Hand-off Communications and TST® FAQs

Q: Why should I use the Targeted Solutions Tool (TST) for Hand-off Communications?

A: Ineffective hand-off communication is recognized as a critical patient safety problem in health care. When a patient moves from one care setting to another, poor communication can result in patient harm, increased costs, and patient dissatisfaction. In order to address these problems, The Center for Transforming Healthcare developed the Hand-off Communications Targeted Solutions Tool® (TST®), a customized tool that measures the effectiveness of hand-offs within your organization or to another facility, and provides proven solutions.

Q. How does the TST for Hand-off Communications work?

A: The Hand-off Communications TST® will guide your organization through the entire improvement process from building a team, measuring the current baseline, identifying specific causes, and linking those causes to proven solutions.

Q: How long will a hand-off communications project take to see results?

A: In just 16 to 21 weeks after starting your project, you will begin to see the results of your work.

Q. How many staff members should be in a hand-off communications project team?

A: On average, the project team should consist of four to seven members.

Q: What type of staff should be on a hand-off communications project team?

A: The team should include a strong sponsor (senior leadership is recommended for this role), physician champion, nursing champion and project leader. The project leader will facilitate meetings and help gain buy-in from stakeholders. We recommend that the project leader has operational understanding of the project's areas. The team should also include senders and receivers from the settings chosen for this project.

Q: How much staff time and commitment will a hand-off communications project require?

A: You will need to obtain management support for your project and assemble a project team. Project teams can be expected to spend up to four hours a week collecting defect rate data for the project. You can expect to spend four hours each month to sustain the gains achieved by the hand-off communications improvement strategies.

Q: What is a project charter?

A: A project charter puts in writing the scope, team members, goals and completion dates of the handoff communications project. The project charter is signed by the project team members as a demonstration of their support for the project and their agreement on the project's goals and scope.

Q: Who collects the data for the hand-off communications project?

A: A hand-off process involves "senders," the caregivers transmitting patient information and transitioning care of a patient to the next clinician, and "receivers," the caregivers who accept the patient information and care of the patient. Senders and receivers will be trained on key contributing factors of an effective hand-off. Both senders and receivers will collect data on whether the hand-off met their needs to care for a patient (defect rate), and if not, what contributing factors caused the failure. Data collected by senders and receivers are used to calculate the defect rate for hand-offs as well as to identify the main contributing factors to failed hand-offs.

Q: I work in a home care setting; can I use the Hand-off Communications Targeted Solutions Tool?

A: Yes, the Hand-off Communications Targeted Solutions Tool is flexible enough to use in any setting and for any type of transition of care – both internal and external. One of its key features is the ability to customize for your specific setting.

Q: Is there any cost to use the Hand-off Communications Targeted Solutions Tool?

A: No, the Hand-off Communications Targeted Solutions Tool is provided at no additional charge to Joint Commission accredited organizations.

Q: When will the data we've collected be available to present to our team?

A: The Hand-off Communications TST® will automatically generate your data analysis after you have input the observations. It will provide real time analysis as more data is added.

Q: What is the minimum data requirement for the baseline measurement period?

A: There is an option to collect data daily or weekly. The selection of daily or weekly will determine how your graphs are displayed. For weekly data collection, the pilot areas should have at least 70 hand-off observations in a six week period, distributed evenly over the six week period. With both senders and receivers collecting data, this would total a minimum of 140 data collection forms (70 each). If the pilot area(s) do not have at least 70 hand-offs in a six week period, then collect 100 percent for six weeks. For daily data collection, there must be at least five hand-offs per day and data must be collected daily for 14 days (two weeks) in order to ensure representative data. With both senders and receivers collecting data, this would total a minimum of 140 data collection forms (70 each).