positive pneumonia.

3.Pain-R. Nipple: No pain around nipple today. Swollen area persists but no increase in size of involved area. Continue to monitor. Consider mammogram if unresolved.

4)COPD- Stable on 2L NC. Some dyspnea with coughing. Continue with albuterol/bicarbonate nebs to help mobilize secretions. Doing well so long as oxygen remains in place. Continue acepela device to mobilize secretions. Advised

bal/t1/zvk-acm/zvk-acm/zvk01205/zvk2617-05a | schweigg | S=11 | 10/5/05 | 9:53 | Art: ACM200112 | Input-nlm

Lost in Translation: Challenges and Opportunities in Physician-to-Physician

Darrell J. Solet, MD, J. Michael Norvell, MD, Gale H. Rutan, MD, MPH, and Richard M. Frankel, PhD

Abstract

Handoffs involve the transfer of rights, duties, and obligations from one person or team to another. In many high-precision, high-risk contexts such as a relay race or handling air traffic, handoff skills are practiced repetitively to optimize precision and anticipate errors. In medicine, wide variation exists in handoffs of hospitalized patients from one physician or team to another. Effective information transfer requires a solid foundation in communication skills. While these skills have received much attention in the medical literature, scholarship has focused on physician-to-patient, not physician-to-physician, communication. Little formal attention or education is available to reinforce this vital link in the continuity of patient care.

The authors reviewed the literature on patient handoffs and evaluated the patient handoff process at Indiana University School of Medicine's internal medicine residency. House officers there rotate through four hospitals with three different computer systems. Two of the hospitals employ a computer-assisted patient handoff system; the other two utilize the standard pen-to-paper method. Considerable variation was observed in the quality and content of handoffs across these settings. Four major barriers to effective handoffs were identified: (1) the physical setting, (2) the social setting, (3) language barriers, and 4) communication barriers.

The authors conclude that irrespective of local context, precise, unambiguous, face-to-face communication is the best way to ensure effective handoffs of hospitalized patients. They also maintain that the handoff process must be standardized and that students and residents must be taught the most effective, safe, satisfying, and efficient ways to perform handoffs.

Acad Med. 2005; 80:1–1.

A *handoff* is defined as the transfer of role and responsibility from one person to another in a physical or mental process. Highly visible handoffs, such as those that take place in sports, typically involve precision and risk. In a relay race, for example, precious hundredths of a second in the handoff can make the difference between winning or losing a race, not to mention the risk involved if the baton is juggled or dropped. In aviation, the handoff of an aircraft from one air traffic controller to another involves precise moment-by-moment communication between the air traffic controllers involved and the crew members responsible for flying an aircraft. In both cases, members of the teams responsible practice and are observed using the skills involved in the handoff multiple times to improve efficiency and reduce the likelihood of error. In light of the obvious importance of the handoff in many fields it is nothing short of astonishing that so little formal attention has been paid to the handoff of patients from one individual or team of physicians to another. In this article we examine some general principles and

When this article was written, **Dr. Solet** was the chief resident of Ambulatory Medicine, Department of Medicine, Indiana University School of Medicine, Indianapolis, Indiana, and Medical Service, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana. He is now a cardiology fellow at the University of Texas, Southwestern Medical Center at Dallas, Texas.

When this article was written, **Dr. Norvell** was a hospitalist for Respiratory & Critical Care Consultants at Methodist Hospital in Indianapolis, Indiana. He is now a fellow, Department of Allergy, Pulmonary and Critical Care Medicine, Vanderbilt University, Nashville, Tennessee.

Dr. Rutan is Staff Physician, Medical Service, Washington Veterans Affairs Medical Center, Washington, D.C., and Professor of Medicine, George Washington University School of Medicine, Washington, D.C.

Dr. Frankel is Research Scientist, Health Services Research and Development Center on Implementing

To inform our discussion, we performed a comprehensive search of the literature using Medline's OVID database and PsychInfo, entering the following three search terms: *interprofessional relations, physicians,* and *communication.* These results were then combined with subject headings from aviation and aerospace medicine. We also searched the Web sites of OVID, PsychInfo, and the Agency for Health care Research and Quality (AHRQ) using the search terms *changeover, handoff, signout,* and *handover.*

Background

According to estimates from the Institute of Medicine, 44,000 to 98,000 patients die in U.S. hospitals annually because of injuries in their care due to errors.[1] The nature of these errors runs the gamut from gross incompetence to seemingly trivial lapses in communication.

National Center for Patient Safety - Home Page - Windows Internet Explorer

http://www.patientsafety.gov/

File Edit View Favorites Tools Help

National Center for Patient Safety - Home Page

UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS

Search All VA Web Pages
Search
» Open Advanced Search

Home | Veteran Services | Business | About VA | Media Room | Locations | Contact Us

NCPS
VA National Center for Patient Safety

About Us:
The NCPS was established in 1999 to develop and nurture a culture of safety throughout the Veterans Health Administration. Our goal is the nationwide reduction and prevention of inadvertent harm to patients as a result of their care. Patient safety managers at 153 VA hospitals and patient safety officers at 21 VA regional headquarters participate in the program.

The primary intended audience for our public Web site is health care professionals and health care administrators.

We encourage veterans and the general public to explore our site, especially the Patient Safety for Patients section, and familiarize themselves with patient safety issues and the wide range of actions VA has taken to improve patient safety.

Search for: Search this site

Patient Safety for Patients

- Patient Safety - Get Involved!
- Tips & Tools
- Sources for More Information
- Final Thoughts

Alerts and Advisories

- Calendar Year 2010
- Calendar Year 2009
- Previous Years

NCPS In Action

Culture Change: Prevention, not Punishment

- VA's Approach to Patient Safety
- Our Organization
- Root Cause Analysis

Internet 100%

Shift Handoff Tool - Patient Data

File H.O.T. List Team Info

Cprspatient,Five
Cprspatient,Four
Cprspatient,Nine
Cprspatient,One
Cprspatient,Seven
Cprspatient,Six
Cprspatient,Ten

Name:	CPRSPATIENT,FIVE	SSN:	000000005	Age:	66	Sex:	M
Loc:	4AS	Room:	400-2	DOB:		Adm Date:	
Team:	GENERAL(ACUTE	Attn:		PCP:		Day/Adm:	3161
Adm DX:	TESTY TESTOR						

Code Status | Contact Information

Attn(s)
Res(s)
Intern(s)
Fellow(s)

Cprsprovider,Fifty One (I)
Cprsprovider,Seven (A) Pg: 555-3226

Student(s)
Nurse(s)
Other

Cprsprovider,Eleven

HPI-SL

Pt has history of . . .

