

I-PASS™ INSTITUTE FOR BETTER HANDOFFS AND SAFER PATIENT CARE

Medical errors may result in up to 250,000 deaths and millions of injuries each year in the U.S.¹ Reducing medical errors is a top priority for hospitals because it promises to save thousands of lives and millions of dollars for health care systems. Communication failures are a root cause of 80 percent of sentinel events, the most serious medical errors.² Patient handoffs are a particularly vulnerable time for communication failures and occur commonly in hospitals whenever shifts change and a patient changes location.

THE NEW STANDARD OF CARE FOR PATIENT HANDOFFS

I-PASS™ is an evidence-based package of interventions created to reduce communication failures during patient handoffs. In a large multicenter trial, implementation of I-PASS was associated with a 30 percent reduction in medical errors that harm patients (NEJM 2014). Successful implementation of I-PASS requires detailed milestone planning, effective staff training and robust measurement to achieve consistent and sustained changes in oral and written communication processes. Although effective implementation is challenging, the benefits to patient safety and health system cost savings are worth the investment. I-PASS is now being successfully used by more than **50 leading hospitals** in the U.S.

A PROVEN METHOD

A three-year, multicenter study on more than 11,000 patients published in the *New England Journal of Medicine*

Overall rate of medical errors	23% reduction
Preventable adverse events	30% reduction
Duration of handoff	No change

The I-PASS Institute provides hospitals with customized training, expert consultation and implementation tools to facilitate adoption of I-PASS and ensure long-term sustainment. With this program, hospitals can implement I-PASS using a fraction of the time and resources they would spend doing it themselves.

PROVEN BLUEPRINT FOR I-PASS IMPLEMENTATION

The I-PASS Institute provides hospitals with a proven blueprint for implementation, making it easier for hospitals to implement with real-world experience and technology-enabled tools. This includes the following package of solutions:



I-PASS Institute Mentorship Services

Certified mentors with years of real-world implementation experience guide hospitals every step of the way.



I-PASS Institute Web-Based Training Tools

Interactive, online simulation training makes initial and ongoing training engaging, efficient and effective, for permanent and rotating staff.



I-PASS Institute Handoff Observational Software

A proven, web-based benchmarking tool facilitates direct observational reinforcement.



I-PASS Institute Electronic Health Record (EHR) Integration

A library of pre-configured I-PASS templates for the most common specialties/departments. The I-PASS Institute will work with your IT department to integrate I-PASS Institute templates into your EHR system.

