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Standardized Reporting for Hospice Admissions

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B. S. Nursing, University of Missouri-St. Louis, 2018

A Dissertation Submitted to The Graduate School at the University of Missouri-St.
Louis in partial fulfillment of the requirements for the degree
Doctor of Nursing Practice with an emphasis in Adult-Gerontology Nurse Practitioner

August 2023

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Abstract

Background: Effective communication should include the use of a standardized handoff reporting tool. Without the use of a standardized reporting tool in the hospice setting, there is the risk for a lack of communication between team members, which can lead to increased symptoms at end of life and less-than-optimal quality care.

Purpose: The purpose of this project is to implement a standardized handoff reporting tool, known as HAND-IT, to be used with hospice admissions. The primary outcome measure is to record the percentage use of the HAND-IT tool with admissions.

Methods: A quality improvement prospective design was used for this project. A convenience sample of newly admitted hospice patients between the ages of 18 to 102 years old was used, and retrospective descriptive statistical data was collected over a 12-week period. The evidence-based framework which guided this project was the Institute for Healthcare Improvements (IHI) Model for Change using the Plan Do Study Act (PDSA) cycle.

Results: Improved communication between hospice team members when the HAND-IT tool was used. During the implementation period ($N=107$) hospice patients were admitted that met inclusion criteria. There were ($n=95$), 88.7%, admissions where the HAND-IT tool was used and ($n=12$), 11.3% admissions where it was not.

Implication for practice: The HAND-IT template was designed for hospice admissions, and is transferable, cost-free, and user-friendly. The HAND-IT tool is also applicable to be used in palliative care services when converting a patient from palliative to hospice.

Standardized Reporting for Hospice Admissions

Communication errors upon admission in the medical field can lead to decreased patient safety, poor patient outcomes, and overall lack of care for patients. When communication is inconsistent between healthcare workers there can be an increase in patient harm (Rosen et al., 2018). Lack of effective communication, including miscommunication during patient care handovers from one healthcare professional to another, has been well-documented as a cause of ‘sentinel events’ (Goldraj et al., 2021). To be admitted to hospice is no different, effective communication is just as important to enhance symptom management. The lack of communication in the hospice admission process could increase the patient’s risk for symptoms because the patient's goals of care are often miscommunicated between healthcare disciplines (Goldraj et al., 2021; Joint Commission, 2017). Patients being admitted to hospice care may experience ineffective handoff communication because there is no standardized handoff reporting tool (Darrah & O’Connor, 2016). Effective communication should include the use of a standardized handoff reporting tool. A standardized handoff reporting tool will decrease miscommunication and ensure continuity of care (Darrah & O’Connor, 2016; Goldraj et al., 2021; Joint Commission, 2017).

Ineffective handoff communication begins when the interdisciplinary team obtains information that is inaccurate, incomplete, not prompt, misrepresented, or unnecessary (Joint Commission, 2017). These errors create the potential for patient harm; a study in 2016 showed that errors in communication in United States healthcare systems lead to 1,744 deaths and approximately \$1.7 billion in malpractice costs in five years (Joint Commission, 2017). There are several reasons why information hand-off

between providers can fail, including absence of training, varying expectations, and lack of standardized handoff tool usage which can lead to incomplete documentation (Darrah & O'Connor, 2016 ; Joint Commission, 2017). The Joint Commission recommends during a hand-off between healthcare team members, information should be shared in a written form (Joint Commission, 2017). Critical information to include: the senders' contact information, severity of illness, a summary of the patient's events including preceding events to admission, to-do list, contingency plans, allergies, code status, medications, laboratory test, and vital signs (Joint Commission, 2017).

A standardized handoff tool for communicating information obtained on a patient who has newly been admitted to hospice care must be shared with the interdisciplinary team and is not currently used at the proposed project site. The absence of a standardized handoff tool for reporting places the hospice patient, the family, the interdisciplinary team, and the organization at risk for communication errors when reporting patient symptom management strategies, goals of care, cultural and ethnic considerations, and bereavement risk (Darrah & O'Connor, 2016).