Problems

Large growth. . .

Tasks

Culture. . .

Meds

<==UNIT DOSE==>
1.ACETAMINOPHEN TAB \Give: 650 MG PO Q
2.CIMETIDINE TAB \Give: 400 MG OU ON CALI

To Do

Covering Phy:

Allergies

TETRACYCLINE
ERYTHROMYCIN
VANCOMYCIN
DX101
ASPIRIN

Labs/Imaging

12/10/07 +RED BLOOD CELLS 2 unit(s), TYP
Reason for Request: test LB #1009 (PEN
11/14/07 +RED BLOOD CELLS 2 unit(s), TYP
Reason for Request: test LB #884 (PEND

Consults

2/29/08 PROSTHETICS SERVICE Cons Beds
11/17/06 *DERMATOLOGY Cons Bedside (PE
5/5/99 Consult to AMPUTEE/PROSTHETICS
6/22/98 Consult to BACK SCHOOL Bedside (
6/11/96 Consult: INFECTD (Stat, Bedside)
12/14/95 Consult: DENTAL TEST (Routine

Team: Cprs01

Povider: CPRSPROVIDER,SEVEN

Pager

Cprsprovider,FiftyOne(I)
Cprsprovider,Seven(A

Cprsprovider,Eleven

	Allergies	Code Status	Meds	HPI-SL	Problems	Tasks	To Do
CPRSPATIENT,FIVE 0005 66 M 400-2 4AS GENERAL(ACUTE MEDICINE) OERR,CLINICIANG JUL26,1999@08:35:31 3161 TESTY TESTOR	TETRACYCLINE ERYTHROMYCIN VANCOMYCIN DX101 ASPIRIN	Start Date/Time:	<==UNITDOSE==> 1.ACETAMINOPHEN TAB\Give:650 MG PO Q8H 2.CIMETIDINE TAB \Give:400 MG OUON CALL	Pt has history of . . .	Large growth...	Culture...	
CPRSPATIENT,FOUR 0004 108 M 2AS DOM	LISINOPRIL	Code Status Not Found	<==UNITDOSE==> 1.METFORMIN TAB,ORAL\Give:850 MG PO BID 2.QUINIDINE SULFATE TAB\Give:400 MG PO Q6H	Pt has history of cronic foot . . .	Large growth on left. . .	Culture growth...	

VistA CPRS in use by:

File Edit View Tools Help

CPRS-IMAGING 32BIT
Med Ctr Web Site (Win2000)
Mental Health Assistant
iMedConsent
AudiogramDisplay
Clinical Case Registries.exe
AudiogramEdit
CART CL
CNT 2000
Create e-signature
Dental Record Manager Plus
DOCSEARCH
DO NOT USE ABBREVIATION LIST
Dosing of Anti-Infectives
EVENT CAPTURE
FIM
HANDOFF
MOVE
My HealtheVet
Patient Signature
Pharmacy Guidance
POLICY
Radiology: Best Practice Selection
ROES3
TBIFollowupScreen
Up-To-Date
VIC Issuer
VISTA WEB

Graphing... Ctrl+G
Lab Test Information...
Options...

Create Link To Shift Handoff Tool in CPRS Tool Bar

RED
Attending: Provider,One

Flag | Remote Data* | Postings A

Active Problems
Essential Hyper
Hypercholester
Depressive Dis
Diabetes Mellitu
Neuropathy (IC
Chronic Obstru

Postings
Allergies

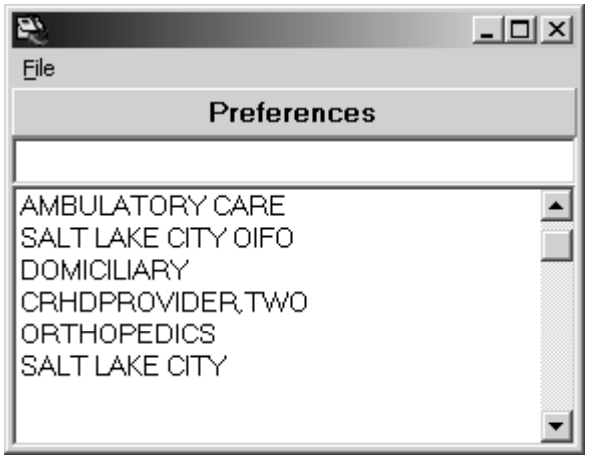
Active Medications
No Active Medicat

Recent Lab Result
No Orders Found.

Appointments/Visits/Admissions
Dec 03,2007 15:18 Inpatient Stay3e Med
Dec 03,2007 11:15 Red Walk-In Checked Out
Dec 02,2007 20:30 Neuro Sleep Lab Balish-Pm Checked Out
Nov 30,2007 13:30 Pulmonary Clinic-Friday Action Required
Nov 23,2007 14:14 Primary Care Telephone Checked Out
Nov 08,2007 12:00 Vascular-Leap/Pact No-Show
Nov 05,2007 16:34 Primary Care Telephone Checked Out

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

Start | MSN Entertain... | 3 Microsoft Of... | CPRS - Pati... | Microsoft Power... | Toolbar | Access | 9:33AM


File
Preferences
AMBULATORY CARE
SALT LAKE CITY OIFO
DOMICILIARY
CRHDPROVIDER,TWO
ORTHOPEDICS
SALT LAKE CITY

Phone Directory

Team

Person

Specialty

Service

HOT List

Medicine

Medicine
Neurology
Nuclear Medicine
Nursing
Nursing Home
Office Of The Director
Orthopedics
Outreach
Pathology

NAME	TITLE	OFFICE PHO...	PAGER	ROOM #	EMAIL	FAX
CPRSPROIVIDER,ELEVEN	Physician	555-1016	555-1121		eleven.cprsp...	
CPRSPROVIDER,EIGHT	Physician	555-1001	555-1110		eight.cprspro...	
CPRSPROVIDER,EIGHTY	Physician	555-1002			eighty.cprspr...	
CPRSPROVIDER,FIFTY	Physician	555-1005	555-1228		fifty.cprsprovi...	
CPRSPROVIDER,FIVE	Physician	555-1007			five.cprsprov...	
CPRSPROVIDER,FORTY	Physician	555-1008			fourty.cprspr...	
CPRSPROVIDER,FOUR	Physician	555-1009			four.cprsprov...	
CPRSPROVIDER,FOURTEEN	Physician	555-1017	555-1122		fourteen.cprs...	
CPRSPROVIDER,NINE	Physician	555-1018	555-1223		nine.cprspro...	
CPRSPROVIDER,SEVENTY	Physician	555-1020	555-1226		seventy.cprs...	
CPRSPROVIDER,SIX	Physician	555-1020	555-1227		six.cprsprovi...	
CPRSPROVIDER,SIXTY	Physician	555-1028	555-1230		sixty.cprspro...	
CPRSPROVIDER,TEN	Physician	555-1010	555-1201		ten.cprsprovi...	
CPRSPROVIDER,THIRTEEN	Physician	555-1011	555-1102		thirteen.cprs...	
CPRSPROVIDER,THIRTY	Physician	555-1013	555-1103		thirty.cprprovi...	
CPRSPROVIDER,THREE	Physician	555-1015	555-1109		three.cprspro...	

