

**I PASS the BATON**  
**Strategies and Tools to Improve**  
**Healthcare Handoffs and Transitions**

**I – Introduction:** A formal introduction of the oncoming/off-going provider needs to be conducted. This ensures the continuum of patient care and allows the oncoming provider to ask questions if further clarification is needed after the handoff has taken place. Moreover, with a move toward patient-centered care, it is also important to involve the patient, to ensure that patients are aware of their care plan, and that they know who is treating them. Often, many hospital patients cannot remember the name of the nurse who is responsible for caring for them and do not know who to ask for if they need assistance. Therefore, it would be helpful for an oncoming nurse to introduce herself or himself to the patient before the off-going nurse leaves his/her shift. Including this element is more crucial within the ambulatory care setting where patients are actively responsible for managing their own medical care

**P - Patient:** It is important to make certain that the correct patient is identified during the handoff process. During this process, the patient's name, identifiers (medical record number, name band, SSN, etc.), age, sex, and location (if appropriate) should be reviewed.

**A - Assessment:** Defining the patient's "problem" is of importance as well. The patient's presenting chief complaint, vital signs, symptoms, and diagnosis should be shared with the oncoming healthcare provider. Within a hospital setting, this information will provide a foundation for the oncoming nurse/physician to establish the normal parameters for the patient's condition and diagnosis (i.e., blood pressure, chest pain).

**S – Situation:** The current status of the patient's circumstances, level of (un)certainly, recent changes, response to treatment, including code status needs to be communicated with the oncoming staff. For example, the oncoming nurse may need to follow-up and assess if the 2mg of Morphine IVP just administered, relieved the patient's pain or if further action is needed.

**S – Safety Concerns:** Any critical lab values/reports of studies, socio-economic factors, allergies, alerts (fall, isolation, etc.) must be presented during the handoff process. This information will indicate to the oncoming provider any triggers or potential hazards that may compromise the care delivered to the patient.

## **THE**

**B – Background:** The patient's co-morbidities, previous episodes, current medications, and family history should be shared with the oncoming provider. These facts will allow the provider to determine a broader scope of the patient's needs and who should monitor the patient's condition. For example, if the patient is diabetic, lower calorie meals may need to be ordered for the patient.

**A – Action:** Prior actions or patient interventions with a brief rationale should be shared with the oncoming provider. For example, the patient underwent a cardiac catheterization via the left groin due to a recent heart attack. This will prompt the oncoming nurse to check for any bleeding or complications at the incision site in the left groin area.

**T - Timing:** The level of urgency and explicit timing of interventions are factors that must be included during a formal handoff. This will allow the oncoming provider to prioritize their actions for caring for the patient. This can best be exemplified in a situation where a patient needs to be properly prepped for an upcoming procedure or test, such as a CT scan of the abdomen with contrast, in which the patient may need to drink a substance 30-60 minutes prior to the scheduled test.

**O – Ownership:** During the handoff process, the responsible healthcare provider/team and family members of the patient should be reviewed. This will give the oncoming providers the ability to contact the correct physician/nurse/team during a critical emergency or for any concerns that may arise. In addition, it allows the physician or nurse to consult and notify the patient's family members during an emergent situation.

**N – Next:** Next steps in the patient's care plan and/or any anticipated changes should be shared. If a patient is scheduled to be discharged from the hospital the next day, the oncoming provider could begin to educate the patient on any restrictions on their activity, scheduled follow-up visits, and prescribed medications. In addition, contingency plans should be shared answering the question "what if?" If the patient's lab values are abnormal, is there a standing intervention already ordered? For example, if the potassium serum level is at a 3.1, is there a standing order to intervene and stabilize the patient's potassium level above 4.0?