

Real World Implementation of a Standardized Handover Program (I-PASS) on a Pediatrics Clinical Teaching Unit

Introduction: A standardized handover curriculum (I-PASS) has been shown to reduce preventable adverse events in a large multicenter study. We aimed to study the real world impact of the implementation of this curriculum on handover quality, duration, and critical care calls.

Methods: A prospective intervention study was conducted. We implemented the I-PASS curriculum via faculty education sessions and resident workshops. Resident handover was video-recorded and written lists were collected for 2 weeks pre- and postintervention. We examined the inclusion of key elements on handover lists pre- and postintervention using logistic regression models accounting for multiple handovers per patient. Duration of handover was compared using a linear regression model adjusting for number of patients. Qualitative content analysis was used to describe observable differences in video recordings and written critical care call records.

Results: A total of 1275 handovers were included, comprising 364 inpatients. There was a significant increase ($P < .05$) in 7 of 11 key elements (including illness severity, action items, and contingency plans) and a significant decrease in written physical examination findings postintervention. No significant change was found in handover duration. Video analysis revealed observable differences in handover structure, consistency, and detail. There was no significant difference in the number of critical care calls, although postintervention all patients requiring critical care calls were correctly identified as requiring close monitoring during handover.

Conclusions: Handover training resulted in consistent inclusion of key elements without significant increase in handover duration. Qualitative analyses suggest appropriate identification and response to severely ill patients using the I-PASS model.

K. Huth¹, F. Hart², K. Baldwin¹, K. Parker¹, D. Creery¹, M. Aglipay², N. Barrowman², K. Moreau², A. Doja¹

¹University of Ottawa, Ottawa, ON

²Children's Hospital of Eastern Ontario Research Institute, Ottawa, ON