Lack of communication between interdisciplinary groups is a frequent cause for hospice patients to discontinue receiving hospice services (Goldraj et al., 2021). Implementing a standardized handoff tool is likely to improve the quality of hospice services at admission and decrease misinformed expectations from hospice patients (Candrian et al., 2018; Goldraj et al., 2021; Joint Commission, 2017). One effective standardized handoff tool is the Handoff Intervention Tool (HAND-IT) which was developed in 2014, which was a seminal study, to combine both system-oriented information with a narrative format and is simple and cost-effective (Abraham et al.,

2014). HAND-IT is useful in promoting handoff communication through consistency, efficiency, and coordination of information (Abraham et al., 2014). The HAND-IT handoff tool was built with content standardization and content summarization in mind to minimize errors in communication between healthcare professionals (Abraham et al., 2014).

In a company that provides hospice services maintaining an average census of over 120 patients, has room for improvement in the reporting process after a patient is admitted. The purpose of this project was to: implement HAND-IT standardized reporting tool for new hospice patients due to lack of communication between interdisciplinary groups after a hospice admission. This project aimed to increase the use of the HAND-IT tool by the hospice admission team by 50% within 12 weeks.

The evidence-based practice framework that guided this project is the Institute for Healthcare Improvements (IHI) Model for Change using the Plan Do Study Act (PDSA) cycle. The primary outcome measure was to record the percentage of hospice admissions where the HAND-IT reporting tool was used. The question for this study was: in hospice admissions, adults ages 18 to 102 years old, how does using the HAND-IT reporting tool for communicating admission data compared to no standardized reporting tool influence team communication in a 12-week period?

Review of Literature

To conduct the literature search, Cinhal, Medline (EBSCO and Ovid), and PubMed were used. Key search phrases and terms included *hospice*, *end-of-life*, *palliative*, *handoff*, *shift report*, *communication*, and *standardized handoff tool*, using Boolean operators AND and OR for the search. The total number of publications

generated based on these terms and phrases was 13,110. Inclusion criteria were studies including participants aged 18 years and up of all genders, studies published from 2017 until present, and studies published in the English language. Exclusion criteria were those published which focused on a pediatric population, literature before the year 2017, or studies not published in English. After the inclusion and exclusion criteria were applied to this search, 126 publications were generated and 10 were selected for this literature review. The studies selected for this literature review were peer-reviewed and included a quality improvement project, cross-sectional analysis of data, quantitative and qualitative studies, pilot studies, and systematic reviews.

Currently, there is no specific standardized tool for handoff reporting in the hospice field. However, there are several standardized handoff tools used in a variety of healthcare settings such as the Situation, Background, Assessment, Recommendation (SBAR), Illness Severity, Patient Summary, Action List, Situation/Awareness/Contingency Planning, and Synthesis (I-PASS), and Handoff Intervention Tool (HAND-IT) (Abraham et al., 2014; Goldraj et al., 2021; Nagammal et al., 2016). The SBAR, I-PASS, and HAND-IT are standardized handoff tools shown to be effective, efficient, and affordable to reduce communication failures and enhance safety and quality of patient-centered care (Joint Commission, 2017).

Randmaa et al. (2014) study highlighted a significant improvement in communication accuracy and safety when using the SBAR tool for handoff. The incident reports due to communication errors at the studied hospital decreased from 31% to 11% in the group which utilized SBAR for handoffs. Implementing the use of the SBAR meant there was a significant decrease in errors.

Nagamaal et al. (2016) conducted a cross-sectional descriptive study where nurse perceptions of SBAR were examined. The study emphasized the majority of nurses had a positive attitude about the use of SBAR for handoff reporting. Of the 117 nurses who participated, 53.9% said that they would recommend SBAR to be used in other healthcare areas (Nagammal et al., 2016). SBAR is a common theme in the literature and is reported as the most popular used handoff tool among healthcare providers (Nagammal et al., 2016; Müller et al., 2018). In a systematic review by Müller et al (2018) moderate evidence was found showing improved patient safety with SBAR implementation. Patient outcome improvement is a key concept in the literature. Bukoh and Siah (2019) showed that structured handoffs effectively reduced the absence of information, inaccurate information, and documentation errors. When a structured handoff is utilized, there is a direct relationship to fewer handoff errors, which is linked to overall improved patient safety (Bukoh & Siah, 2019). In addition to SBAR, another standardized reporting tool is the HAND-IT.

