

## Implementing Warm Handoffs

Many healthcare providers use warm handoffs when referring patients to another provider in a healthcare setting. A warm handoff occurs between two healthcare providers in the patient's presence as one provider transfers patient care information, explains why the other provider can better care for a particular condition, and emphasizes the team approach to care.

Engaging in warm handoffs enhances communication and teamwork, facilitates care coordination and transitions, helps build relationships, and provides a safety check.<sup>1</sup>

This handoff strategy is particularly helpful when integrating behavioral health and substance use treatment services with primary and/or specialty medical services.<sup>2</sup> The National Council for Mental Wellbeing explains that warm handoffs “can reduce the likelihood of no-shows and normalize the role of other services in team-based care. . .”<sup>3</sup>

The following risk tips provide high-level guidance on the steps and considerations involved in creating and implementing warm handoffs in healthcare settings.<sup>4</sup>

1

Make a list of all situations in which patient care is transferred or patient information is exchanged within the healthcare setting — also known as transition points. For each transition point, document the sender, the receiver, what is handed off, the mode of handoff, the place the handoff occurs, and when the handoff occurs.

2

Determine which transition points would benefit from a warm handoff strategy. Consider prioritizing handoffs that (a) are high priority from a patient engagement and patient safety perspective, and (b) require minimal changes to workflow.



3

Examine current workflow processes and consider each person's role in the transition points. Formal process mapping and informal patient shadowing are effective methods to assist in watching each staff member at these transition points and documenting what they do, when they do it, and where they do it.



4

Based on a comprehensive understanding of current workflows, develop standardized workflows incorporating warm handoffs. For situations in which a patient is transitioned from one provider to another, the standardized structure should include an introduction by the referring provider to the next provider, a review of the relevant patient details and next steps in care, and an opportunity for patients/families to ask questions and discuss concerns.



5

Solicit feedback about new workflows from relevant stakeholders, including healthcare providers, staff members, and patients/families.



6

Perform test runs of the new workflows to evaluate their effectiveness and pinpoint any obstacles or unplanned circumstances, such as situations that may take more time than scheduled or those that may contribute to double booking. Discuss potential problems in staff meetings to allow all team members to help troubleshoot and develop solutions.



7

Train all providers and staff member on the new warm handoff workflow process prior to implementation. Use a gradual implementation approach to allow the team time to acclimate and address any glitches. Consider creating a checklist that providers and staff members can use as a job aid to support consistency and quality.



8

Educate patients and families about warm handoffs. Consider posting or distributing an educational [factsheet](#) to help describe the process, purpose, and benefits of this handoff approach.



9

Assess the implementation of warm handoffs. Ask staff members to share their successes and failures and provide feedback on all aspects of them through staff meetings, huddles, and feedback sessions.



10

Be cognizant of when a warm handoff may need to be tweaked to accommodate a specific patient or circumstance, such as for anxious and depressed patients or those with limited English proficiency. Providers should use their discretion and best judgment in these situations.

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## Endnotes

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<sup>1</sup> Agency for Healthcare Research and Quality. (n.d.). *Warm handoffs: A guide for clinicians*. Retrieved from [www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-guide-for-clinicians.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-guide-for-clinicians.pdf)

<sup>2</sup> National Council for Mental Wellbeing. (n.d.). *Optimizing handoffs for in-person and virtual services*. Retrieved from [www.thenationalcouncil.org/wp-content/uploads/2021/11/Warm-Handoffs-for-In-Person-and-Virtual-Services.pdf](http://www.thenationalcouncil.org/wp-content/uploads/2021/11/Warm-Handoffs-for-In-Person-and-Virtual-Services.pdf)

<sup>3</sup> Ibid.

<sup>4</sup> The risk tips in this publication are adapted from the following resources: Agency for Healthcare Research and Quality. (n.d.). *The guide to improving patient safety in primary care settings by engaging patients and families: Design guide for implementing warm handoffs*. Retrieved from [www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warmhandoff-designguide.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warmhandoff-designguide.pdf); Agency for Healthcare Research and Quality. (n.d.). *The guide to improving patient safety in primary care settings by engaging patients and families: Implementation quick start guide: Warm handoff*. Retrieved from [www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-qsg-brochure.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-qsg-brochure.pdf); Oldini, C., & Leza, M. (2020, September 3 [last updated]). *Implement a warm handoff strategy to follow at time of discharge*. Retrieved from <https://nastoolkit.org/explore-the-toolkit/best-practice/30>; National Council for Mental Wellbeing, *Optimizing handoffs for in-person and virtual services*.

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