Shift Handoff Tool - Patient Data

File H.O.T. List Team Info

Cprspatient,Five
Cprspatient,Four
Cprspatient,Nine
Cprspatient,One
Cprspatient,Seven
Cprspatient,Six
Cprspatient,Ten

Name: CPRSPATIENT,FIVE SSN: 000000005 Age: 66 Sex: M
Loc: 4AS Room: 400-2 DOB: Adm Date:
Team: GENERAL(ACUTE Attn: PCP: Day/Adm: 3161
Adm DX: TESTY TESTOR

Code Status | Contact Information

Attn(s)
Res(s)
Intern(s)
Fellow(s)

Cprsprovider,Fifty One (I)
Cprsprovider,Seven (A) Pg: 555-3226

Student(s)
Nurse(s)
Other

Cprsprovider,Eleven

HPI-SL

Pt has history of . . .

Problems

Large growth. . .

Tasks

Culture. . .

Meds

<==UNIT DOSE==>
1.ACETAMINOPHEN TAB \Give: 650 MG PO Q
2.CIMETIDINE TAB \Give: 400 MG OU ON CALI

To Do

Covering Phy:

Allergies

TETRACYCLINE
ERYTHROMYCIN
VANCOMYCIN
DX101
ASPIRIN

Labs/Imaging

12/10/07 +RED BLOOD CELLS 2 unit(s), TYP
Reason for Request: test LB #1009 (PEN
11/14/07 +RED BLOOD CELLS 2 unit(s), TYP
Reason for Request: test LB #884 (PEND

Consults

2/29/08 PROSTHETICS SERVICE Cons Beds
11/17/06 *DERMATOLOGY Cons Bedside (PE
5/5/99 Consult to AMPUTEE/PROSTHETICS
6/22/98 Consult to BACK SCHOOL Bedside (
6/11/96 Consult: INFECTD (Stat, Bedside)

What demographic fields display.

What contact information is included

Number of and Captions for Data Fields

HPI vs HPI-M

Oncology

Ortho

Shift Handoff Tool - Patient Data

File H.O.T. List Team Info

Cprspatient,Eight
Cprspatient,Eleven
Cprspatient,Five
Cprspatient,Four
Cprspatient,Nine
Cprspatient,One
Cprspatient,Seven
Cprspatient,Six
Cprspatient,Ten

Name: CPRSPATIENT,FIVE SSN: 000000005 Age: 66 Sex: M
Loc: 4AS Room: 400-2 DOB: FEB 2,1942 Adm Date: JUL 26,1999@08:35:3
Team: GENERAL/ACUTE Attn: OERR,CLINICIAN G PCP: Day/Adm: 3157
Adm DX: TESTY TESTOR

Code Status | Contact Information

Start Date/Time:

HPI
History Line 1
History Line 2

HPI-M

Problems
Problem 1
Problem 2
Problem 3

Clinical Course

To Do List

Meds
<==UNIT DOSE==>
1 ACETAMINOPHEN TAB \Give: 650 MG PO O

Pending Workup

Covering Phy:

Allergies
TETRACYCLINE
ERYTHROMYCIN
VANCOMYCIN
DX101
ASPIRIN

Labs/Imaging
12/10/07 +RED BLOOD CELLS 2 unit(s), TYP
Reason for Request: test LB #1009 (PEN
11/14/07 +RED BLOOD CELLS 2 unit(s), TYP
Reason for Request: test LB #884 (PEND

Consults
2/29/08 PROSTHETICS SERVICE Cons Beds
11/17/06 *DERMATOLOGY Cons Bedside (Pt
5/5/99 Consult to AMPUTEE/PROSTHETICS
6/22/98 Consult to BACK SCHOOL Bedside (
6/11/96 Consult INFECTD (Stat, Bedside)

Notice to Users
Text entered or modified on this screen is not retained permanently as part of the patient's health record. No information pertinent to patient care should be entered solely on this screen. All information pertinent to patient care must be entered in the appropriate location within the patient's health record.

Problems

Shift Handoff Tool 1.0.0.13 WASHINGTON

File Edit Directory Help

Default Patients

Personal

Ward

Provider

Team

Specialty

H.O.T. List

Patient

Default Patients

Mirrors the default in CPRS

PROVIDER, ONE

CPRSPATIENT, ONE
CPRSPATIENT, TWO
CPRSPATIENT, THREE
CPRSPATIENT, FOUR
CPRSPATIENT, FIVE
CPRSPATIENT, SIX

This column represents sign-out list

Submit

Clear List

Shift Handoff Tool 1.0.0.14

File Edit Directory Help

Default Patients

Personal

Ward

Provider

Team

Specialty

H.O.T. List

Patient

Personal

CPRS Provider LIst

CPRS Provider List

Retrieving from CPRS personal list
Can have multiple lists

CPRS Provider List

CPRSINPATIENT, ONE
CPRSOUTPATIENT, TWO
CPRSPATIENT, FIVE
CPRSPATIENT, FOUR
CPRSPATIENT, ONE
CPRSPATIENT, THREE

Submit

Clear List

Shift Handoff Tool 1.0.0.13

File Edit Directory Help

Default Patients

Personal

Ward

Provider

Team

Specialty

H.O.T. List

Patient

Ward

3E MED

2D GS
2D INTERMEDIATE
2D NEURO
2D OBSERV SURGICAL
2DS INTERMEDIATE
2EN SICU
2EN STP DN
2H WING (NHCU)
2K WING (NHCU)
3BE OBSERV NEUROLOGY
3DE OBSERV PSYCHIATRY
3DE PSYCH
3E INTERMEDIATE
3E MED
3E OBSERV MEDICAL
4BE MICU
4BW MED
4BW OBSERV MEDICAL
4E INTERMEDIATE
4E MED
4E OBSERV MEDICAL
CWT/TR
HOSPICE

Submit

3E MED

Wardpatient, one
Wardpatient, two
Wardpatient, three
Wardpatient, four
Wardpatient, five
Wardpatient, six
Wardpatient, seven
Wardpatient, eight
Wardpatient, nine
Wardpatient, ten

