

## In Reference to “Association of Face-to-Face Handoffs and Outcomes of Hospitalized Internal Medicine Patients”

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As a practicing hospitalist, I enjoyed the recently published research article by Schouten et al.<sup>1</sup> Their findings are not surprising to our hospitalist group. We evolved over the years from mandatory face-to-face or verbal handoffs to secured e-mail communications. The night physician transfers care through a secured hospital-provided email by 7 AM. This information is supplemented by a phone call, originating from the day hospitalist on an as-needed basis. This system works best for most community hospitalist programs, because it provides flexibility, improved communication, and saves a lot of time. In the era of electronic medical records and constantly updated tests results, a face-to-face communication is less important. We used to spend 45 to 60 minutes on the handoffs, sometimes even longer due to people being late or not answering phone calls right away. It squeezed time out of patient encounters. The accepting day hospitalist needed to review electronic records (including dictated history and physical information if completed) during the course of the day regardless of the sign out from the

night physician. Now, the information flow is smoother and it leaves more time for patient encounters. The day hospitalist keeps printed e-mail with him or her so that information is readily accessible.

For the relatively smaller community hospitalist groups, it is difficult to ensure that all hospitalists will be available for the face-to-face handoffs. The hospitalist who is supposed to take sign-outs could also be on call for the admissions or responsible for codes or rapid responses, which may interrupt or delay the sign-out process. The Society of Hospital Medicine recommends both written and verbal sign-outs.<sup>2</sup> This goal could be achieved more efficiently by the model followed by our group as discussed above. The verbal component could be over the phone rather than face-to-face meetings.

### References

1. Schouten WM, Burton MC, Jones LD, Newman J, Kashiwagi DT. Association of face-to-face handoffs and outcomes of hospitalized internal medicine patients. *J Hosp Med.* 2015;10(3):137–141.
2. Arora VM, Manjarrez E, Dressler DD, Basaviah P, Halasyamani L, Kripalani S. Hospitalist handoffs: a systematic review and task force recommendations. *J Hosp Med.* 2009;4(7):433–440.