

APSF Special Interest Group: Perioperative Multi-Center Handoff Collaborative

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The Perioperative Multi-Center Handoff Collaborative (MHC) is a national learning collaborative whose primary objective is to create pragmatic, scalable and sustainable solutions that increase the efficiency and effectiveness of handoffs and care transitions for clinicians, patients, and their families. Our vision is to eliminate preventable harms associated with perioperative handoffs using a multidisciplinary approach to close the evidence-to-practice gap for conducting, teaching, and implementing care transitions. Since our initial report in 2017 (asamonitor.pub/3oXWIDw), the MHC has achieved a series of milestones that include: 1) convening a multidisciplinary consensus conference of safety experts; 2) publishing recommendations for perioperative handoffs; 3) becoming the first special interest group of the Anesthesia Patient Safety Foundation (APSF) to focus on advancing the organization's patient safety priorities (asamonitor.pub/2Ic9qs9); and 4) launching an interprofessional working group to support collaboration and dissemination of MHC's work products using its website (www.handoffs.org) and social media.

The MHC conducted its fifth annual (virtual) meeting in conjunction with ANESTHESIOLOGY 2020 in October. Over the past five years, the MHC's Steering Committee has fostered the growth of a supportive culture, infrastructure, and change models for scaling and sustaining handoff redesign, implementation, and education. The MHC is composed of four working groups (Education, Implementation, Research, and Communication) with overlapping membership from multiple disciplines. To date, these working groups have 43 active members representing 12 institutions within the United States. In most instances, these group members are also actively engaged in local, regional, and/or national efforts to advance teamwork and communication within their health systems and/or professional organizations. Our members have increasingly become students of implementation science, human factors and ergonomics, and the tenets of high reliability. The working re-



lationships we are developing with member institutions, team scientists, vendors, administrators, funding, and regulatory agencies are a vital component of our strategic plan.

Using this approach, the MHC has made significant progress. Our initial goals included: 1) seeking partnerships with senior health care leaders and executives; 2) expanding our membership to include all major stakeholders; 3) piloting multimodal, multilevel training reinforced by EMR-based cognitive aids; 4) identifying pragmatic metrics for audit and feedback; and 5) promoting the use of facilitative project management with subject matter experts (asamonitor.pub/3oXWIDw). With the sponsorship of the APSF, members of the MHC organized, conducted, and published over 50 consensus recommendations from the 2017 APSF Stoelting Conference on Perioperative Handoffs (asamonitor.pub/2GAPUff; *Anesth Analg* 2019;128:e71-8). One of the working groups that emerged from this conference worked collaboratively with Epic to design an intraoperative handoff tool that is now accessible to over half of the anesthesiology community. Members of the Education working group have focused their effort on curating a database of resources (available on the MHC website) and establishing core competencies for handoffs (communication, coordination, resolving challenges). A multicenter effort by a team of educators, team scientists, and students is designing a longitudinal, interprofessional curriculum of activities and assessments to develop competencies essential for effective team-based communication. Our members are academically active and their scholarly output included national lectures, sponsored panels, and publications (asamonitor.pub/3mZvEfR; *Int Anesthesiol Clin* 2020;58:32-7; *Clin Teach* July 2020; *Anesthesiology* 2020;133:41-

52). The National Heart, Lung, and Blood Institute (NHLBI) funded a multicenter study this year (HATRICC-US) by one of our members (PI: Meghan Lane-Fall), which includes 10 adult and pediatric ICUs from four member sites. This five-year study will rigorously evaluate tailored handoff protocols and implementation strategies to advance our understanding of the factors needed for effective use of evidence-based interventions.

The Communications working group was established in early 2020 and is responsible for building and sustaining interprofessional outreach in service of the goals of the MHC. This group includes broad representation from physicians, resident trainees, perianesthesia nurses, CRNAs, CAAs, and human factors specialists. We have worked to identify ways in which members of each of these disciplines engage with their respective professional organizations in order to optimize communication across various teams. Building and leveraging these relationships will allow us to highlight the important work of the Research, Education, and Implementation working groups and rapidly disseminate their work across historically siloed specialties.

The recently completed MHC website (www.handoffs.org) is designed to serve as a central clearinghouse for handover information, education, and resources. It will act as a repository of curated information and a source of support for those just beginning their work in this space. The development of a library of handover-related cognitive aids from institutions across the country will enable local champions to adapt the tools for use at their own institution. The development and sharing of implementation toolkits for use by interested organizations will allow them to benefit from the experiences of other groups and accelerate sustained change. We have made deliberate efforts

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to seek representation from all disciplines involved in the practice of perioperative handoffs in order to understand the needs of all participants and the ways in which this communication can be improved.

Looking forward, our next major milestone will be to host a series of national conferences to develop thematic research strategies, define infrastructure needs for participating centers, and promote alignment among of major stakeholders. The Association of periOperative Registered Nurses, American Society of PeriAnesthesia Nurses, American Association of Nurse Anesthetists, American College of Surgeons, Society of Critical Care Medicine, and Institute for Healthcare Improvement and Agency for Healthcare Research and Quality and IPASS Study Group have all agreed to participate in these efforts. Development of common strategy and agreement on prioritization among a diverse group of stakeholders is a relatively novel approach within the patient safety space and will allow harmonization of efforts across professional silos. The APSF's support and promotion of special interest groups, like the MHC, is an innovative strategy for leveraging its multidisciplinary reach to support and guide learning collaboratives in pursuit of its patient safety priorities. We believe the MHC's role as a "boundary spanner" and operational base for collaborating and coordinating efforts to create, implement, and disseminate handoff best practices will hasten the closure of the evidence-to-practice gap that currently exists. ■