Abraham et al. (2014) examined the effectiveness of HAND-IT handoff tool for communication between team members. HAND-IT was shown to support a comprehensive and holistic assessment of patients and led to fewer communication breakdowns and more effective communication. In addition, the study showed the structure of the HAND-IT tool allowed for better thought organization, and therefore lead to more streamlined communication in the handoff reporting (Abraham et al., 2014). While HAND-IT was found to be an effective handoff tool, another method that exists to handoff information between healthcare team members is the I-PASS tool.

Goldraj et al. (2021) analyzed the use of the I-PASS tool in hospice patients in a hospital setting. The study examined how symptom control for end-of-life patients was affected by handoff reporting between healthcare staff. End-of-life patients' families were asked two questions to assess the physical comfort level of the patient. Participants given the questionnaire had nurses use the I-PASS system to guide their handoff report during shift change. The study concluded by implementing the I-PASS handoff tool, families reported their loved one who was at the end of life more comfortable during the night.

Darrah and O'Conner (2016) designed a hospital-to-hospice handoff curriculum which focused on the instruction and evaluation of hospice handoffs. They found because many hospitals do not have their own hospice company, there is additional risk of communication errors when a patient is discharged into hospice care (Darrah & O'Conner, 2016). A standardized handoff curriculum was taught to two groups of palliative fellows and one group of internal medicine residents. The handoff tool was found to be successfully implemented into practice.

Prince et al. (2018) examined the use of handoff discharge tools in the oncology setting. A handoff discharge tool was created based on the results from a Transitions of Care Consensus Conference and the information advanced practice caregivers considered important for transition of care. By using a handoff tool for discharge in the oncology setting there was more organization using the tool in the discharge process, which resulted in improved provider communication. This improvement in communication ultimately lead to better inpatient-to-outpatient transitions of care. This study is important

for the hospice population because most patients' primary diagnosis for admission to hospice is cancer (Arnold, 2011).

Arnold (2011) interviewed 30 hospice patients to establish common end-of-life concerns. The concerns that hospice patients want to be addressed include time, social, physiological, death and dying, safety, spirituality, and adaptation. Time frames, social experiences, and physiological wishes were ranked as needs by 100% of the hospice patients interviewed. These multi-dimensional needs of hospice patients mean communication between interdisciplinary team members should be standardized.

Themes in the literature showed using a standardized reporting tool decreases communication errors. There is room for improvement with the use of a standardized handoff reporting tool for patients being admitted to hospice because there is no standardized handoff tool. The hospice population is susceptible to communication errors due to the multiple interdisciplinary cares needed to provide services. During admission to hospice, the services provided may be misunderstood by patients and families, leading to crucial communication errors (Arnold, 2011; Candrian et al., 2018; Darrah & O'Conner, 2016). Candrian et al (2018) conducted a qualitative study which examined communication between the patient, caregiver, and nurse during hospice admissions in the outpatient setting. This study showed that standardization of communication in the hospice setting can aid the decision-making experience of the hospice team (Candrian et al., 2018).

In addition to possible misunderstandings, hospice patients have unique needs that differ from patients who have a chronic illness and are not at the end of life. Patients'

priorities often shift once they have been admitted to hospice and provided with services (Candrian et al., 2018).

The Institute for Healthcare Improvement (IHI) Model for Change framework can be used to test change with PDSA cycles (*Vermont Agency of Education* 2019). Using the PDSA cycle with the implementation of HAND-IT reporting tool after hospice admissions will guide quality improvement in the hospice setting. The PDSA cycle was selected for this project because it allows for small-scale testing of the intervention, with a fast assessment and flexibility to adopt changes as needed (*Vermont Agency of Education* 2019). With the use of the PDSA cycle, continuous improvement is possible, and the quality of care in hospice patients can be increased.