At any point, you can start over with your selection by pressing this key

Clear List

Shift Handoff Tool 1.0.0.13 WASHINGTON

File Edit Directory Help

Provider

doctor, two

Default Patients

Personal

Ward

Provider

Team

Specialty

H.O.T. List

Patient

doctor, two

doctor, one
doctor, two
doctor, eight
doctor, nine
doctor, ten
doctor, eleven

providerpatient, one
providerpatient, two
providerpatient, three
providerpatient, four
providerpatient, five
providerpatient, six

Click on the provider name that is desired for the sign-out (i.e. will show up on right sided column)

Submit

Clear List

Shift Handoff Tool 1.0.0.13 WASHINGTON

File Edit Directory Help

H.O.T. List

medicine consult

Default Patients

Personal

Ward

Provider

Team

Specialty

H.O.T. List

Patient

medicine consult

FIVE GTN 3RD
FIVE GTN 4TH
FIVE GWU 3RD
FIVE GWU 4TH
FOUR GWU1 3RD
FOUR GWU1 4TH
FOUR GWU2 3RD
FOUR GWU2 4TH
Neurology
ONE GTN 3RD
ONE GTN 4TH
ONE GWU 3RD
ONE GWU 4TH
THREE GTN 3RD
THREE GTN 4TH
THREE GWU 3RD
THREE GWU 4TH
TWO GTN 3RD
TWO GTN 4TH
TWO GWU 3RD
TWO GWU 4TH
medicine consult

PATIENT, TEN
PATIENT, TWELVE

H.O.T. = Hand-Off Team List
Tool specific list where various team names can be created based on site requirements and can be managed by multiple users

Submit

Clear List

Shift Handoff Tool 1.0.0.14

File Edit Directory Help

Default Patients

Personal

Ward

Provider

Team

Specialty

H.O.T. List

Patient

Identical format to CPRS in retrieving patient's name

Patient

CPRSPATIENT,ONE

CPRSPATIENT,ONE

CPRSPATIENT,FIVE

CPRSPATIENT,FOUR

CPRSPATIENT,THREE

CPRSPATIENT,TWO

Submit

medicine consult

PATIENT,ONE

PATIENT,THREE

Clear List

Shift Handoff Tool 1.0.0.14 WASHINGTON

File Edit Directory Help

Default Patients

Personal

Ward

Provider

Team

Specialty

H.O.T. List

Patient

Patient

cprspatient,one

cprspatient,o

cprspatient,one

[redacted]

ONE GWU 3RD

WARDPATIENT,TWO

cprspatient,one

Double click on patient's name to add to right side

Three choices on saving the new patient addition to the current sign-out list

☐ Create a New Personal List

☐ Temporary List (one-time)

☐ Save Personal List

☐ Save H.O.T List

Submit

Clear List

VistA CPRS in use by: (vista.washington.med.va.gov)

File Edit View Action Options Tools Help

3E MED 3E211-21
Provider: PROVIDER,ONE

GREEN
Attending: PROVIDER, ATTENDING

Pt Insu | Flag | Remote Data* Available | Postings

Last 100 Signed Notes

All signed notes

Adm: 05/18/08 MED: INPATIENT PROGRESS NOTE, 3E MED

Liver Functions:

Shift Handoff Tool 1.0.0.14 WASHINGTON

File Edit Directory Help

Default Patients
Personal
Ward
Provider
Team
Specialty
H.O.T. List
Patient

Patient

CPRSPATIENT,ONE

CPRSPATIENT,ONE
CPRSPATIENT,FIVE
CPRSPATIENT,FOUR
CPRSPATIENT,THREE

medicine consult

PATIENT,ONE
PATIENT,TWO
CPRSPATIENT,ONE

New Personal List

Enter the name of a new personal list.

OK Cancel

This list will save in both in Tool and CPRS

Submit

Clear List

Encounter

New Note

/es/
CHIEF RESIDENT
Cosigned: 05/28/2008 15:58

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

Start | 14 M... | 2 M... | CPR... | 3 In... | iTunes | C:\D... | Shif... | Toolbar | 5:49PM

VistA CPRS in use by: Shroff,Divya (vista.washington.med.va.gov)

File Edit View Action Options Tools Help

3E MED 3E211-21
Provider: PROVIDER,ONE

GREEN /
Attending: PROVIDER,ATTENDING

Pt Insu Flag | Remote Data* Available | Postings

Last 100 Signed Notes

All signed notes

Mar 28 08 MED: INPATIENT PROGRESS NOTE, 3E MED, IDRI

Adm: 05/18/08 MED: INPATIENT PROGRESS NOTE, 3E MED

Liver Functions:
PROTEIN: 7.5 g/dl 4/25/2008@13:32 serum

Shift Handoff Tool 1.0.0.14 WASHINGTON

File Edit Directory Help

Default Patients
Personal
Ward
Provider
Team
Specialty
H.O.T. List
Patient

H.O.T. List

ONE GTN 4TH

FIVE GTN 3RD
FIVE GTN 4TH
FIVE GWU 3RD
FIVE GWU 4TH
FOUR GWU1 3RD
FOUR GWU1 4TH
FOUR GWU2 3RD
FOUR GWU2 4TH
Neurology
ONE GTN 3RD
ONE GTN 4TH
ONE GWU 3RD
ONE GWU 4TH
THREE GTN 3RD
THREE GTN 4TH
THREE GWU 3RD
THREE GWU 4TH
TWO GTN 3RD
TWO GTN 4TH
TWO GWU 3RD
TWO GWU 4TH
medicine consult

Submit

ONE GTN 4TH

CPRSPATIENT,ONE
CPRSPATIENT,TWO
CPRSOUTPATIENT,ONE

Delete Patient from List

Clear List

To remove a patient from any list, right click on the name and this option will come up

Encounter
New Note

CHIEF RESIDENT
Cosigned: 05/28/2008 15:58

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

Start | 14 M... | 2 M... | CPR... | 3 In... | iTunes | C:\D... | Shif... | Toolbar | 5:40PM

Shift Handoff Tool 1.0.0.14 WASHINGTON

File Edit Directory Help

Default Patients

Personal

Ward

Provider

Team

Specialty

H.O.T. List

Patient

Patient

cprspatient,one

cprspatient,o

cprspatient,one

[redacted]

ONE GWU 3RD

WARDPATIENT,TWO

cprspatient,one

Create a New Personal List

Temporary List (one-time)

