




# 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
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# The Problem...





# 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:
  - **A**ccurate
  - **C**omplete, but concise
  - **C**lear
  - **E**fficient
  - **P**resented in writing
  - **T**old 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
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# 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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*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 <3minutes/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
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# 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



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