In summary, using a HAND-IT as a standardized handoff tool in admitting a patient to hospice service could lead to increased patient outcomes and errors in patient care due to ineffective communication. There is a lack of literature regarding handoff tools being used in the hospice patient setting. Having this information is essential when looking at communication and end-of-life support in hospice patients. Utilization of the IHI Model for Change PDSA cycle will provide insights into the effect of using HAND-IT as a standardized tool on communication in the hospice setting.

Methods

Design

This quality improvement (QI) project was a prospective, descriptive pilot study implementing HAND-IT as a standardized handoff reporting tool, with a post-intervention survey from January 2023-April 2023. A retrospective descriptive statistical

data was collected related to the number of times the HAND-IT tool was used and responses from a post-intervention survey.

Setting

This QI project took place at an organization in the Midwest that provides hospice services to 100-120 patients in their homes and long-term care facilities. There are currently nine admission nurses employed and 24 nurse case managers. This national organization has over 200 locations across 30 states.

Sample

This QI project used a convenience sample of newly admitted hospice patients between the ages of 18-102 years old was included. Patients below the age of 18 or older than the age of 102 were excluded.

Approval Process

Formal, written approval was obtained from the participating organization's Regional Executive Director of Clinical Operations, the graduate student committee, and university Institution Review Board (IRB). There are no known ethical considerations.

Procedure

This QI project was led by the Doctor of Nursing Practice (DNP) candidate as the primary investigator (PI). The organization's nursing employees received education on HAND-IT with a review of patient handoff process, nurse expectations, and HAND-IT template. This education was sent out via email ten days before implementation in January 2023 and was discussed every weekday during the morning stand-up conference call for the first week of implementation. The HAND-IT reporting template was disseminated to the admission nursing employees (see Appendix A, Figure 1). The

employees were instructed to use this template after completing a hospice admission and share via email with the hospice interdisciplinary team. Reminder emails on the use of the template were sent out weekly via email. After the project completion, a five-point Likert scale survey was sent via Qualtrics to the hospice admission nurses and nurse case managers. This survey assessed the perceptions of changes in communication between disciplines and their opinions of the handoff tool.

Data Collection and Analysis

The number of HAND-IT handoff tool usage after patients are admitted to hospice was collected by the PI on a biweekly basis on a data collection tool retrospectively. To assess the results of the usage of HAND-IT handoff tool descriptive statistical analysis using Microsoft Excel spreadsheet and Intellectus statistics were used.

Results

This QI project was implemented from January 2023 through April 2023 at a Midwest hospice company. During this time ($N=107$) hospice patients between the age of 18 and 102 years old were admitted. Admission reports fell into one of two categories admissions where HAND-IT was used and admissions where HAND-IT was not used. Of those admissions there were ($n=95$), 88.7%, admissions where the HAND-IT reporting tool was used and ($n=12$), 11.3%, admissions where it was not used (see Appendix A, Figure 2).

No information was missing from report when the HAND-IT tool was used, 88.7% ($n=95$). Among the 11.3% ($n=12$) of times that the HAND-IT tool was not used, missing information was collected with regard to admission handoffs. Information missing from those handoffs revealed thirteen categories, including: who signed legal

paper, payor source, age, mid-arm circumference measurement, acuity number, pharmacy, visit frequency requirements, durable medical equipment (DME) needs, DME owned by patient, caregiver name and number, functional assessment staging tool (FAST) score, height and weight, code status, attending physician and medical director. The missing information varied in frequency (see Appendix A, Figure 3).

After implementation, an anonymous six-question Likert-scale survey was administered. This rendered four results (see Appendix A, Figures 4, 5, 6). The first question had 75% of results which participants shared they strongly agreed with the statement “I feel more confident going to visit a new patient when I received report from the HAND-IT tool,” and 25% sharing they somewhat agreed to the statement. The second question resulted in two participants strongly agreeing with the statement “Patient information was more streamline and easier to understand when communicated with the HAND-IT tool,” with one result being somewhat agree and one result being somewhat disagree. The third question asked participants to rate the ease of using the HAND-it tool, which showed a 50% rating of extremely easy and a 50% rating of somewhat easy. The fourth question resulted in 100% of participants strongly agreeing that using the HAND-IT tool helped improve communication between hospice team members. The fifth question asked participants how likely they were to continue to use HAND-IT after the implementation period, to which half said they were somewhat likely, and half said they were extremely likely. Question six asked how likely participants were to recommend the use of HAND-IT for other locations of the project site; three of four participants answered extremely likely with one participant answering somewhat likely.

