
How to Sign-out & How to Document

Ripped from a Dopsy Presentation

IPASS

Global Elements of Handoffs

- Clear transfer of both information AND responsibility
 - Protected time and space
 - Quiet location
 - Minimal interruptions
 - Standardized format
 - Closed-loop communication
 - Printed document!
 - Provides more detail
 - Meant to integrate with verbal handoff
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What is IPASS?

I Illness Severity

(stable/watcher/unstable)

P Patient Summary

Summary statement; events leading to admission; brief and pertinent hospital course; ongoing assessment; plan

A Action List

To-do list; timeline and ownership

S Situation Awareness & Contingency Planning

Know what is going on; plan for what *may* happen

S Synthesis by Receiver

Receiver summarizes what was heard; asks questions; restates key action/to-do items

I Illness Severity

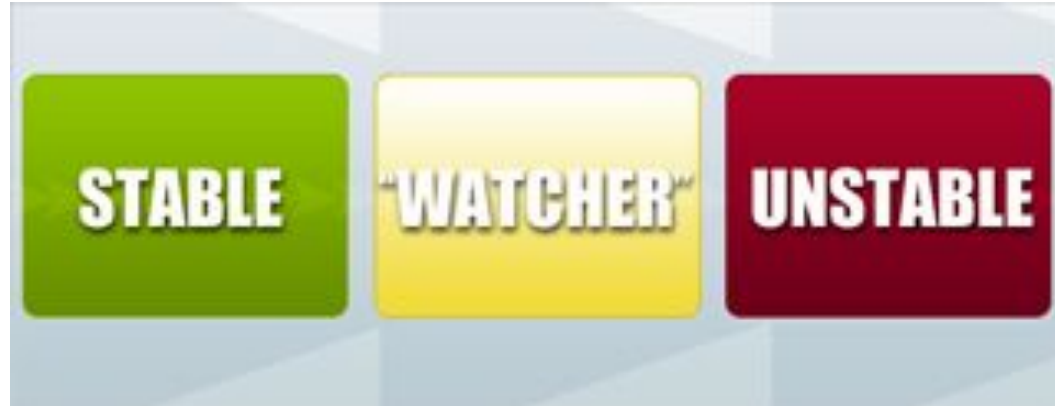
P Patient Summary

A Action List

S Situation Awareness/Contingency
Planning

S Synthesis by Receiver

Illness Severity- A Continuum



Watcher: *any* clinician's "gut feeling" that a patient is at risk of deterioration or "close to the edge"

I Illness Severity

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Why is patient summary so important?

- Succinctly describes:
 - Reason for admission
 - Events leading up to admission
 - Hospital course by problem or system
 - Plan for hospitalization
 - Communicates concerns and nuances
 - Anticipates expected course
 - Creates a shared mental model
 - It is NOT a full formal presentation of H&P
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Summary Statement

- One-liner
- Sets clinical context
- Contains critical identifying information
 - Name
 - Age
 - Gender
 - Pertinent PMH
 - Reason for admission

Patient Summary

Summary Statement

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Events Leading Up to Admission

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Hospital Course

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Ongoing Assessment
by Problems/Diagnoses

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Plan
by Problems/Diagnoses

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Events Leading up to Admission

- Includes essential history and physical exam/lab findings
- **Section can be truncated when high level of diagnostic certainty is attained (*meaning we have a known diagnosis*)**

Patient Summary

Summary Statement

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Events Leading Up to Admission

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Hospital Course

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<h3>Ongoing Assessment by Problems/Diagnoses</h3> <ul style="list-style-type: none">• Lorem ipsum dolor sit amet, consectetur adipiscing elit• Lorem ipsum dolor sit amet, consectetur adipiscing elit	<h3>Plan by Problems/Diagnoses</h3> <ul style="list-style-type: none">• Lorem ipsum dolor sit amet, consectetur adipiscing elit• Lorem ipsum dolor sit amet, consectetur adipiscing elit
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Hospital Course/Assessment/Plan

By System or Problem:

- Hospital course: work-up and treatment to date; lists major events
- Current assessment: differential diagnosis if diagnosis is uncertain
- Plan by system or problem

Patient Summary

Summary Statement

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Events Leading Up to Admission

