Handoffs and transitions are a critical aspect of care coordination in hospitals. Due to changes in the patient care model, patient information is being transmitted with much greater frequency throughout a hospitalization and the continuum of care than in prior years, providing increased opportunities for information to be lost, forgotten or misinterpreted.

The goal of the project was to improve the quality and safety of physician-to-physician handoffs as evidenced by an increase in the AHRQ Hospital Survey on Patient Safety score for the handoffs and transitions dimension among physician respondents as well as improvement in a qualitative assessment of overall handoff quality.

**Methods**

- The IHI Collaborative Model Approach with three Learning Sessions and Action Periods (AP) was used to structure the project.
- Regular web meetings were hosted to facilitate communication between learning sessions and connectedness to the main campus for offsite participants.
- Each sub-specialty or practice team selected a type of handoff (inpatient shift change, end of service handoff, outpatient provider handoff, inpatient to outpatient handoff) and an area of focus (setting, content/communication, minimizing distractions or organization/efficiency) for their improvement efforts based on their baseline data.
- A global change package was designed by focus area to standardize the interventions selected for testing and an improvement advisor assigned to each team to facilitate just-in-time QI education throughout the project.

**Results**

A total of 18 medical sub-specialty teams participated on the main campus, 6 primary care teams and 3 offsite partner hospital teams.

One hundred and ninety-eight individual providers completed handoff evaluations, with a total of 756 assessments. Over the course of the project the average scores from all seven handoff assessment questions showed improvement with the overall quality of the handoff score improving from 7.9 at baseline to 8.5 at the conclusion of AP 3 (on a 9 point scale). The AHRQ perception of handoffs and transitions dimension score rating by attending physicians within the Department of Pediatrics improved from 41.4% at baseline to 43.6% (goal 43.9%).

**Conclusions**

The collaborative approach proved to be a successful way to engage providers in a multi-specialty improvement project. Providers had local ownership for their specialty specific changes to improve the handoff with the most opportunity in their clinical practice (inpatient or outpatient) while feeling connected to a larger body of work and departmental goal to improve handoffs across the organization.