

Readback and other Strategies to Maximize Communication in Handoffs

Transitions of Care take place in multiple situations (change of shift, transfer between services, Inpatient to Outpatient, transfer from one outpatient provider to another, etc.). All are important for the safe and effective care of our patients. Handoffs are more effective when they are standardized. Please refer to the GMEC Transition of Care (Handoff) Policy for expected standards.

Even with standardization, the quality of any handoff depends on communication to ensure that necessary information is heard and synthesized by the person receiving the handoff. Here are some strategies that enhance handoff communication.

Strategies for Handoff Giver

Start with the sickest patients first.
Focus the verbal handoff on the most important items.

Always include your recommended action plan (if this...then do that).

Check frequently for receiver understanding. Actively encourage receiver to ask questions and to let you know if you are being unclear or missing something.

Request readback to ensure that the information has been relayed adequately and effectively.

Readback

Readback is a method of preventing errors in which information relayed to one person is repeated and verified in a slightly different form as a means of confirming its accuracy - for change of status, pending labs, critically ill patients, etc. We know from the literature and from our CLER visits that Readback is underutilized. It is not feasible or necessary to have your handoff receiver paraphrase every aspect of every patient. It should be utilized to make sure the high risk areas are clear and that if/then scenarios have been received.

("This patient is really sick. Can you describe the plan if his ammonia is still elevated so I know I was clear?")

Strategies for the Handoff Receiver

Listen actively: take notes, ask questions, repeat important lab values.

Utilize Readback, even if not invited to do so by the handoff giver.