Structured Patient Handoffs

Communication is a well-known cause of medical error. Structured communication is promoted as an error prevention strategy in many high risk occupations. Patient handoffs—the transfer of patient care from one set of providers to another—increase the risk of errors largely through miscommunication or omission of critical information. Use of structured handoffs has been shown to improve both patient safety and clinician satisfaction. Development and adoption of structured handoff tools will help us reach our goal of zero patient harm at UCSF.

What happened?
A patient underwent a surgical procedure, which required careful post-operative neurologic monitoring. Formal neurovascular and neuromuscular checks were not ordered. The patient developed neurologic deficits including weakness and sensory loss, which were not reversible by the time they were discovered the following day.

A pediatric patient with a complex cardiac history underwent a surgical procedure. The case was uncomplicated but decision was made to place the patient in the pediatric cardiac intensive care unit (PCICU) for close monitoring. The patient decompensated quickly upon arrival and could not be resuscitated.

What went wrong?
In the first case, there was no formal handoff between the operative team and the team caring for the patient post-operatively throughout the evening and overnight. The night team did not know that the patient’s neurologic status required close monitoring and no neuro checks were ordered.

In the second case, OR to PCICU notification was informal, not all caregiver’s were aware that the patient was being transferred and the PCICU attending was not present when the patient arrived.

Information on Structured Handoffs

Basic elements of effective handoffs:
- create opportunity for two-way, closed loop communication, preferably in person
- provide up to date clinical information, assessment of illness severity, contingency plans and pertinent contact information
- use a distraction free environment
- provide an opportunity to ask questions

Examples of UCSF Handoff Tools:

**OR to PACU Handover Protocol:**
- interdisciplinary communication to ensure PACU nurse understanding of pertinent patient issues and the plan of care (contact: Dina.Fernando@ucsf.edu)

**OR to PCICU Handover Protocol:**
- interdisciplinary communication between OR and PICU/PCICU to facilitate immediate post op transition (contact: Shelley.Diane@ucsf.edu)

**Admission/Transfer Time Out:**
- standardizes communication between primary team and bedside nurse for admissions and transfers (contact: Julie.Koppel@ucsf.edu)

**Post-Operative Debrief:**
- interdisciplinary debrief to review surgical events, anesthesis events, nursing concerns (contact: Catherine.Lau@ucsf.edu)