The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

Design Guide for Implementing Warm Handoffs

AHRQ
Agency for Healthcare Research and Quality

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Introduction

In a typical primary care visit, the patient transitions from one member of the health care team to another multiple times, often without team members talking to each other. For example, the patient's visit may start with a medical assistant (MA) who records the patient's chief complaint and vital signs. The patient may then see the clinician for the exam, diagnosis, and plan of care. A nurse or MA may return to the patient to administer testing, treatment, or education. The patient's visit may end with the scheduler and financial staff. In each transition, opportunities arise for breakdowns in communication that may lead to medical errors.

A *warm handoff* is a transition conducted in person between two members of the health care team **in front of the patient** (and family if they are present). The warm handoff engages the patient as a team member and partner in his or her care. In warm handoffs, patients hear what is discussed, reinforcing their understanding of the diagnosis and plan of care and allowing them to correct or clarify the information exchanged. Warm handoffs engage the patient through structured communication and improve patient safety by helping prevent communication breakdowns.

The workflow in many primary care practices does not support the use of a warm handoff. In some cases, transitions may not even be conducted in person. The MA may record the patient's history and vital signs in the electronic health record (EHR). The clinician may review the documentation in the EHR, without actually speaking to the MA, and then go into the exam room to meet with the patient. After the exam, the clinician may give the patient verbal instructions to see the scheduler about followup care.

To adopt warm handoffs, many primary care practices will need to adjust their current workflow. This design guide provides step-by-step instructions and examples to help primary care practices design a workflow that supports the use of warm handoffs.

How To Use This Design Guide

This design guide provides a systematic approach to adopting the warm handoff as standard in your practice. Every primary care practice is different. Practices vary in size, staffing level, physical layout, procedures, resources, technology use, and patient demographics. Thus, the effort required to implement warm handoffs will differ for each practice. This guide contains a step-by-step pathway to implementing warm handoffs. Depending on your practice's characteristics, some steps may not apply. Adjust the steps and how you accomplish each one as needed to fit your practice.

Steps for Implementing Warm Handoffs

Step 1. Identify all patient transition points within the practice.

Before you can decide how to adopt warm handoffs, you need to understand all the potential physical and informational handoffs within your practice. These include any time the patient moves from interacting with one team member to another, or any time two team members exchange information about the patient.

Step 2. Understand the current handoff process.

Next, you need to understand how the many types of transitions currently occur. For each transition identified in Step 1, determine:

- Who the sender is.
- Who the receiver is.
- What is handed off (e.g., the patient, patient information, instructions).
- How it is handed off (e.g., in person, through the EHR, through a message on a whiteboard, by text).
- Where it is handed off (e.g., in the hallway, at the computer workstation, at the front desk).
- When it is handed off (e.g., after rooming, after the exam, at the conclusion of the visit).

An excerpt of a sample table to document the current transition points and how they occur is provided in Table 1.

Table 1. Example Table To Document Patient Transition Points

Patient Transition Points					
Person Giving Information?	**Person Receiving Information?**	**What?**	**When?**	**How?**	**Where?**
MA	Clinician	Patient	After rooming	Using color flag outside exam room	Hallway
MA	Clinician	Patient information	After rooming	Through EHR	At computer
Clinician	MA	Instructions	After exam	Verbal	Hallway
Clinician	MA	Patient	After exam	Verbal	Hallway
Clinician	Nurse Educator	Patient	After exam	Verbal	Hallway
—	Scheduler	Patient	After visit	Through EHR	Scheduling desk

Step 3. Set warm handoff priorities.

After you have identified all the transition points, determine which ones you would like to make warm handoffs. Although your ultimate goal may be to make all transitions warm handoffs, you may want to start with the most significant handoffs.

The highest priority handoffs from a patient engagement and safety perspective are those between a clinician and other staff members or two clinicians. For example, the team member who rooms the patient and takes chief complaint and vitals should hand the patient off to the clinician in person, in front of the patient. This approach gives the patient the opportunity to clarify or add to the information the clinician receives.

You may also want to prioritize warm handoffs that you think can be accomplished with minimal change to workflow. For example, at the end of every visit that requires followup, a team member could walk the patient to the scheduler and explain, in front of the patient, what the patient needs to schedule.

Step 4. Understand the current workflow.