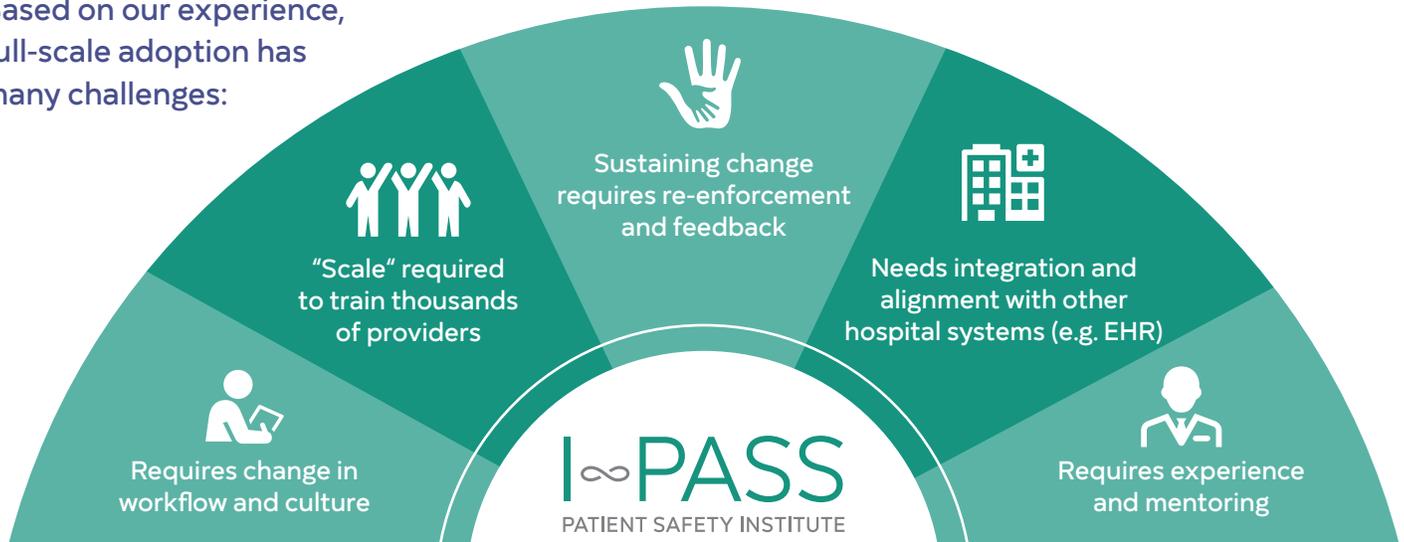


I-PASS Institute Implementation Guide

A cloud-based, customized roadmap for each hospital including turn key documentation, visual checklists, timelines and supporting documentation.

I-PASS INSTITUTE PROVIDES REQUIRED INTERVENTIONS FOR FULL-SCALE ADOPTION

Based on our experience, full-scale adoption has many challenges:



There are many things to consider when contemplating the implementation of a handoff program.

1) Is there a difference between the I-PASS that we have in our EHR and what is proposed here?

Yes, the I-PASS mnemonic may be built into your EHR already, but the mnemonic alone is not enough. I-PASS is a package of interventions, of which the written mnemonic is only one component. To drive significant changes in patient safety, I-PASS needs to be systematically adopted and used daily by your health care professionals in their written and oral communications. The I-PASS Institute works with your organization to create a customized program to ensure adoption and long-term sustainment of I-PASS.

2) Our nurses use SBAR, so why would we need I-PASS?

I-PASS is the most validated and effective method for handoffs in the hospital. It was found to substantially reduce injuries due to medical errors in a major multicenter study published in 2014 in the *New England Journal of Medicine*. No other handoff approach has such strong evidence of effectiveness. In addition, it is important to recognize that I-PASS is a multipronged, rigorously developed approach to improving handoffs, not just a mnemonic. It was developed by clinicians, for clinicians. Over the past seven years, the program has been extensively refined and tested to be effective across specialties and disciplines, and well integrated into workflow patterns.

3) Does I-PASS Institute software interface with our EHR?

No, I-PASS training and observational software-based tools are independent of the hospital's EHR system and do not require hospital IT support.

4) What's the difference between the I-PASS study group and the I-PASS Institute?

The I-PASS study group is a collaborative of researchers, hospitalists and medical education specialists who developed tools to standardize the I-PASS handoff process and study its impact. Once I-PASS was validated, the study group became focused on implementing I-PASS in as many hospitals as possible to reduce medical errors and improve patient safety. The study group realized that without the appropriate resources, guidance and oversight, hospitals couldn't implement the program in a way that could be sustained. The I-PASS Institute was created to help achieve widespread adoption and sustainment.

5) Can patient information be presented in accordance with the I-PASS format?

A library of pre-configured I-PASS templates for the most common specialties/departments is available. The I-PASS Institute will work with your IT department to integrate the templates into your EHR system.

¹ BMJ 2016; 353:i2139 (Published 03 May 2016).

² Joint Commission Center for Transforming Healthcare releases targeted solutions tool for hand-off communications. *Jt Comm Perspect.* 2012; 32(8):1, 3.

³ Starmer AJ, Spector ND, Srivastava R et al. Changes in Medical Errors After Implementation of a Handoff Program. *NEJM* 2014.