

Morning handover of on-call issues: opportunities for improvement.

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Devlin MK, Kozij NK, Kiss A, et al. Morning handover of on-call issues: opportunities for improvement. JAMA Intern Med. 2014;174(9):1479-85. doi:10.1001/jamainternmed.2014.3033.

<https://psnet.ahrq.gov/issue/morning-handover-call-issues-opportunities-improvement>

The safety of the [signout](#) process has been improved through research into [standardized signout techniques](#), which focus on improving the quality of information transfer when the primary clinician is leaving the hospital in the evening. Comparatively less attention has been paid to the morning signout process, when the primary clinician resumes care of the patient. This cross-sectional study conducted at two academic medical centers in Toronto found that the morning signout is also error-prone. Covering physicians frequently failed to inform primary clinicians about important clinical issues that arose overnight and also did not document these events in the medical record. This study—as well as others demonstrating that cross-covering clinicians often fail to engage in [active listening behavior](#)—illustrates the role of shared responsibility between the primary and covering physicians in the signout process. A related editorial discusses the increased prevalence of handovers as a consequence of resident duty hour regulations and the resultant consequences on the quality of patient care.