



PATIENT CARE HANDOFF COMMUNICATION GUIDELINE

PURPOSE

The purpose of this tool is to create a standardized approach to handoff communication during transfer of care from the prehospital emergency medical services (EMS) provider to the hospital care provider.

These guidelines are for voluntary use by Central Ohio Trauma System (COTS) EMS and hospital partners.

BACKGROUND

The Institute of Medicine (1999; 2009) estimated deaths related to medical errors at 44,000 and as high as 98,000 per year in the United States (U.S.). Makary and Daniels (2016) report that medical errors may result in 251,000 deaths per year in the U.S.; 9.5% of all U.S. deaths annually. A large part of these medical errors involve communication breakdown when patient care is handed off from one healthcare provider to another.

The Joint Commission (TJC) (2014) defines a handoff as a “transfer and acceptance of patient care responsibility achieved through effective communication.” The purpose of the handoff should be to ensure continuous and safe patient care. The roles of a quality handoff include:

- Sender – sends or transmits the patient data and releases patient care to the receiver;
- Receiver – receives the patient data and accepts care of the patient.

Substandard handoffs can cause serious or fatal consequences including but not limited to: delay in treatment, inappropriate treatment, care omission, increased length of hospital stay, readmissions, increased costs, inefficient care from rework, and minor and/or major patient harm (TJC, 2014).

PROCEDURE

- When the demographic information has been received and the accepting agency is ready to receive patient report, a **TIMEOUT** will be called by emergency medicine physician, nursing, or prehospital staff and a patient care handoff report will occur.
 - **“Attention please: EMS Timeout”**.
- All staff participating in the **TIMEOUT** will be expected to stop and listen to the EMS handoff report prior to patient transfer from EMS to hospital staff.
- Transfer of the patient from the EMS cot to the hospital bed will occur after the handoff report is complete.
- Caveat: When a patient requires emergent attention to airway, breathing, or circulation or at the discretion of the hospital team leader, the transfer of patient care may occur prior to a formal handoff report. Once an initial patient assessment is completed and the patient is considered stable by the hospital team leader, then a formal **“EMS Timeout”** handoff report can occur.
- EMS will provide the handoff report using the **MIST mnemonic (APPENDIX A)**.
 - The EMS Timeout Handoff Report will be limited to 30-45 seconds.
- When EMS completes the handoff report, the EMS member giving the handoff report will ask the hospital staff **“Are there any questions?”**
 - If yes, those questions will be answered.
 - If no, the EMS member giving the handoff report will state **“EMS Timeout Report is complete, please transfer {patient name}”**.

This same process should be used during all healthcare provider patient care handoffs.



Central Ohio
Trauma System

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APPENDIX A: MIST MNEMONIC

The Central Ohio Trauma System supports the use of this guideline and the **MIST** mnemonic when performing a **Patient Care Handoff Report** during transfer of care from one healthcare provider to another.

M	Age/Sex (include patient's name), Mechanism of Injury; or Medical Complaint/History
I	Injuries (time of injury, list head to toe); Inspections (time of onset, brief medical exam/findings)
S	Vital Signs (first set and significant changes, include glucose)
T	Treatment (obtain transfer of care signature)

REFERENCES

- Institute of Medicine (1999). To err is human: Building a better health system.
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