Handoff of Sepsis Patients

Terry P. Clemmer, MD
Intermountain Healthcare
Objectives:

- Why good communications during handoffs are critical in Sepsis
- How Intermountain uses a tool to facilitate handoffs
- Other methods to assure good communications during longitudinal care of septic patients.
Communication is Critical in Sepsis Treatment

• Requires many handoffs because of patient instability and prolonged time course of disease
  • Personnel: (Shift Change, between disciplines)
  • Location: (Pre-Hospital, ED, OR, Floor, ICU, Floor, Extended Care Facility, Home)
• Recognition of severe sepsis can be subtle
• Severity is progressive over time allowing prognosis to change
• Care is complex and time sensitive
• Compliance with best known care is linked with outcome (mortality, disability)
Methods Used to Assure Compliance

• Level 1 reliability
  • Education and report on compliance and outcome
  • Create an explicit Care Process Model including Order Sets

• Level 2 reliability
  • Department Check Lists
  • Protocols and standardized communications
  • Episode of Care Handoff, Check List and Data Collection Tool
  • Assign a Sepsis Care Manager who stays with the patient throughout the episode of care
  • Have Sepsis Team who manages care regardless of location – no team handoff but still requires location handoff
SBAR

• **Situation**

• **Background**

• **Assessment**

• **Recommendation**
SBAR

• From 1995 – 2005 JCAHO reviewed over 2537 sentinel events in General Hospitals and Emergency Departments

• Communication issues identified as being the root cause and the major contributor in these events

• In 2005 nearly 70% of sentinel events, the root cause was communication.
Physician-RN Communication Styles

• Nurses are narrative and descriptive

• Physicians are guided to be problem solvers- “just the facts please”

• Other complicating factors
  • Gender, cultural differences
  • Prior relationships, hierarchy
  • Perceptions of teamwork depends on point of view
What is SBAR?

• The SBAR model is a simple method to help standardize communication

• SBAR allows all parties to have common expectations:
  • What is going to be communicated
  • How the communication is structured
  • Required elements

• Focuses on the problem, not the people
Purpose

• Implementation of SBAR will:
  • Meet Joint Commission’s requirements for appropriate communication for patient hand-offs
    • Admissions
    • Transfers
    • Shift to shift report
    • Daily rounds
  • Improve physician/clinician communication in critical and non-critical patient care situations
SBAR

• Situation

• Background

• Assessment

• Recommendation
S - B - A - R

• Situation – *the problem*

• Background – *brief, related, to the point*

• Assessment - *what you found, what you think*

• Recommendation – *what you want*
• State: your name and unit

• I am calling about: (Patient Name & Room Number)

• The problem: The reason I am calling .....
BACKGROUND

• State the admission diagnosis and date of admission

• State the pertinent medical history

• A Brief Synopsis of the treatment to date
ASSESSMENT

• Pertinent objective & subjective information
  • Most recent vitals
  • Mental status
  • Respiratory rate and quality
  • B/P, pulse rate & quality
  • Pain
  • Neuro changes
  • Skin color
  • Rhythm changes
RECOMMENDATION

• State what you would like to see done:
  • Transfer the patient?
  • Change treatment?
  • Come to see the patient at this time?
  • Talk to the family and patient about....?
  • Ask for a consulting physician to see the patient?
RECOMMENDATION

• Other suggestions
  • CXR       ABG       EKG
  • CBC       Other?

• If a change in treatment is ordered, ask:
  “How often?”

• Ask: “If the patient does not improve, when would you want to be called again?”
INTER-HOSPITAL TRANSFERS

Goal is to have needed care delivered timely and without Interruption

• Communications: (Bed availability, Receiving Facility Acceptance, Transport Arrangements, Pre-during-Post Transport Care)

• System Planning, coordination and standardization

• Local hospital resources

• Distance

• Stability of patient

• Options for transport
  • (Helicopter, Fixed Wing, Ground, Level of Crew Expertise and Scope of Practice, Equipment)

• Environmental conditions (weather, traffic, transport resources)
Figure C-1. Information on DD Form 1380 completed by the combat medic.

Figure C-2. Reassessment completed by the battalion aid station and annotated on the DD Form 1380.