

QUESTION

I recently read that a common cause of medical errors is the communication breakdown that can occur between healthcare providers while transitioning or “handing off” patient care responsibilities. Do you have tools that can help my organization improve handoff communications?

ANSWER

Facilitating an effective transfer of patient care between healthcare providers is an important strategy for reducing medical errors. Handoffs (i.e., the process of transferring responsibility for care) and signouts (i.e., the act of transmitting information about the patient) have been linked to adverse clinical events in various medical settings.¹

Initially, it might be helpful to ask staff to identify (a) situations in which transfers of care most commonly occur within your organization, and (b) communication barriers that may hinder handoff communications (so that these barriers can be addressed).

Examples of situations in which handoffs of patient care commonly occur include:

- Transfer of patients between primary and acute care settings (e.g., office to hospital, hospital to nursing home, etc.)
- Transfer of patients between departments (e.g., the emergency department and the inpatient unit)
- Transfer of patient care during a shift change
- Transfer of patient care between on-call providers
- Transfer of patient care as a result of communicating critical diagnostic results

Examples of barriers to handoff communication include:

- Workload responsibilities
- Information exchange methods and systems
- Individual preferences regarding what information to share
- Organizational and cultural differences between healthcare settings

Standardized signout checklists can remind healthcare providers about important patient information to communicate to the next provider. A number of techniques (e.g., SBAR² and I PASS THE BATON³) can be used as the basis for developing a checklist.

Additionally, the Agency for Healthcare Research and Quality (AHRQ) states that use of a standardized handoff bundle, including a signout format called I-PASS might help reduce preventable adverse events associated with handoffs.⁴ The I-PASS mnemonic is specified below:

- **I**llness severity: one-word summary of patient acuity (“stable,” “watcher,” or “unstable”)
- **P**atient summary: brief summary of the patient’s diagnoses and treatment plan
- **A**ction list: to-do items that the clinician receiving signout should complete
- **S**ituation awareness and contingency plans: directions to follow in case of changes in the patient’s status, often in an “if–then” format
- **S**ynthesis by receiver: an opportunity for the receiver to ask questions and confirm the plan of care⁵

RESOURCES

- [Agency for Healthcare Research and Quality: Patient Safety Primer: Handoffs and Signouts](#)
- [Agency for Healthcare Research and Quality: Pocket Guide: TeamSTEPPS®](#)
- [Association of periOperative Registered Nurses: Patient Hand Off Toolkit](#)
- [Emergency Medicine Patient Safety Foundation: Safer Sign Out Toolkit](#)
- [Institute for Healthcare Improvement: SBAR Technique for Communication: A Situational Briefing Model](#)

¹ The Agency for Healthcare Research and Quality. (2016, July). *Patient safety primer: Handoffs and signouts*. Retrieved from <http://www.psnet.ahrq.gov/primer.aspx?primerID=9>

² The Agency for Healthcare Research and Quality. (2013, December). Communication. In *Pocket guide: TeamSTEPPS* (AHRQ Publication No. 14-0001-2). Retrieved from www.ahrq.gov/teamstepps/instructor/essentials/pocketguide.html

³ Ibid.

⁴ AHRQ, *Patient safety primer: Handoffs and signouts*.

⁵ Ibid.

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