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Patient Handoff Protocols

Whether they are called handoffs or handovers, it is known from the literature that the transfer of patient information between caregivers at shift changes has the potential for error. Although the U.S. Joint Commission requires healthcare providers to implement a standardised approach to handoff communication as a national patient safety goal, clear instructions and evidence on effective protocols are still being worked on. A recently published meta-analysis of studies on handoff protocols set out to evaluate the patient, healthcare provider and organizational outcomes of the various protocols that have been developed and studied, as well as the content of handoff information. Joseph Keebler, PhD, Assistant Professor of Human Factors, Embry-Riddle Aeronautical University (pictured), and colleagues, included in their analysis 36 studies, which met the criteria of implementation in a live setting with comparison of pre and post-intervention. The study is published in Human Factors.

Results

The researchers found that protocols that include 12 or more pieces of information (e.g., allergies, chief complaint, current medications) resulted in more details being passed to caregivers coming on shift compared to items using 11 or fewer items. In an email to ICU Management & Practice, Keebler explained that their moderation analysis of the longer protocols found an effect only with the amount of information passed and these really showed this effect, because some include 50+ items. Their analysis also showed that using handoff protocols had positive effects on patient outcomes (e.g. decreasing number of complications) and on organisational outcomes (e.g. increased pre-planning).

There were 34 negative effects of using protocols. Twelve of the negative effects were errors from lack of information or omission, and nine related to delays or duration of handovers. The researchers note that introducing a protocol can sometimes lead caregivers to pass on only information in the protocol and miss out other valuable information.

The researchers write that “it appears that using any protocol is better than using nothing at all”, and observe that protocols may serve as a foundation for building shared mental models between providers, and that this structured communication facilitates better outcomes. They provide recommendations to reduce an apparent publication bias in the field, as they found that studies with null findings are not being published. They add that in future studies, it is important to include the implementation details of handoff protocol interventions. They recommend that randomised placebo control designs are used where applicable. Keebler explained that while this design is hard to implement it would really improve the ability to say that protocols cause positive changes.

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