What is a handoff?

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Remembering Bob Wears 1947-2017

Robert Wears, MD, MS, PhD, FACEP

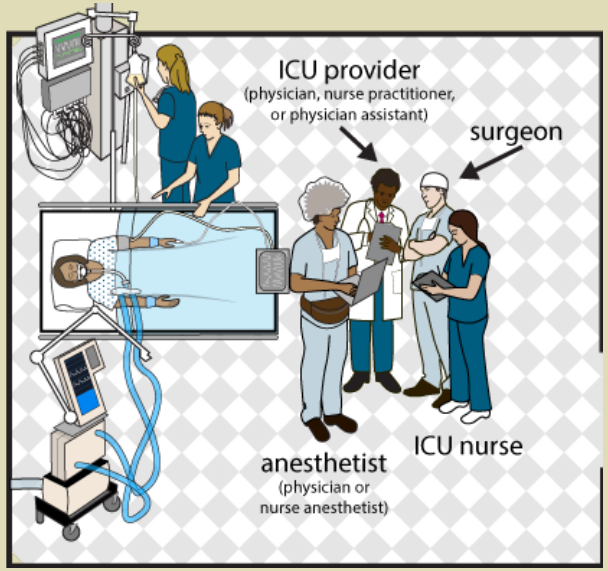
Handoffs defined

handoff
care transition
handover
bedside report
sign-out
turnover
shift change

The process of transferring primary authority and responsibility for providing clinical care to a patient from departing caregivers to oncoming caregivers.

(Based on Patterson and Wears 2010)

Handoffs take different forms



What would Bob say?

As relayed by Shawna Perry, MD:

- A handoff is an interaction
- It's more than information
- Scripting is not necessarily important
- One size won't fit all

Guiding document

Patterson ES and Wears RL.

"Patient handoffs: Standardized and reliable tools remain elusive."

Joint Commission Journal on Quality and Safety, February 2010, 36(2): 52-61.

Handoff rainbow (a.k.a. “the takeaway”)

The seven framings (functions) of handoffs

Framing 1: information processing

Information processing is

- what many of us think about when we think about handoffs
- why we use templates and checklists

Goal: “transfer data through a noisy communication channel”

Possible solutions: standardization, closed loop communication

Framing 2: stereotypical narratives

Stereotypical narratives

- are shorthand stories that transmit information
  - "A typical lap chole"
  - "A standard TORS"
- allow us to save time and maintain attention by pointing out deviations
- need to account for differences in experience and role

Possible solutions: practice stereotypical narratives; create care pathways for appropriate patients (e.g. ERAS)

Framing 3: resilience

- Resilience is developed when we cross-check assumptions
- Cooper et al (1982) demonstrated how handoffs promote resilience ("favorable relief incidents")

Possible solutions: Encourage active participation by handoff recipient (e.g. I-PASS); give short relief breaks

Framing 4: accountability

Handoffs involve the transfer of responsibility and authority

- Often implied, but should be explicit

Possible solutions: receiver explicitly accepts responsibility; EMR/EHR designation of responsible caregiver

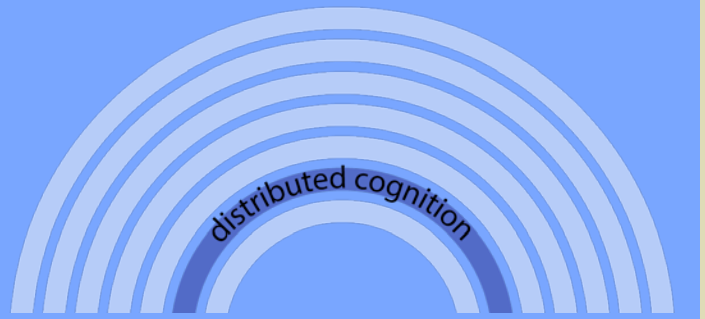
Framing 5: social interaction

Social interaction

- facilitates other handoff functions (e.g. resilience, distributed cognition)
- may help counter isolation
- makes it difficult to completely replace handoffs with technology

Possible solution: protected space and time for handoffs (e.g. overlapping shifts)

Framing 6: distributed cognition

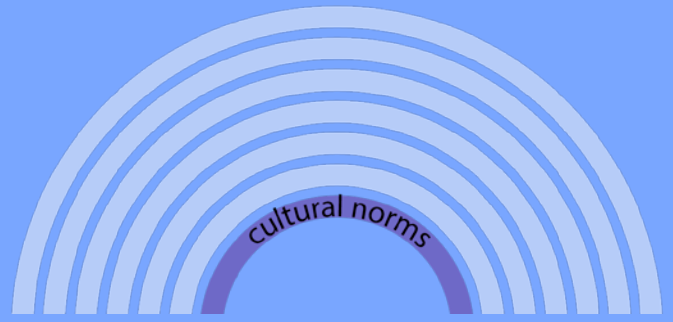


Shared work of thinking about patient care may promote:

- care insights
- professional relationships

Possible solution: engaging other care providers at times of handoff; explicitly acknowledging uncertainty

Framing 7: cultural norms



Handoffs

- are an opportunity to “negotiate and share group values”
- reinforce “how we do things here”
- reveal the implicit curriculum

Possible solution(s): handoff training at orientation; audit and feedback about handoff performance

Seven framings of handoffs

As you consider handoff solutions throughout the day today, consider these ways of thinking about handoffs:

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A parting thought

Patterson and Wears

"specifically counsel against interventions based solely on the dominant conceptualization of a patient handoff as an information processing task"

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