



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

Implementation Quick Start Guide Warm Handoff



Table of Contents

- What Is a Warm Handoff?..... 1
- Why Use Warm Handoffs? 1
- Tools for Warm Handoffs..... 2
- Resources Needed To Implement Warm Handoffs..... 4
- Implementing Warm Handoffs..... 5
 - Step 1. Obtain leadership buy-in, and identify a champion 5
 - Step 2. Design workflows that allow warm handoffs..... 5
 - Step 3. Train team members in warm handoffs and in the adjusted workflows 5
 - Step 4. Make patients and families aware of warm handoffs..... 6
 - Step 5. Evaluate and refine your process..... 6
- References 7



What Is a Warm Handoff?

In this strategy, a warm handoff is a handoff that is conducted in person, between two members of the health care team, in front of the patient (and family if present). It includes the patient as a team member so that he or she can hear what is being discussed about the clinical problem, current status, and plan of care.

The term “warm handoff” originated in customer service where it is used to describe referrals that ensure that the customer is connected to someone who can provide what he or she needs. In health care, this typically means that one member of the health care team introduces another team member to the patient, explaining why the other team member can better address a specific issue with the patient and emphasizing the other team member’s competence.¹ Often it is used to describe the handoff between a medical provider and a behavioral health specialist.

In this strategy, the emphasis of the warm handoff is specifically on engaging the patient and family in the handoff within the primary care practice. A warm handoff can occur between any two members of the health care team, including clinicians, medical assistants, front and back office staff, and members of the extended care team (e.g., pharmacist, diabetic nurse educator, social worker).

Why Use Warm Handoffs?

Warm handoffs engage the patient and are a safety check. Communication breakdowns within the health care team or between the team and the patient or family can result in medical errors.²⁻⁴ Research demonstrates that reliable and effective communication is essential for patient safety and improved clinical outcomes.⁵⁻⁷ Successful handoffs among clinical staff require open communication and teamwork.⁸

Warm Handoff in Action

At a primary care practice in Wisconsin, a medical assistant brought the patient to the exam room and started taking the chief complaint and vitals. As she went through his medications one by one, asking him how he was taking each, the patient acknowledged that he was only taking one of them “about half the time.” When she finished with the rooming process, she went to get the doctor and they came back into the room together for the warm handoff. She briefed the doctor in the room with the patient on all the information she had gathered. When she got to the medication that the patient was only taking sometimes, the patient interrupted. “I take it every morning. I just forget to take it most nights, so I end up taking it about half the time.” The doctor immediately responded, “Then take both pills in the morning.” With the warm handoff, patient safety and outcomes were improved.

Warm handoffs use both open communication and teamwork and add another layer of protection to prevent communication breakdowns. The warm handoff is similar in concept to bedside rounding on inpatient units. It moves conversations between members of the health care team from outside the exam room into the exam room to engage the patient. Warm handoffs allow the patient (and family member) to verify the information being communicated between the health care team and to offer additional context as needed.

Tools for Warm Handoffs

The Warm Handoff strategy includes tools for patients and families, clinicians, and practice staff.

For Patients and Families

Material	Uses	Description and Format
Patient Fact Sheet	Inform patients and family members about warm handoffs.	<ul style="list-style-type: none"> This fact sheet explains the purpose of a warm handoff, the warm handoff process, and the role of the patient and family member in a warm handoff. Format: 1-page handout, suitable for handing to patients or posting on office walls.

For Clinicians

Material	Uses	Description and Format
Warm Handoffs: A Guide for Clinicians	Inform clinicians about warm handoffs.	<ul style="list-style-type: none"> This handout defines a warm handoff and explains how to do a warm handoff and why it is important. Format: 1-page handout.

For Practice Staff

Material	Uses	Description and Format
Warm Handoffs: A Guide for Staff	Inform practice staff about warm handoffs.	<ul style="list-style-type: none"> This handout defines a warm handoff and explains how to do a warm handoff and why it is important. Format: 1-page handout.
Checklist: Conducting a Warm Handoff	Assist practice staff in conducting a warm handoff to the clinician after rooming a patient.	<ul style="list-style-type: none"> Practice staff can use this brief checklist as a communication tool when conducting a warm handoff to the clinician after rooming a patient. It is meant to be used as a job aid by staff who are already familiar with the process and may be customized for practice-specific needs. Format: Available in both 1-page and pocket card sizes.