Save Personal List

Save H.O.T List

Submit

Clear List

After creating the correct patient list, hit submit to go to the next screen

Shift Handoff Tool - Patient Data

File H.O.T. List Team Info Help

CPRSPATIENT,ONE
CPRSPATIENT,TWC
ZZDEMO,FOUR
ZZNOTREAL,EIGHTEE
ZZNOTREAL,ELEVEN
ZZNOTREAL,FIFTEEN
ZZNOTREAL,FIVE
ZZNOTREAL,NEW ON
ZZNOTREAL,TEN

Name:	ZZNOTREAL,TEN	SSN:	00000	Age:	46	Sex:	M
Loc:	4BW MED	Room:	4B123-18	DOB:	DEC 4,	Adm Date:	
Team:	CARDIAC-STEP DO	Attn:	PROVIDER,ATTENDING	PCP:	PROVIDER,ONE	Day/Adm:	470

Adm DX: MENTAL STATUS CHANGE

Code Status | Contact Information

>> Do Not Resuscitate Expires 30 DAYS FROM TODAY
Start Date/Time: 05/23/2008 10:15 Stop Date/Time: 06/22/2008

HPI

46 yo admitted for abd pain - ? r/o sbo

Problems

1. dm2
2. htn

Pending Workup

ct scan

Meds

1.ACETAMINOPHEN 325MG TAB
2.ALBUTEROL NEBS SOLN,INHL
3.ALBUTEROL NEBS SOLN,INHL
4.ALLOPURINOL TAB
5.ASCORBIC ACID TAB
6.DIAZEPAM TAB
7.DIPHENHYDRAMINE INJ,SOLN
8.FUROSEMIDE (LASIX GE) INJ,SOLN
9.GLYBURIDE TAB
10.INSULIN REGULAR HUMAN INJ
11.LISINOPRIL TAB
12.MAALOX PLUS UNIT DOSE 30 ML LIQUI
13.METOPROLOL TAB

To Do List

place ngt

Covering Phy: PROVIDER,RESIDENT

Allergies

PCN

Notice to Users

4 Inte... | 3 Micr... | 2 Micr... | 2 Micr... | CPRS -... | 2 Sh... | Toolbar

Shift Handoff Tool - Patient Data

File H.O.T. List Team Info Help

CPRSPATIENT,ONE
CPRSPATIENT,TWO
ZZDEMO,FOUR
ZZNOTREAL,EIGHTEE
ZZNOTREAL,ELEVEN
ZZNOTREAL,FIFTEEN
ZZNOTREAL,FIVE
ZZNOTREAL,NEW ON
ZZNOTREAL,TEN

Name:		SSN:	00000	Age:	46	Sex:	M
Loc:	4BW MED	Room:	4B123-18	DOB:		Adm Date:	
Team:	CARDIAC-STEP DO	Attn:	PROVIDER,ATTENDING	PCP:	PROVIDER,ONE	Day/Adm:	470
Adm DX:	MENTAL STATUS CHANGE						

Code Status | Contact Information

>> Do Not Resuscitate Expires 30 DAYS FROM TODAY
Start Date/Time: 05/23/2008 10:15 Stop Date/Time: 06/22/2008

HPI

46 yo admitted for abd pain -

TAMINOPHEN 325MG TAB

Covering Phy: PROVIDER,RESIDENT

Allergies

Prob

1. dr
2. htn

Patient and Team Identifiers from CPRS which can be site specified.

i.e.) Full SSN vs. last four / DOB / Sex / Age
i.e.) Date of admission / Length of stay / Admitting diagnosis
i.e.) Room location / Assigned team, attending, outpatient provider

Pending Workup

ct scan

To Do List

place ngt

Notice to Users

4 Inte... 3 Micr... 2 Micr... 2 Micr... CPRS -... 2 Sh... Toolbar

Shift Handoff Tool - Patient Data

File H.O.T. List Team Info Help

CPRSINPATIENT,THREE
CPRSPATIENT,ONE

Name:	CPRSPATIENT,ONE	SSN:	000-00-0001	Age:	72	Sex:	M
Loc:	3E MED	Room:	3E227-14	DOB:		Adm Date:	
Team:	GENERAL (ACUTE) MEDI	Attn:	PROVIDER,ATTENDING	PCP:	PROVIDER,ONE	Day/Adm:	15
Adm DX:	OBSTRUCTIVE JAUNDICE						

Code Status | Contact Information

Attn(s) Res(s) Intern(s) Fellow(s)	Provider, Attending Pg. # Provider, Resident Pg # Provider, Intern Pg #	Student(s) Nurse(s) Other	

Team header information

HPI

72 yo male hx of HTN and hypothyroid admitted with painless jaundice found to have metastatic lung cancer and developed E.coli sepsis transferred out of ICU 5/22

Problems

HTN
Hypothyroid
E.coli sepsis
Met Lung Cancer
Jaundice

Meds

1.ALBUTEROL NE
2.ATENOLOL TAB
3.DOCUSATE 100MG
4.ENOXAPARIN INJ
5.INSULIN REGULAR HUMAN INJ
6.INSULIN,GLARGINE,HUMAN 100 UNT/ML INJ
7.LEVOTHYROXINE TAB
8.LEVOTHYROXINE TAB
9.MAALOX PLUS UNIT DOSE 30 ML LIQUID
10.OMEPRAZOLE CAP,EC
11.SIMETHICONE TAB,CHEWABLE
12.SODIUM CHLORIDE 0.9% INJ
13.ZOSYN 2.25GM IN D5 INJ

Covering Phy:

Pending Workup

cxr

To Do List

[ ] palliative care recs
[ ] Onc recs

Notice to Users
Text entered or modified on this screen is not retained permanently as part of the patient's health record. No information pertinent to patient care should be entered solely on this screen. All information pertinent to patient care must be entered in the appropriate location within the patient's health record.

