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**ABSTRACT**

Patient transition from one unit to another can be a vulnerable time for a hospitalized patient, with potential for error and communication breakdown.

Nurses are integral in these patient transitions but often lack a standardized approach for handoff. These communication failures are a leading cause of sentinel events in hospitals. This project focuses on implementation of a standardized handoff mnemonic and its impact on nurse's perceptions of efficiency, safety, and quality of patient handoffs.