COPIC Tip:

Liability Concerns in Patient Handoffs

The patient handoff is a critical process that requires careful, thorough communication between providers. While progress has been made in reducing the potential for information not being transferred and subsequent patient injuries, there is still work to be done.

Medscape recently published an article[1] titled *"Malpractice Dangers in the Patient Handoff,"* that examined this issue. "Errors often occur because information is unrecorded, misdirected, never received, never retrieved, or ignored. Every mode and system by which patients and caregivers share health-related information is vulnerable to failure," said Heather Riah, CRICO Strategies' assistant vice president.

Dr. Alan Lembitz, COPIC's chief medical officer, was one of the national experts featured in the article who identified several high-risk areas that providers should be aware of:

Information can get lost within electronic health records—"The big issue is the concept of signal to noise," said Dr. Lembitz. "These systems generate a lot of noise, a high volume of data. But what happens when we lose the real signal, the important information we want to convey, amid all the noise? Why am I being asked to consult? What do I tell the next doctor down the line?"

"In the hospitalist world, with patients moving from office to clinic to imaging center to the hospital, we're relying on a process without active confirmation. Couple that with low signal and high noise, and it's easy to see how things get lost," he said. "If information is critical, it's important to make sure it was received. Ask the next doctor to confirm that he saw it. Sometimes, we need to pick up the phone to make sure."

The culture of a facility or practice can have a big impact on the success of handoffs—"Hierarchical cultures are likely to have greater problems because staff are afraid to ask questions," said Rick Boothman, JD, chief risk officer at the University of Michigan Health System. Examples of this include staff being afraid to speak up against a physician with a fierce temper or concerns about learning to handle situations, such as infections or bleeding, instead of notifying others. Implementing formalized protocols on when and who to call is an effective strategy to address this issue.

Progress has been made in improving the discharge process—"Health systems are paying more attention to follow-up care," said Elizabeth Woodcock, MBA, a practice management consultant. "There's a deeper commitment to getting the discharge process right. Historically, compliance was thought to be the patient's responsibility. Now there's been a shift in thinking so the hospital and doctors play a greater role." An example of proactive efforts is hospitalist groups sending discharge summaries to primary doctors and making themselves available for follow up calls with patients to answer questions and ensure their recovery is going well.

[1] *http://www.medscape.com/viewarticle/876240*