4 Inte... | 3 Micr... | 2 Micr... | 2 Micr... | CPRS -... | 2 Sh... | Toolbar

Shift Handoff Tool - Patient Data

File H.O.T. List Team Info Help

CPRSPATIENT,ONE
CPRSPATIENT,TWO
ZZDEMO,FOUR
ZZNOTREAL,EIGHTEE
ZZNOTREAL,ELEVEN
ZZNOTREAL,FIFTEEN
ZZNOTREAL,FIVE
ZZNOTREAL,NEW ON
ZZNOTREAL,TEN

Name:	ZZNOTREAL,TEN	SSN:	00000	Age:	46	Sex:	M
Loc:	4BW MED	Room:	4B123-18	DOB:	DEC 4,	Adm Date:	
Team:	CARDIAC-STEP DO	Attn:	PROVIDER,ATTEND	PCP:	PROVIDER,ONE	Day/Adm:	470
Adm DX:	MENTAL STATUS CHANGE						

Code Status | Contact Information

>> Do Not Resuscitate Expires 30 DAYS FROM TODAY
Start Date/Time: 05/23/2008 10:15 Stop Date/Time: 06/22/2008

Code status from CPRS

HPI

46 yo admitted for abd pain - ? r/o sbo

Problems

1. dm2
2. htn

Pending Workup

ct scan

Meds

1.ACETAMINOPHEN 325MG TAB
2.ALBUTEROL NEBS SOLN,INHL
3.ALBUTEROL NEBS SOLN,INHL
4.ALLOPURINOL TAB
5.ASCORBIC ACID TAB
6.DIAZEPAM TAB
7.DIPHENHYDRAMINE INJ,SOLN
8.FUROSEMIDE (LASIX GE) INJ,SOLN
9.GLYBURIDE TAB
10.INSULIN REGULAR HUMAN INJ
11.LISINOPRIL TAB
12.MAALOX PLUS UNIT DOSE 30 ML LIQUI
13.METOPROLOL TAB

To Do List

place ngt

Covering Phy: Provider,One

Allergies

PCN

Allergies from CPRS

Medications from CPRS

Notice to Users

4 Inte... | 3 Micr... | 2 Micr... | 2 Micr... | CPRS -... | 2 Sh... | Toolbar

Shift Handoff Tool - Patient Data

File H.O.T. List Team Info Help

CPRSPATIENT,ONE
CPRSPATIENT,TWO
ZZDEMO,FOUR
ZZNOTREAL,EIGHTEE
ZZNOTREAL,ELEVEN
ZZNOTREAL,FIFTEEN
ZZNOTREAL,FIVE
ZZNOTREAL,NEW ON
ZZNOTREAL,TEN

Name:	ZZNOTREAL,TEN	SSN:	00000	Age:	46	Sex:	M
Loc:	4BW MED	Room:	4B123-18	DOB:	DEC 4,	Adm Date:	
Team:	CARDIAC-STEP DO	Attn:	PROVIDER,ATTEND	PCP:	PROVIDER,ONE	Day/Adm:	470
Adm DX:	MENTAL STATUS CHANGE						

Code Status | Contact Information

>> Do Not Resuscitate Expires 30 DAYS FROM TODAY
Start Date/Time: 05/23/2008 10:15 Stop Date/Time: 06/22/2008

HPI

HPI

46 yo admitted for abd pain - ? r/o sbo

Problems

1. dm2
2. htn

Problems

Pending Workup

ct scan

Pending Workup

Meds

1.ACETAMINOPHEN 325MG TAB
2.ALBUTEROL NEBS SOLN,INHL
3.ALBUTEROL NEBS SOLN,INHL
4.ALLOPURINOL TAB
5.ASCORBIC ACID TAB
6.DIAZEPAM TAB
7.DIPHENHYDRAMINE INJ,SOLN
8.FUROSEMIDE (LASIX GE) INJ,SOLN
9.GLYBURIDE TAB
10.INSULIN REGULAR HUMAN INJ
11.LISINOPRIL TAB
12.MAALOX PLUS UNIT DOSE 30 ML LIQUI
13.METOPROLOL TAB

To Do List

place ngt

To Do List

Covering Phy: PROVIDER,ONE

Allergies

PCN

Covering Physician

4 Inte... 3 Micr... 2 Micr... 2 Micr... CPRS -... 2 Sh... Toolbar

Shift Handoff Tool - Patient Data

File H.O.T. List Team Info

CPRSPATIENT, ON
PATIENT,TWO
PATIENT,THREE
PATIENT,FOUR
PATIENT,FIVE

Name: PATIENT,FIVE SSN: 00000 Age: 83 Sex: M
Loc: 2D OBSERV SURGI Room: 2D126-9 DOB: Adm Date:
Team: MEDICAL OBSERVA Attn: PROVIDER,ATTEND PCP: PROVIDER,FIVE Day/Adm: 1
Adm DX: URINARY TRACT INFECTION

Code Status Cor

>> Do Not Resusc
Start Date/Time: 0

Report Setup

Selected Printer
HP LaserJet 1220 Series PCL

Report Destination
Printer
Preview
File
Format: Rave Snapshot File (ND

OK
Cancel
Setup

Options
Copies 1
Collate
Duplex

HPI

83 yo Asian male with a h/o mild/moderate dementia, BPH, and MDR Klebsiella UTI p/w AMS, dehdration, ARF on CRI and (+) UA for UTI. Dehdration and ARF resolved. MS improved to

Problems

Mild/Moderate Dementia
UTI
CRI
BPH

Pending Workup

Urology C/S Recs
U/S Kidney/Bladder with Residuals
ID C/S Recs

OMEPRAZOLE CAP,EC
POTASSIUM CHLORIDE SA TAB,

To Do List

NTD

overing Phy:

ergies

o Known Allergies

3 options when finished with entire patient list

* Auto-saves when switching between patients

Report Preview

File Page Zoom

Page 1 of 3 Zoom 100.0 %

Team: Medicine Consult
Provider: PROVIDER,ONE
Pager:

Provider, one (A)
Provider, two Pg:

	Allergies	Code Status	Meds		HPI	Problems	Pending Workup	To Do List
ZZNOTREAL,ELEVEN 6689 47 F 2D102-1 2D NEURO NEUROLOGY PHYSICIAN,EIGHT DEC 7,2007@14:40:44 168	CIPROFLOXACIN ZOSYN 3.5GM/4.5GM INJECTION SULFA DRUGS	CBC BLOOD/WC LB #1246 Start Date/Time: 02/29/2008 10:23	1.ACETAMINOPHEN 325MG TAB 2.ALBUTEROL NEBS SOLN,INHL 3.ALBUTEROL NEBS SOLN,INHL 4.ALLOPURINOL TAB 5.ASCORBIC ACID TAB 6.DIAZEPAM TAB 7.DIPHENHYDRAMINE INJ,SOLN 8.DIPHENHYDRAMINE INJ,SOLN 9.FUROSEMIDE (LASIX GE) INJ,SOLN 10.GLYBURIDE TAB	11.INSULIN REGULAR HUMAN INJ 12.LISINOPRIL TAB 13.MAALOX PLUS UNIT DOSE 30 ML LIQUID 14.METOPROLOL TAB 15.NITROGLYCERIN 0.4MG/HR PATCH 16.POTASSIUM CHLORIDE INJ,SOLN 17.SODIUM CHLORIDE 0.9% INJ 18.THIAMINE INJ,SOLN 19.VANCOMYCIN 1000 IN D5W INJ				
ZZNOTREAL,FIFTEEN 6624 54 M 2D102-2 2D NEURO NEUROLOGY PHYSICIAN,EIGHT DEC 7,2007@14:41:20 168	CODEINE BACTRIM PEANUT OIL SULFA DRUGS	LIPASE BLOOD SERUM LC LB #966 Start Date/Time: 02/25/2008 17:30	1.ACETAMINOPHEN 325MG TAB 2.ALBUTEROL NEBS SOLN,INHL 3.ALBUTEROL NEBS SOLN,INHL 4.ALLOPURINOL TAB 5.ASCORBIC ACID TAB 6.DIAZEPAM TAB 7.DIPHENHYDRAMINE INJ,SOLN 8.FUROSEMIDE (LASIX GE) INJ,SOLN	9.GLYBURIDE TAB 10.INSULIN REGULAR HUMAN INJ 11.METOPROLOL TAB 12.NITROGLYCERIN 0.4MG/HR PATCH 13.POTASSIUM CHLORIDE INJ,SOLN 14.SODIUM CHLORIDE 0.9% INJ 15.THIAMINE INJ,SOLN 16.VANCOMYCIN 1000 IN D5W INJ				
ZZDEMO,FOUR 1545 56 F 2D107-1 2D GS	PEANUTS	EYE Cons Bedside Start Date/Time: 04/02/2008 13:56						

