

3.16 PATIENT HANDOFF

Patient handoff (also known as handover or sign-out) refers to the specific interaction, communication, and planning required to achieve seamless transitions of care from one clinician to another. Poor handoffs are associated with high rates of self-reported medical errors and adverse events.¹⁻³ Effective and timely handoffs are essential to maintain high-quality medical care, reduce medical errors and redundancy, and prevent loss of information. Hospitalists are involved in the transfer of patient care on a daily basis and can lead institutional initiatives that promote optimal transfer of information between healthcare providers.

KNOWLEDGE

Hospitalists should be able to:

- Describe the key elements of a high-quality patient handoff (shift change or service change).
- Explain the components and strategies that are critical for successful communication during handoffs.
- List barriers to effective handoff and strategies to mitigate them to improve patient safety.
- Describe the factors that influence handoff detail, components, and strategies.
- Explain the strengths and limitations of various handoff communication strategies and procedures.

SKILLS

Hospitalists should be able to:

- Communicate effectively and efficiently during patient handoff and use appropriate verbal and/or written modalities.
- Demonstrate the use of read-back when communicating tasks.
- Construct standardized patient summaries for oral and written delivery that permit customization by incorporating the unique characteristics of the patient and his/her diagnosis and treatment plan, healthcare provider, and timing of the handoff.
- Evaluate all medications for accuracy regarding indication, dosing, and planned duration before handoff.
- Use “if-then” statements for outstanding critical tasks, anticipated events, and any potential complications.
- Synthesize clinical information efficiently and request

clarification if necessary at the time of handoff receipt.

- Update written and verbal handoffs with the most recent clinical information needed for effective transfer of care.
- Limit interruptions during handoffs.
- Identify the sickest patients and prioritize those for discussion during verbal handoff.
- Communicate with patients and families to explain the handoff process and provide advance notification of the change in clinical care team members assuming care for the patient.
- Engage stakeholders in institutional initiatives to streamline the incorporation of patient handoffs within clinical workflows and continuously assess the quality of handoffs.
- Lead, coordinate, and/or participate in initiatives to develop and implement new protocols to improve and optimize handoffs.
- Lead, coordinate, and/or participate in evaluation of new strategies or information systems designed to improve handoffs.

ATTITUDES

Hospitalists should be able to:

- Recognize the importance and impact of handoff quality on patient safety.
- Appreciate the value of real-time interactive dialogue between clinicians during handoffs.
- Endorse handoffs as a priority at which time the focus is on transfer of patient care.
- Develop and maintain a culture of continued clinician availability should questions arise after the patient handoff.
- Adopt an attitude of professional responsibility for all patients who have been received during a handoff.

References

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2. Kitch BT, Cooper JB, Zapol WM, Marder JE, Karson A, Hutter M, et al. Handoffs causing patient harm: a survey of medical and surgical house staff. *Jt Comm J Qual Patient Saf.* 2008;34(10):563-570.
3. Petersen LA, Brennan TA, O’Neil AC, Cook EF, Lee TH. Does housestaff discontinuity of care increase the risk for preventable adverse events? *Ann Intern Med.* 1994;121(11):866-872.