UNMH Adult Emergency Department Physician Handoff Recommendations
July 1, 2011

The Joint Commission (TJC) has found that 70% of all sentinel medical error events arise from communication breakdown and that 50% of these errors occur during the handoff of care.[i] It is critically important that patient handoffs in the ED are recognized as high risk events by physicians. In addition, the ACGME is mandating that all residency programs "monitor and ensure effective, structured handover processes in order to facilitate both continuity of care and patient safety."[ii]

The recommendations below will provide standardization and maximize the efficiency and safety of our ED handoffs. The recommendations are based on the most up-to-date research on ED based handoffs and the UNM ED based survey done earlier this year.

Preparation for Handoff

Based on the UNM ED handoff study[iii] and Observed Practices and Communication Errors[iv]

a. "Run the List" (go over next steps for all patients so that a clear plan is presented at handoff) within the hour leading up to the shift change with the attending.
b. Reevaluate high-risk patients (patients who have already been handed off once and/or who do not have a clear diagnosis or disposition plan) within the hour leading up to handoff.
c. Write down key lab values for acutely ill and complicated patients within thirty minutes of handoff. Time permitting, radiology findings and current vital signs should also be included.

Handoff Presentation

Based on TJC 2008 National Patient Safety Goals requirement NPSG.02.05.01, the dINAMO study [v] and the UNM ED handoff study[iii]

All providers should use the same structured format for handoff presentations in order to facilitate the consistency and completeness of communication among providers and nursing staff.

PLAN ED

Patient (age, sex, name, room number and chief complaint)
Label with working diagnosis or differential diagnosis
Assessment (key elements of history, physical exam, labs, diagnostic imaging)
Next steps and nursing assessment (pending labs, diagnostic imaging, consultants)
Everything else (social issues, handed off before, systems issues)
Disposition

General Handoff Guidelines
Based on UNM ED handoff study[iii]

a. Plan to spend 1 to 3 minutes on each patient, depending on complexity
b. Spend approximately 5 minutes on clinical teaching
c. Be on time and prepare for handoff early so that handoffs can start when scheduled
d. Organize handoffs by doing selected "bedside waking rounds"

Proven Techniques for Effective Handoffs

a. Incorporate the use of written notes and/or electronic medical records (EMR) in handoff[iv] (has been proven to reduce physical exam and lab result memory errors, especially for patients who have been in the ED for prolonged periods of time)
b. "Repeat back": accepting provider repeats plan of care to outgoing provider to create closed-loop verification of critical information[vi]
c. Engage in interactive questioning[vi]
d. Reduce interruptions[iii, vi]
e. Reduce signal-to-noise ratio (background noise)[vi]

Other General Recommendations

a. Officially admitted patients (have bed request and orders) should have a very brief handoff by the outgoing resident to the accepting attending; if the patient had admitting orders at the time of the previous handoff the outgoing attending provides the handoff to the accepting attending.
b. Within 15 minutes of the end of handoff, the accepting resident should assign himself or herself as the resident provider in the FirstNet tracking system.
c. Within the first 2 hours of the shift, patients that were handed off should have had their chart, laboratory and other findings reviewed and the resident should have physically introduced himself or herself.
d. Handoff communication guidelines (based on Grice's Maxims[vii])
   1. Include only relevant information.
   2. Be brief.
   3. Be orderly by using the PLAN ED framework.
   4. Be honest. If someone asks a question that you are not 100% sure about (i.e. lab value or result of a scan), find out the answer after the handoff and follow up with the most accurate answer.

References

[i] Joint Commission on Accreditation of Health Care Organizations. Sentinel event statistics [announcement]. March 31, 2003. Joint Commission on Accrediation of Health Care Organization Web site. Available at: http://www.jointcommission.org/

[ii] Accreditation Council for Graduate Medical Education (ACGME). Accessed on June 20th, 2011. Accreditation Council for Graduate Medical Education website. Available at: http://acgme-2010standards.org/proposed-standards.html/

[iii] Sklar, McLean, Crandall, Heilman, Todd. In Pursuit of a Standardized Handoff, A Survey of Emergency Physicians Ranking the Key Elements of a Safe Patient Sign-Out. March 2011.

[iv] Maughan, Lei, Cydulka. ED handoffs: Observed Practices and Communication Errors. *American Journal of Emergency Medicine* (2010).

[v] Rudiger-Sturchler, Keller, Bingisser. Emergency physician intershift handover-can a dINAMO checklist speed it up and improve quality? Swiss Med Wkly. September 2010;140:w13085.

[vi] Cheung et al. Improving Handoffs in the Emergency Department. *Annals of Emergency Medicine*, February 2010.

[vii] Grice, *Logic and Conversation,* in Cole and Morgan, eds., *Speech Acts,* 41-58 New York, Academic Press (1975)