Start | 4 Inte... | 3 Micr... | 2 Micr... | 2 Micr... | CPRS -... | 2 Sh... | Toolbar | 10:28AM

Report Preview

File Page Zoom

Page 1 of 3 Zoom 120.0 %

Team: MedicineConsult
Provider: PROVIDER,ONE
Pager

Provider,one (A)
Provider,two Pg:

	Allergies	CodeStatus	Meds		HPI	Problems	PendingWorkup	To Do List
ZZNOTREAL,ELEVEN 6689 47 F 2D102-1 2D NEURO NEUROLOGY PHYSICIAN,EIGHT DEC 7,2007@14:40:44 168	CIPROFLOXACIN ZOSYN 3.6GM/4.5GM INJECTION SULFADRUGS	CBC BLOOD WC LB#1246 StartDate/Time: 02/29/2008 10:23	1.ACETAMINOPHEN 325MG TAB 2.ALBUTEROL NEBS SOLN,INHL 3.ALBUTEROL NEBS SOLN,INHL 4.ALLOPURINOL TAB 5.ASCORBIC ACID TAB 6.DIAZEPAM TAB 7.DIPHENHYDRAMINE INJ,SOLN 8.DIPHENHYDRAMINE INJ,SOLN 9.FUROSEMIDE (LASIX GE) INJ,SOLN 10.GLYBURIDE TAB	11.INSULIN REGULAR HUMAN INJ 12.LISINOPRIL TAB 13.MAALOX PLUS UNIT DOSE 30 ML LIQUID 14.METOPROLOL TAB 15.NITROGLYCERIN 0.4MG/HR PATCH 16.POTASSIUM CHLORIDE INJ,SOLN 17.SODIUM CHLORIDE 0.9% INJ 18.THIAMINE INJ,SOLN 19.VANCOMYCIN 1000 IN D5W INJ				
ZZNOTREAL,FIFTEEN 6624 54 M 2D102-2 2D NEURO NEUROLOGY PHYSICIAN.EIGHT DEC 7,2007@14:41:20 168	CODEINE BACTRIM PEANUT OIL SULFADRUGS	LIPASE BLOOD SERUM LC LB #966 StartDate/Time: 02/25/2008 7:30	1.ACETAMINOPHEN 325MG TAB 2.ALBUTEROL NEBS SOLN,INHL 3.ALBUTEROL NEBS SOLN,INHL 4.ALLOPURINOL TAB 5.ASCORBIC ACID TAB 6.DIAZEPAM TAB 7.DIPHENHYDRAMINE	9.GLYBURIDE TAB 10.INSULIN REGULAR HUMAN INJ 11.METOPROLOL TAB 12.NITROGLYCERIN 0.4MG/HR PATCH 13.POTASSIUM CHLORIDE INJ,SOLN 14.SODIUM CHLORIDE 0.9% INJ 15.THIAMINE				

Identifiers / CPRS retrieved fields

Modifiable fields

Start | 4 Inte... | 3 Micr... | 2 Micr... | 2 Micr... | CPRS -... | 2 Sh... | Toolbar | 10:29 AM

Report Preview

File Page Zoom

Page 1 of 3 Zoom 150.0 %

Team list name/
Sign-out provider info

Team name, titles,
contact numbers

Team: Medicine Consult
Provider: PROVIDER, ONE
Pager:

PROVIDER, ONE (A)
PROVIDER, TWO (R)

	Allergies	Code Status	Meds		HPI	Problems	Pending W
ZZNOTREAL,ELEVEN 6689 47 F 2D102-1 2D NEURO NEUROLOGY PHYSICIAN,EIGHT DEC 7,2007@14:40:44 168	CIPROFLOXACIN ZOSYN 36GM/4.5GM INJECTION SULFA DRUGS	CBC BLOOD WC LB #1246 Start Date/Time: 02/29/2008 10:23	1.ACETAMINOP HEN 325MG TAB 2.ALBUTEROL NEBS SOLN,INHL 3.ALBUTEROL NEBS SOLN,INHL 4.ALLOPURINO L TAB 5.ASCORBIC ACID TAB 6.DIAZEPAM TAB 7.DIPHENHYDR AMINE INJ,SOLN 8.DIPHENHYDR AMINE INJ,SOLN 9.FUROSEMIDE (LASIX GE) INJ,SOLN 10.GLYBURIDE TAB	11.INSULIN REGULAR HUMAN INJ 12.LISINOPRIL TAB 13.MAALOX PLUS UNIT DOSE 30 ML LIQUID 14.METOPROLO L TAB 15.NITROGLYCE RIN 0.4MG/HR PATCH 16.POTASSIUM CHLORIDE INJ,SOLN 17.SODIUM CHLORIDE 0.9% INJ 18.THIAMINE INJ,SOLN 19.VANCOMYCI N 1000 IN D5W INJ			
ZZNOTREAL,FIFTEEN 6624 54 M 2D102-2	CODEINE BACTRIM PEANUT OIL SULFA DRUGS	LIPASE BLOOD SERUM LC LB #966 Start Date/Time: 02/25/2008 17:30	1.ACETAMINOP HEN 325MG TAB 2.ALBUTEROL NEBS SOLN,INHL	9.GLYBURIDE TAB 10.INSULIN REGULAR HUMAN INJ 11.METOPROLO			

