Best Practices in Inpatient Handoffs of Care

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KEYWORDS

• Handoffs • Care transitions • Hospitalized patients • Patient safety
• Communication • IPASS • Preventable adverse events

HOSPITAL MEDICINE CLINICS CHECKLIST

1. Patient handoffs are the transfer of patient care responsibility between health care providers.
2. Handoffs occur frequently in hospitalized patients.
3. Communication is vulnerable to error during care transitions; thus, patient handoffs expose patients to risks of discontinuity of care.
4. The goal of patient handoff is to communicate clinical information in order to seamlessly transition patient care responsibility. Best practices include using a standardized approach, training providers in communication skills, and organizing systems to support high-quality handoffs.
5. The I-PASS Handoff Bundle is the most evidenced-based practice for patient handoffs and is currently being disseminated to 32 hospitals across the country.
6. The I-PASS Handoff Bundle includes the I-PASS mnemonic, frontline provider and faculty development training, and structured observation and evaluation tools important for measuring and maintaining high-quality handoffs.

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DEFINITIONS

What are patient handoffs?

A patient handoff is defined as the transfer of patient care responsibility from one health care provider to another. Patient handoffs occur in both the inpatient and the outpatient setting. A summary of specific types of handoffs in the inpatient setting are delineated in **Box 1**.

Although the inherent vulnerabilities of discontinuity of care exist with all handoffs, shift change handoffs are unique in their high frequency[1,2] and impact on various stakeholders, including patients, resident physicians, and attending physicians.[3,4] Shift change handoffs are defined as transitions of care between day, afternoon, and night providers, which occur at the end of the departing provider's continuous on-duty period. This handoff differs from service change handoffs, which are transitions of care between an outgoing provider and an incoming provider when the outgoing provider is completing a rotation or period of consecutive daily care for patients on the same service over a period of weeks to months (commonly called a rotation). This handoff also differs from change-of-service handoffs in which the patient is moving from one patient area to another and generally requires cross-disciplinary and multispecialty considerations.[4]

Box 1
Summary of patient handoffs in inpatient care

Types of Handoff	Examples	Frequency
Shift change	Day provider to night provider	2–3 times daily
Service change	Outgoing provider at end of service block to incoming provider at start of service block	1–4 times per month
Service transfer	Emergency room provider to inpatient admitting provider, ICU provider to floor provider	Variable

How frequent are patient handoffs in the hospital?

Handoffs in care happen frequently during patient hospitalization, and this frequency has been increasing over the past 15 years, especially within teaching hospitals. In 2006, one teaching hospital reported a volume of 4000 daily handoffs, totaling 1.6 million handoffs per year.[5] The increase in handoffs and resultant discontinuity of care have been driven in large part by the duty hour restrictions that have been set forth for residents by the Accreditation Council for Graduate Medical Education (ACGME).[1,2]

How do handoffs of care result in patient harm?

Failures in communication among health care personnel are known threats to patient safety. These failures contributed to more than 60% of root causes of sentinel, or "never miss" events reported to The Joint Commission (**Fig. 1**).[6,7]

Communication is particularly vulnerable to error during times of transition, such as patient handoffs. Existing data show poor-quality patient handoffs can lead to adverse events.[8] Petersen and colleagues[9] demonstrated that patients cross-covered by night-float residents are at twice the risk of experiencing potentially preventable adverse events compared with patients cared for by their primary team, adjusting for other patient factors.