Once you have selected your target transitions, you need to understand the workflow of everyone involved in those transitions. Many methods can be used to map workflow processes. You might use a formal process mapping method where you observe each person for a workday or portion of a workday. As you observe staff, record what they do, where they do it, and when they do it. Another option is patient shadowing. Follow the paths of different types of patients, as the flow may differ based on individual characteristics.

For spaces, record who is using the space, how they are using it, and when they use it. Alternatively, this process may be more informal, especially if you do not have standard processes, where you brainstorm during a staff meeting.

Step 5. Analyze the current workflow to design new workflows.

Once you understand your current workflows, you can begin to design new workflows to accommodate warm handoffs. This is a creative process, and likely an iterative one. With each proposed workflow adjustment, a thorough analysis of the consequences of the adjustment is needed.

The Agency for Healthcare Research and Quality (AHRQ) has developed detailed guidance on this process in their Practice Facilitation Handbook, Module 5, Mapping and Redesigning Workflow (http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod5.html and http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod5appendix.html). If you do not currently use standard processes, this may be an opportunity to develop some.

Some new workflows may be minimal adjustments to existing workflows. For example, maybe team members currently walk patients to the lab for bloodwork, but the lab technician determines which test to perform by checking the EHR. In the adjusted workflow, the team member would still walk the patient to the lab and the lab technician would still confirm which

test to perform by looking in the EHR. However, for a warm handoff, the team member would verbally explain to the lab tech, in front of the patient, which test the patient needs.

The warm handoff provides a safety check. The handoff engages the patient, giving the patient the opportunity to speak up if there is any discrepancy between what the team member explains and what the patient understood from the clinician.

Or, maybe an MA currently rooms the patient and documents the chief complaint and vitals in the EHR. The MA may then leave the room. When the clinician is available and ready to enter the exam room, the MA may quickly brief the clinician in the hallway. Once in the room, the clinician may review the documentation in the EHR.

In the adjusted workflow, the MA would still room the patient, document in the EHR, and leave the room. However, when the clinician is available, rather than confer in the hallway, the MA would brief the clinician in the exam room in front of the patient, engaging the patient and giving the patient the opportunity to correct, clarify, or add to the information presented by the MA. This approach could maximize the time the clinician spends directly interacting with the patient and minimizing the time he or she spends reviewing the EHR.

Step 6. Seek input from everyone affected by the proposed new workflow.

As you design new workflows, involve everyone affected. Seek their ideas and feedback, and encourage them to invest in the changes. Consider inviting patients to provide input and feedback on the process changes. If you have a patient and family advisory council, consider taking this plan to the council for their input, which will help patients be more engaged and invested in the success of the change.

Step 7. Establish new workflows.

With the analysis of current workflows, proposal of new workflows, and input from all affected team members, you are ready to establish new workflows.

Be mindful of circumstances where a warm handoff may require special considerations. For example, some patients with depression or anxiety may be uncomfortable with some warm handoffs; clinicians and staff should use judgment based on their knowledge of the patient. In addition, patients who do not understand the language being spoken in the warm handoff will require special considerations to be able to engage in the warm handoff.

Step 8. Identify solutions to any barriers.

Conduct walkthroughs of the new workflows to assess feasibility and to look for barriers and unintended consequences. Be sure to consider special circumstances such as appointments that take significantly longer than scheduled or emergent issues that result in double booking. Identify solutions to any barriers and discuss them at regular staff meetings, engaging all team members to participate in building solutions.

For example, you may decide that the transition of the patient from the exam room to the scheduler is going to become a warm handoff. To minimize idle time, you may need a system or process to notify the team member accompanying the patient when the scheduler is free. Or,

you may make the transition from the team member who roomed the patient to the clinician a warm handoff. If the clinician is accustomed to obtaining all the patient information from the EHR, you may need to develop a standard protocol for the team member to follow so that the clinician gets the desired information without having to spend much additional time looking in the EHR.

Step 9. Phase in the use of warm handoffs.

Look for opportunities to try warm handoffs and new workflows before implementing them practicewide. For example, you may start with one clinician-MA team and gradually spread the new workflow throughout the practice. Or you could start with the first patient of the day or the last patient before lunch and at the end of the day. You could then expand the use of warm handoffs in your practice.

Step 10. Evaluate implementation progress.

Regularly evaluate your implementation of warm handoffs to identify what is working well and what the challenges are. For example, you could have monthly feedback sessions or discuss the implementation during staff meetings or periodically in the daily huddle.

Implementation Notes