Zoom In
Zoom Out

Start | 4 Inte... | 3 Micr... | 2 Micr... | 2 Micr... | CPRS -... | 2 Sh... | Toolbar | 10:30AM

Report Preview

File Page Zoom

Page 1 of 3 Zoom 120.0 %

MAY 9,2008@22:12:04 1			CAP,ORAL LISINOPRILTAB LORATADINE TAB,ORAL MOMETASONE INHL,ORAL OMEPRAZOLE CAP,EC SIMVASTATINTAB SODIUMCHLORIDE SOLN,SPRAY,NASAL TRAVOPROST SOLN,OPH				
PATIENT, SIX 6666 90 M 3E121-28 3EMED GENERAL(ACUTE) MEDICINE SHROFF DIVYA MAY 7,2008@13:31:07 3	No Known Allergies	>> Discontinue Do Not Resuscitate Make this pt DNR/DNI, DO NOT institute the following treatments: Hemodialysis Central Line Placement, Pressors Intubation, BiPAP, CPR, Cardioversion Expires 30 DAYS FROM TODAY <Requesting Physician Cancelled> Start Date/Time: 05/17/2008 21:04 Stop Date/Time 05/19/2008 18:07	ALBUTEROL NEBS SOLN,INHL ENOXAPARIN NJ HALOPERIDOL IMMEDIATE RELEASE INJ QUETIAPINE FUMARATE TAB QUETIAPINE FUMARATE TAB SODIUM POLYSTYRENE SULFONATE SUSP SODIUM CHLORIDE 0.9% INJ SODIUM CHLORIDE 0.9% INJ SODIUM CHLORIDE 0.9% INJ ZOSYN 2.25G MIN D5 INJ	91y/o Caucasian male w/PMH of dementia, DMII, HTN, HLD, DJD s/p total knee replacement 98, chronic constipation, and h/o T11 fracture who was BIBA after being found with change in mental status at Soldier's home, where he is a resident. Pt. found to be hypotensive in the 60s/40s, hyperkalemic (8-->6.6), and in ARF w/creat. 6.6 (baseline 1.1 to 1.2).	Dementia ARF Hyperkalemia Hypotension		X-cover [] f/u PM chem 7. Last K 5.1. Give one extra dose of kayexylate if higher than 5.5. -Seroquel D/C d for agitation. May give 25mg po if pt is agitated. -F/up head CT results Daughter (Kathleen): 800-222-2222c 800-333-3333c

Time and date sign-out created

Page numbers i.e.) 2 of 3

Notice to Users

Text present on this print-out is a summary intended for use by physicians as they come on duty and for quick reference throughout their shift. The patient's health record must be consulted in all cases when this summary information is inadequate for patient care.

RunDate: Tuesday, May 20, 2008 3:06:54 PM

Page 1 of 3

Start | Gmail - Co... | Microsoft ... | CPRS - Pa... | Microsoft ... | Shift Ha... | Toolbar | Access | 3:06 PM

- Dr. Jaci Anderson of Iowa City VAMC studied the use of the Physician Shift Handoff Tool as compare to ad hoc tools and what she found is:
  - There was marked improvement in physician perceptions of patient safety (52.9% to 85.4%, $P<0.01$)
  - Physician perception of Quality of Handoff improved from (45.7% to 66.7%, $P<0.01$)

- Physician Perception of ease of use improved from(60% to 90.9%, $P<0.01$)
- Physician Perception of efficiency (66.7% to 95.2%, $P<0.01$)
- Physician Perception of readability improved (71.4% to 92.9%, $P=0.04$).

Take Home Points

- Handoffs do not replace your chart
- Handoffs emphasize communication
- VHA developed Shift Handoff Tool
  - Now available as a Class 1 solution
  - JCAHO recognized
  - Can apply across specialties / services

Successful Implementation of Shift Handoff Tool

- Clinical services
  - Appoint clinical leaders in various departments / services for specifying preferences / roll-out / buy-in
    - Ex) Chief residents, Hospitalists, Clinical Informatics
  - Appoint ADPACs to ensure access
- Quality Management / Patient Safety Manager
  - Monitor clinical practice
  - Create handoff policies if needed

- Key obstacles in developing the tool were:
  - getting Physicians from multiple sites to agree on what data should be included in the Tool and the format of that data
  - DNR orders are not standardized in VHA

Why is Handoff important?

- Reduce likelihood of medical errors and misinformation
- Prevent missing or loss of clinical information
- Maintain a high level of medical care
- Increase efficiency/flow
- Decrease cost of multiple tests/length of stay
- Key issue for across all levels of medicine - MDs/RNs

Barriers that lead to need for Standardized Handoff

- In today's climate of short hospital stays and complex patients, need for timely and effective communication
- Work hour limits for residents lead to increased number of patient handoffs and potential for communication breakdown
  - Decrease in continuity of care/miscommunication/increase in cross-coverage
- Missing information in a non-standardized system
  - High variability –
    - ex) Code status/allergies missing in 80% of recent studies

What does a handoff need to address?

- Standardized
- Written and Oral patient summaries
- Communicate in effective and efficient manner during sign-out
- Demonstrate “read-back” skills when communicating
- Evaluate all up to date medications
- Anticipate what may go wrong with patient after a transition in care occurs

Key points to remember

- **The physical setting** – confidential/ quiet/ minimal distractions
- **The social setting** – comfortable along all levels of hierarchy
- **Language barriers** – avoid colloquialisms/ only accepted abbreviations
- **Medium of communication** – * face to face vs. phone vs. email / * written vs. oral
- **Time / convenience issues** – standardized system will increase efficiency
- **Education issues** – formal curriculum to demonstrate effective handoffs

Ref: Lost in Translation: Challenges and Opportunities in Physician-to-Physician Communication During Patient Handoffs, *Academic Medicine*, Dec 2005

What should be in a successful handoff?

- **Team Identifiers** - Staff names, phone numbers, covering staff contact info, distinctive team name/color
- **Appropriate patient identifier** - 2 forms of identification
- 1-2 sentence of **patient presentation**
- **Active problem list** - pertinent past medical history
- **Medications** – all active listed
- **Allergies**
- **Access** - Venous / Arterial Access and what to do if changes
- **Code status**
- **Pertinent labs**
- **Concerns** over next 18-24 hours and what to do in those situations (problem vs. system based)
- Long term plans / family questions that could arise if indicated
- Psychological concerns

Ref: Lost in Translation: Challenges and Opportunities in Physician-to-Physician Communication During Patient Handoffs, *Academic Medicine*, Dec 2005

Questions?