

Design Guide for Warm Handoff Plus



Introduction

In a typical primary care visit, the patient transitions from one member of the healthcare 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 Plus* is a transition conducted in person between two members of the healthcare team **in front of the patient** (and family if they are present). The Warm Handoff Plus engages the patient as a team member and partner in his or her care. The patient hears what is discussed, reinforcing his or her understanding of the diagnosis and plan of care and allowing an opportunity to correct or clarify the information exchanged. A Warm Handoff Plus engages the patient through structured communication and improves patient safety by helping prevent communication breakdowns.

To adopt the Warm Handoff Plus, 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 a Warm Handoff Plus.

How To Use This Design Guide

This design guide provides a systematic approach to adopting the Warm Handoff Plus as standard in your practice. Every primary care practice is different. Thus, the effort needed to implement the Warm Handoff Plus will differ for each practice. This guide contains a step-by-step pathway for implementation. 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.

Step 1. Identify patient transition points within the practice.

Before you can decide how to adopt the Warm Handoff Plus, you need to understand the potential 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 is handing off the patient or information and to whom.
- What is handed off (e.g., the patient, patient information, instructions).
- How the handoff occurs (e.g., in person, through the EHR, through a paper chart).
- Where the handoff occurs (e.g., in the hallway, at the computer workstation, at the front desk).
- When the handoff occurs (e.g., after rooming, after the exam, at the conclusion of the visit).

Step 3. Set priorities.

Because the Warm Handoff Plus likely requires workflow changes, it may not be feasible in all situations. 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 the 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 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. Alternatively, the process of understanding the current workflow may be more informal 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 a Warm Handoff Plus. 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 designing new workflows in their Practice Facilitation Handbook, Module 5, Mapping and Redesigning Workflow (<http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod5.html>).

Some new workflows may be minimal adjustments to existing workflows, while others may be more dramatic changes. Co-location of care team members, when possible, can help with implementation of the Warm Handoff Plus.

Be mindful of circumstances where a Warm Handoff Plus may require special considerations. For example, some patients with depression or anxiety may be uncomfortable with a Warm Handoff Plus; 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 Plus will require special considerations to be able to engage in the handoff.

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. Conduct walkthroughs of new workflows.

After you have designed new workflows and gotten input from all affected team members, you are ready to conduct walkthroughs of the new workflows to assess feasibility.

Step 8. Identify solutions to any barriers.

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

Step 9. Phase in the use of the Warm Handoff Plus.

Look for opportunities to try the Warm Handoff Plus and new workflows before implementing them practicewide. For example, you can start with one clinician-MA team and gradually spread the new workflow throughout the practice. Or you can start with the first patient of the day or the last patient before lunch and at the end of the day.

Step 10. Evaluate implementation progress.

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