Discussion

The goal of this quality improvement project was to improve communication amongst hospice team members by implementing a standardized handoff reporting tool, known as HAND-IT. The aim of the project was to obtain 50% usage of the HAND-IT tool within the 12-week period. The HAND-IT tool was used over 88.7% of the time in the implementation period.

Results from the post-implementation survey showed that using the HAND-IT reporting tool subjectively improved communication between hospice members. The improvement in communication between team members after implementation of a standardized reporting is a theme identified in the literature review.

Additionally, this quality improvement project identified frequencies of missing information in handoffs when no standardized reporting tool was used. Without use of a standardized handoff, key pieces of patient information were left out of the report, including items such as code status and attending physician for the patient.

Limitations to this QI project include a small sample size for survey results. Although an email with the survey link was sent several times to all staff members at this hospice location, the survey only received four participants. With regards to hospice locations charting system, after patients died their charts were removed from the system, therefore not all charts where HAND-IT was not used were able to be examined for missing information from the handoff report.

Recommendations for further study include increased recruitment of HAND-IT use, and a larger sample size for survey results. An additional PDSA cycle and data collection may improve participation in survey results. In addition, further investigation

of possible negative outcomes when a standardized reporting tool is not used after an admission.

Conclusion

Communication between hospice team members is important to ensure quality of care for end-of-life patients. Use of a standardized reporting tool during the hospice admission process, such as HAND-IT, could improve communication for these patients. This quality improvement project provided a baseline for future studies regarding standardized handoff reporting in the hospice setting.

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Figure 2. Usage of HAND-IT tool after a hospice admission in a 12-week period at the project site.

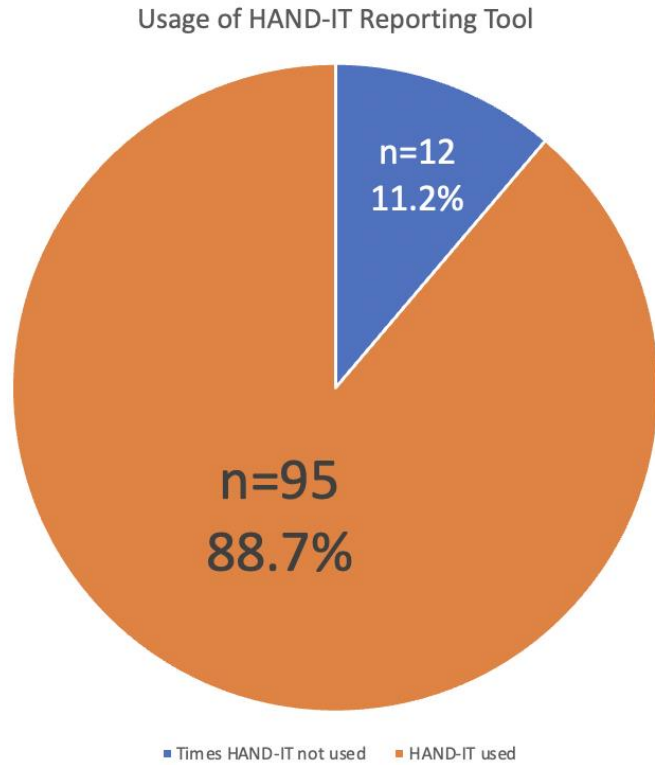


Figure 3. Missing information from handoff reports where HAND-IT was not used.