For Practice Staff and Clinicians

Material	Uses	Description and Format
Warm Handoff Video	Instruct clinicians and staff in performing warm handoffs.	<ul style="list-style-type: none">▪ This short video explains the warm handoff technique. It explains the process and benefits of a warm handoff and demonstrates exemplar warm handoffs in the primary care setting.▪ Format: Video

For Practice Administrators

Material	Uses	Description and Format
Design Guide for Implementing Warm Handoffs	Help practices adopt warm handoffs as the standard in the practice.	<ul style="list-style-type: none">▪ Practices can use this implementation guidance to help them develop the processes and procedures needed to adopt warm handoffs.▪ Format: Multipage document

Resources Needed To Implement Warm Handoffs

To adopt warm handoffs as a standard protocol, many practices will need to adjust their workflow. The primary resource needed to adopt warm handoffs is time. Other resources needed are modest, such as printing the fact sheets.

- **Staffing.** Clinicians and practice staff implement warm handoffs as part of their regular duties. An increased staffing level may be needed to accommodate the changes in workflow necessary to allow two members of the health care team to communicate in person with the patient present.
- **Costs.** Material costs include printing the materials and possibly laminating the patient fact sheet (for posting in the office).

- **Time.** Depending on your practice, additional staff time may be needed to accommodate the changes in workflow necessary to allow two members of the health care team to communicate in person with the patient present. However, you should be able to redesign the workflow so that additional time is not required from the clinician.

Implementing Warm Handoffs

Specific implementation of warm handoffs will depend on your practice's individual characteristics and current workflow. In many practices, standard workflow in the practice will need to be adjusted.

The following steps are recommended but may be adapted for your practice's individual structure and processes.

Step 1. Obtain leadership buy-in, and identify a champion.

Strong leadership and staff engagement are important to successful implementation. Identifying a champion within your practice can help guide you in implementing and refining the use of warm handoffs.

Step 2. Design workflows that allow warm handoffs.

Collaborate with all clinicians and staff within your practice to design workflows that include warm handoffs. The *Design Guide for Implementing Warm Handoffs* is available to assist you in redesigning your practice's workflow to accommodate a warm handoff.

Step 3. Train team members in warm handoffs and in the adjusted workflows.

Spread the word across the team about warm handoffs. You can use your existing approaches to inform your team, such as

huddles, staff meetings, formal training, or direct supervision. A video is available to explain the concept and the process of warm handoffs and to demonstrate an exemplar warm handoff. Encourage team members to role play and rehearse warm handoffs to become comfortable with them.

Make your team aware of your goals for warm handoffs, and train them in any new workflows. Make sure they understand their roles in supporting warm handoffs.

Step 4. Make patients and families aware of warm handoffs.

A patient fact sheet is provided to help you inform your patients and their families about warm handoffs. Make the patient fact sheet easily accessible throughout the practice. You can print and distribute it to patients and families and display it strategically in the office.

Talk with patients and families about the value of warm handoffs and why they are being used. Answer any questions your patients and families have. An example script is also provided to aid in informing patients and families about this new approach to team-based care.

Step 5. Evaluate and refine your process.

Assess how warm handoffs are being used. Refine the workflow design as the team becomes more comfortable with warm handoffs or as any issues arise. Continue to identify and address any barriers to using warm handoffs.

References

1. Schottenfeld L, Petersen D, Peikes D, et al. Creating patient-centered team-based primary care. Rockville, MD: Agency for Healthcare Research and Quality; March 2016. AHRQ Pub. No. 16-0002-EF. <https://www.pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care#h=16-0002>. Accessed January 27, 2017.
2. Daker-White G, Hays R, McSharry J, et al. Blame the patient, blame the doctor, or blame the system? A meta-synthesis of qualitative studies of patient safety in primary care. *PLoS One* 2015;10(8).
3. Kachalia A, Gandhi TK, Puopolo AL, et al. Missed and delayed diagnoses in the emergency department: A study of closed malpractice claims from 4 liability insurers. *Ann Emerg Med* 2007;49(2):196-205.
4. Apker J, Mallak LA, Gibson SC. Communicating in the “gray zone”: perceptions about emergency physician hospitalist handoffs and patient safety. *Acad Emerg Med* 2007;14(10):884-94.
5. Siassakos D, Fox R, Bristowe K, et al. What makes maternity teams effective and safe? Lessons from a series of research on teamwork, leadership, and team training. *Acta Obstet Gynecol* 2013;92(11):1239-43.
6. Sargeant J, Loney E, Murphy G. Effective interprofessional teams: “contact is not enough” to build a team. *J Contin Educ Health Prof* 2008;28(4):228-34.
7. Manser T. Teamwork and patient safety in dynamic domains of healthcare: a review of the literature. *Acta Anaesthesiol Scand* 2009;53(2):143-51.
8. Richter JP, McAlearney AS, Pennell ML. The influence of organizational factors on patient safety: examining successful handoffs in health care. *Health Care Manage Rev* 2016;41(1):32-41.

