IPASS Handoff Fact Sheet: UW MICU
Quality Improvement Project for Residents, Advance-practice Providers, and Fellows

What is IPASS?
IPASS is a resident-led quality improvement project in the ICUs at UW and HMC. IPASS is a mnemonic for a standardized system of verbal hand-offs and written sign-outs that was initially developed at Boston Children’s. A new CORES IPASS tool will be implemented at all UWMC and HMC ICUs, but each ICU is receiving this tool at different times in the year as part of the project design.

In addition, research is being obtained to see if the IPASS system makes a difference for patient safety and provider satisfaction with handoffs. If you are willing to participate in this research (voluntary) then please sign up at www.tinyurl.com/ipassconsent. Research consists of short pre and post ICU rotation email surveys, and very brief daily text messages about handoffs only while on your HMC MICU month. You will also receive a $5 amazon gift card.

IPASS stands for:

I – Illness severity (ie Fair, Watcher, Unstable, or Discharge/Comfort Care)
P – Patient Summary (ie one liner/cc + 24 hr events + problem-based assessment)
A – Action List (ie To Do List)
S – Situation Awareness and Contingency Planning (ie If/then and FYIs + reiterate code status + important contacts)
S – Synthesis by Receiver (ie opportunity for receiver to ask clarifying questions and restate key issues or action items)

With the new CORES IPASS tool, there is a separate box for each of the components of IPASS except the “synthesis by receiver,” so you don’t have to memorize everything that should be included in the handoff/sign out.

Why you care:
• Miscommunication during handoff is a leading cause of serious medical errors. An estimated 44,000-98,000 people die each year in US hospitals as a result of preventable medical errors, and 2/3 of these deaths are due to errors in communication (often during hand-offs) (Reference: Institute of Medicine, 1999).
• The IPASS handoff system has been shown to increase efficiency, decreases time spent during handoffs, and decrease medical errors by 23% and ‘near misses’ by 30% (Reference: Amy Starmer, NEJM 2014).
• Standardized handoff is here to stay. The ACGME has made standardized handoff a requirement for all residencies.

What does this mean for you?
While in the UW MICU:
• Use the IPASS-CORES template for written handoffs. You must print the “IPASS Report v2” for it to function properly.
• Use IPASS format in your verbal handoffs to other providers. Make sure to ask clarifying questions etc between each patient (ie “synthesis by receiver”). This does NOT mean you need to re-iterate the entire handoff you just heard.
• We are encouraging attendings, APPs, fellows, and seniors to give constructive feedback on handoffs. Don’t be surprised if someone listens in on your handoff and gives advice. Be open to feedback.
• If you consent to research, www.tinyurl.com/ipassconsent, please fill out your surveys. Your answers will help shape patient care and provider communication standards.
Supplemental Info - Brief summary of project:

What: Implementation of a standardized verbal hand-off curriculum for intra-ICU hand-offs at the UWMC and HMC. It is based on the "IPASS" project, which was developed at Boston Children's and published in the NEJM.

How: Quality improvement project, using a cluster randomized, step-wedge design in which we roll-out the intervention in each ICU at different times throughout this fall and spring.

Who: Participants will be residents, nurses, Fellows, APPS, and faculty. We will be collecting data on perceived effectiveness of hand-off. Patient outcomes will also be tracked, but only from de-identified aggregate data already available through the Center for Clinical Excellence.

Why: The ACGME and JCAHO are both increasingly emphasizing standardization of provider handoffs, which is a known area for improvement in quality of patient care.

Questions or concerns about the IPASS study? Contact project leaders Dr. Lacey Lagrone (lagronel@uw.edu) or Dr. Brodie Parent (bparent@uw.edu).