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Hospital Course

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Ongoing Assessment by Problems/Diagnoses

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Plan by Problems/Diagnoses

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Maintenance of Patient Summary on printed handoff

- Updates problems/diagnoses and plans daily
 - Provides current assessments
 - Establishes diagnoses
 - Lists changes in treatment plans
 - Retains reason for admission and events leading up to admission
 - Allows others to understand the nuances of presentation
 - For new providers, this is especially important
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Semantic Qualifiers

- Dichotomous qualifiers along an axis
- Provides clarity and enables clear communication
- Some examples:

Onset	Acute/sub-acute/chronic
Site	Proximal/distal
Course	Intermittent/progressive
Quality	burning/dull/sharp
Severity	mild/moderate/severe
Context	nocturnal/at rest

Make an assessment using semantic qualifiers



Swelling developed in both of this child's knees over two days

Acute, polyarticular swelling of both knees

Make an assessment using semantic qualifiers



Jane has bouts of upper abdominal pain over the past 6 months that comes and goes

→ Recurrent, intermittent epigastric pain

I Illness Severity

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Action List

- To-do list
 - Includes specific elements
 - *Timeline*
 - Level of priority
 - *Clearly assigned responsibility* (especially if not receiver)
 - What to do about it!
 - Needs to be up-to-date!
 - If no action items are anticipated, clearly specify **“nothing to do”**
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Contingency Planning

- Problem solving BEFORE things go wrong
 - *“If this happens, then....”*
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Effective Contingency Planning

- Articulate what might go wrong
 - Define the plan
 - List interventions that have/have not worked
 - Consider code status
 - ID resources and chain of command (who needs to know what goes down?)
 - Provider details based on receiver's:
 - Level of experience
 - Knowledge of disease process
 - Familiarity with service and/or patient
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Importance of Synthesis by Receiver

- Provides brief re-statement of essential information in cohesive summary
 - Demonstrates information is received and understood
 - Includes verbal and written elements
 - Ensures effective transfer of information AND responsibility
 - Promotes a shared mental model
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McCutiePie, Cutie 522A MRN: 12345678 DOB: 8/25/16 Last Wt : 10kg Diet: Pediatric Diet Allergies: None Hospital Day: 1 Full Code Att: Tim Gibson, MD PCP: Dr. Doffy	Illness Severity: Stable/Watcher/Unstable Dx: working diagnosis Access: PIV/PICC/ Broviac Weight: 10kg Team: Red/Blue/Yellow	Action List: ACTION ITEMS!! Check boxes. Things you need to do. May separate into day/night if necessary. <input type="checkbox"/> resp checks <input type="checkbox"/> i/os – assess for IVF requirement <input type="checkbox"/> f/u official CXR read
	Patient Summary: One-liner/summary. If you have a fairly certain diagnosis, you DO NOT need to keep the preceding sxs and ED course in here. It is the day team's responsibility to pare down info from overnight admissions. FEN/GI: all pts need this – diet, fluids Add'l PERTINENT/ACTIVE systems and brief summary . Social can be one.	Situational Awareness/Contingency: ANTICIPATE what might go wrong. - Fever plans - Seizure plans - When the attending wants to be called

Example daily handoff

McCutiePie, Cutie 522A MRN: 12345678 DOB: 8/25/16 Last Wt : 10kg Diet: Pediatric Diet Allergies: None Hospital Day: 1 Full Code Att: Tim Gibson, MD PCP: Dr. Doffy	Illness Severity: Watcher Dx: Bronchiolitis Access: PIV Weight: 10kg Team: Blue	Action List: <input type="checkbox"/> resp checks <input type="checkbox"/> i/os – assess for IVF requirement <input type="checkbox"/> f/u official CXR read
	Patient Summary: 1yr old F otherwise healthy here for several days of URI Sx and decreased PO consistent with acute bronchiolitis. FEN/GI: Taking PO. SLIV, regular diet Resp/ID: - brief O2 req in ED, resolved - CXR c/w bronchiolitis	Situational Awareness/Contingency: - if dec PO or UOP, may restart IVF - if inc WOB or hypoxia, consider O2 or PICU transfer for HFNC

Practice
