

## **Communication Errors on Handoff “It’s better to measure twice and cut once.”**

Poor communication between two teams of caregivers involved in a patient’s care causes about 80 percent of serious medical errors, according to the Joint Commission. Our analyses at ECRI Institute PSO also support this reality. While handoff communication may differ across various healthcare settings, there are some universal strategies and techniques to consider for avoiding risk to patients in all settings.

Innumerable handoffs occur on a daily basis ranging from Emergency Room to Intensive Care to Medical Floor to Home - and everything in between.

### **Seven Crucial Connections--Ten Practical Tips**

We’ve narrowed down these different interactions to 7 crucial handoff points that would benefit from a standardized approach.

1. **Sign Out**—Provider to Provider On-call
2. **Shift Report**—Nurse to Nurse
3. **Brief Sign Out**—Nurse to Covering Nurse
4. **Multidisciplinary**—Nurse to/from Provider
5. **Patient Transports**—Nurse to/from Ancillary Staff
6. **Discharge Instructions**—Provider to Patient
7. **Discharge Summary**—Provider to Next Provider

To keep patients safe during these crucial handoffs, make sure to include the following TEN practical system solutions when communicating. Handoff communication between a Nurse and Provider during morning rounds is shown as an example.

#### **1. Use a Standard Approach**

- ▶ Implement a standard format for communicating such as creating your own customized tool for reviewing a patient’s daily goals.

#### **2. Involve Appropriate Disciplines**

- ▶ Aside from the nurse and provider, involve appropriate staff in the conversation, e.g. include the entire physician team, charge nurse, nurse, nursing assistant, etc.

#### **3. Select Suitable Location and Environment**

- ▶ If available select a quiet space to limit interruptions and maintain patient confidentiality.

#### 4. Relay Identification of Patient

- ▶ Ensure everyone is clear by first presenting the patient using two identifiers.

#### 5. Use Ideal Mode of Communication

- ▶ When reviewing a patient's case as a multidisciplinary team, face-to-face communication that includes verbal as well as written information is ideal.

#### 6. Include Key Information

- ▶ In this scenario key information may include medical information such as history and physical, patient's status, medications, treatment plans, advance directives, as well as diagnostic updates (e.g. changes alarm limits, laboratory results, and radiology reports).

#### 7. Convey Follow Up Required

- ▶ It is pertinent that the nurse and provider handoff tasks that remain incomplete, for instance lab draws or medications that must be discontinued.

#### 8. Permit Interactive Communication

- ▶ Allow for colleagues to ask questions and consider incorporating read-back steps as a part of the process.

#### 9. Perform Safety Assessment (if necessary)

- ▶ This strategy typically applies to patient transports or transitions in care. Prior to a transport or transfer to another unit the nurse should check the patient's vital signs and mental status to ensure the patient is safe for travel.

#### 10. End with Mutual Understanding of Plan

- ▶ Finally, end the handoff communication with a mutual understanding and agreement of the plan. The team should be aware of the patient's status and plan of care; and the nurse and provider should be clear on the next steps and tasks they each need to follow up on.

It may take more time to focus on the communication during the handoff but extra time upfront will protect your patients, save time and expenses when errors due to communication failure are prevented.

As people often say: "it is better to measure twice and cut once."



#### How Can We Help You?

Whether you have questions about the final rule or want to learn more about ECRI Institute PSO and/or support for other PSOs, we would be happy to hear from you. Please contact ECRI Institute at [psa@ecri.org](mailto:psa@ecri.org) or call (610) 825-6000, ext. 5558.