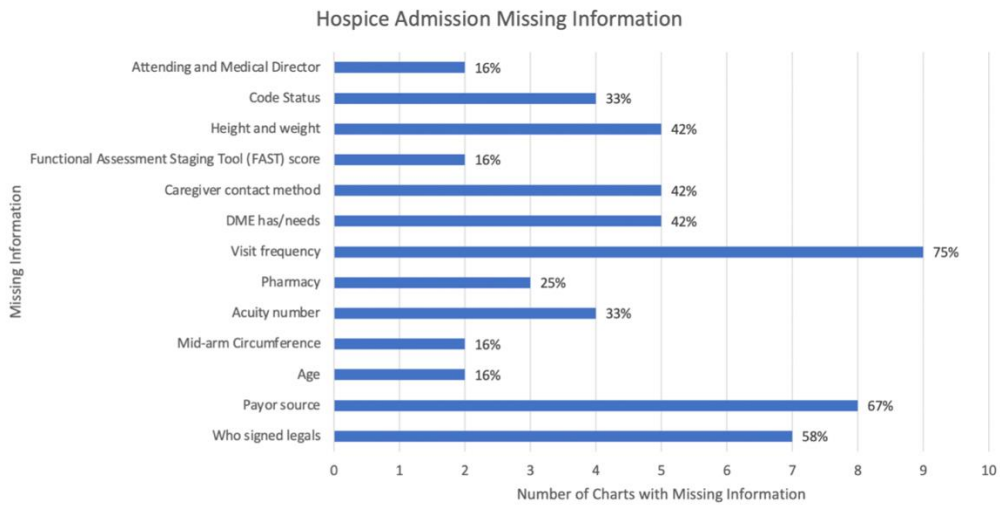


Figure 4. Post-implementation anonymous survey results, on a 5-point Likert Scale.

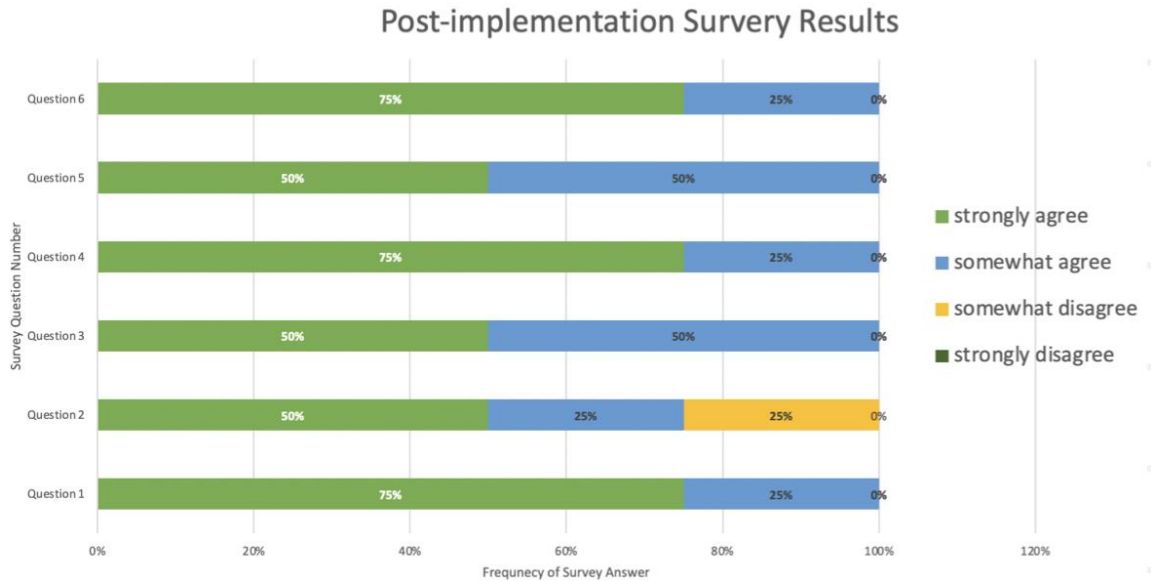


Figure 5. Post-implementation survey administered with Qualtrics and sent out via email.

I feel more confident going to visit a new patient when I received report from the HAND-IT tool.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Please Rate

Patient information was more streamline and easier to understand when communicated with the HAND-IT tool.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Please Rate

The HAND-IT tool was easy to use.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Please Rate

Using the HAND-IT tool helped improve communication between hospice team members.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Please Rate

I am likely to continue to use the HAND-IT tool after completion of this Capstone project.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Please Rate

I would recommend the use of the HAND-IT tool for other Compassus locations to use.

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Please Rate