PATIENT HANDOFF SKILLS

Internal Medicine Clerkship
Division of Hospital Medicine
George Washington University
Learning Objectives

- Recognize the importance of handoffs to patient safety
- Identify key elements and skills expected of an effective oral and written handoff
- Practice peer-peer handoff using a standardized patient case
The Problem...

BMA TOLD TO 'RADICALLY OVERHAUL' COMMUNICATIONS

THEY SAID WE HAD TO LISTEN MORE AND IMPROVE OUR COMMUNICATION SKILLS...

SPILLS WHAT SPILLS?

HE SAYS HE'S FORGOTTEN HIS PILLS!
Introduction

- 44,000-98,000 deaths annually in hospitals are the result of preventable medical errors
- Over half due to a lack of effective communication
  - Lost information
  - Misinterpreted information
  - Poor guidance resulting in missed actions
Introduction

- Patient-care handoffs unavoidable
- To avoid preventable errors:
  - Accurate
  - Complete, but concise
  - Clear
  - Efficient
  - Presented in writing
  - Told in person
Consequences of a Poor Handoff

- Clinical Scenario
  - 43 yo woman with Hepatitis C, HIV, Type 2DM admitted with two days of epigastric abdominal pain radiating to her back, worse with meals, with associated nausea and vomiting
    - Lipase = 1552
    - Alkaline phosphatase = 320
    - Creatinine = 3.5
Patient Handoff

- Problem list:
  - Acute and chronic pancreatitis
    - Jaundice with elevated direct bilirubin suggestive of choledocolithiasis – HIDA scan pending
  - Renal insufficiency
  - Type 2 DM

- Medications:
  - Glargine 10 units SQ QHS
  - NS @ 100ml/hr
  - Morphine PCA

- Anticipated Problems/Guidance/TO DO list
  - Nothing noted
Later that evening.....

- Intern called to evaluate the patient
  - RN reports patient underwent a renal biopsy earlier in the day, but did not remain supine after the procedure and just had hematuria
  - Patient receiving fluids 100cc/hour
  - HR 110; BP 120/60
  - Procedure note: biopsy done without complications; bleeding common; monitor for hemodynamic instability
Even later that evening.....

- Intern able to reach the renal fellow
  - On-call fellow reports that he didn’t receive sign-out on the patient
    - Recommends monitoring for hemodynamic instability
Early the next morning….

- Intern called to evaluate the patient
  - P = 120; BP = 100/60
  - Patient lethargic
  - IV access lost
Relatively happy ending……

- Patient transferred to the ICU
  - Received emergent transfusion
  - Abdominal CT: large retroperitoneal hematoma
  - Patient stabilized and hematoma resolved without further intervention
Patient Handoff

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- Medications:
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- Anticipated Problems/Guidance/TO DO list
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Patient Handoff

Problem list:

- Acute and chronic pancreatitis
  - Jaundice with elevated direct bilirubin suggestive of choledocolithiasis – HIDA scan pending
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Medications:

- Glargine 10 units SQ QHS
- NS @ 100ml/hr
- Morphine PCA

Anticipated Problems/Guidance/TO DO list

- Nothing noted

Would you ACCEPT this handoff?

What else does the intern need to know?
Effective Patient Handoffs

- **A**ccurate
- **C**omplete, but concise
- **C**lear
- **E**fficient
- **P**resented in writing
- **T**old in person
Written Handoff

- Identifying Information
- Clinical Scenario
- Problem List
- Medications
- Anticipated Problems/Guidance/To Do List
Written Handoff

- Identifying Information
  - Name
  - MRN
  - Room
  - Allergies
  - Code Status

- Clinical Scenario

- Problem List

- Medications

- Anticipated Problems/Guidance/To Do List
Written Handoff

- Identifying Information
- Clinical Scenario
  - 1-2 sentence summary of the reason for hospitalization
- Problem List
- Medications
- Anticipated Problems/Guidance/To Do List
Written Handoff

- Identifying Information
- Clinical Scenario
- Problem List
  - Include all problems – most active ones first
  - Include only the exam findings and lab data critical to the problem
- Medications
- Anticipated Problems/Guidance/To Do List
Written Handoff

- Identifying Information
- Clinical Scenario
- Problem List
- Medications
  - Include all inpatient medications, including IV fluids
- Anticipated Problems/Guidance/To Do List
Written Handoff

- Identifying Information
- Clinical Scenario
- Problem List
- Medications
- Anticipated Problems/Guidance/To Do List
  - Include all anticipated problems with guidance on how to manage
    - “If this happens, then you need to…….”
  - Include all “to-do” tasks
**Oral Handoff**

- **Organization and Efficiency**
  - Present the clinical scenario succinctly
  - Follow a problem list format
  - Include no extraneous information
  - Complete handoff in <3 minutes/patient
Oral Handoff

- **Communication Skills**
  - Make eye contact
  - Use precise language that is not subject to interpretation
  - Clearly outline the tasks to be done
  - Be clear about who is responsible for completing tasks
  - Ask if there are any questions
Oral Handoff

- **Clinical Judgment**
  - Include all important summary information in the clinical scenario
  - Present all problems
  - Present all anticipated problems with guidance on how to manage
  - Present all “to-do” tasks
  - Prioritize problems and tasks
Oral Handoff

- **Humanistic Qualities/Professionalism**
  - Remain focused and attentive; avoid distractions and interruptions
  - Avoid making derogatory remarks about patients/family/staff
  - Show respect/empathy for patient’s and family’s wishes
  - Put patients before self
Practice Case

- Charles Nelson
Accurate
Complete, but concise
Clear
Efficient
Presented in writing
Told in person