

# In Inpatient Nurses, How does Standardized Patient Handoff During Shift Change Affect Nurse Communication and Satisfaction?

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## Background

- Patient handoffs are a necessary component of current medical care.
- Complete and accurate exchange of information about a patient from one health care provider to another is a critical element of patient care and safety.
- A handoff is described as the transfer of patient information from one patient care provider to another during transition of care.
- Communication of inaccurate or incomplete information is a leading cause of serious medical errors, resulting in 2 out of every 3 reported sentinel events.
- Healthcare has grown increasingly complex. With healthcare providers coming from all different cultures with different communication styles the chance of miscommunication is broadened.
- Errors related to miscommunication is the reason it is vital for organizations to have a standardized patient hand-off communication process.
- A standardized patient handoff tool has been shown to improve satisfaction among health care providers.

## Practice Change

- Assessed the current nurse satisfaction with patient handoff before and after providing a standardized handoff sheet
- Observe for improved nurse satisfaction by comparing the survey results before and after standardized handoffs.

## Methods

- Pre-implementation of standardized patient handoff - post nurse satisfaction survey administered on G5 and PO3.
- Updated patient handoff sheet with input and suggestions from nurses on G5 and PO3.
- Presented information to staff; standardized patient handoff material was distributed via huddles and flyers in staff mailboxes.
- Administered post-satisfaction survey to nurses on G5 and PO3.

## Measures and Results

Standardized Handoff Tool		
Name:	Code Status:	
Age:		
Reason for Admission:	PMH:	
Precautions:	LOC:	
<b>Diet:</b>	<b>Blood Sugars: Y/N</b> ACHS __ 5x__ Q6__	<b>Allergies:</b>
<b>Activity:</b> SCDs: Y/N TEDs: Y/N Daily Weights: Y/N	<b>Continent/ Incontinent</b> Last BM: Foley: Straight Cath:	<b>Wounds:</b>
<b>O2:</b> Y/N L: CPAP/ BIPAP	<b>Lines:</b> IV/ PICC/ Port/ TLC AV Fistula/ Ash Cath	<b>Notes:</b>
<b>Medications:</b> Whole/Crushed Drink/ Applesauce/ Tube		<b>PRNs:</b>
Continuous Infusions: _____		
Neuro __ __ __	Assessment __	POC __
CSM __ __ __	IV __	Shift Summary __

## Results

Pre-Survey n=20

Rate on a scale from 1-5 (1 being the worst, 5 being the best).	1	2	3	4	5
Are you satisfied with the report you receive?	5%	0%	20%	50%	25%
Is report given in an appropriate amount of time?	5%	10%	25%	40%	20%
Are the current patient handoff sheets helpful?	5%	10%	15%	15%	55%
Are reports you receive accurate?	0%	5%	30%	35%	30%

Post-Survey n=20

Rate on a scale from 1-5 (1 being the worst, 5 being the best).	1	2	3	4	5
Are you satisfied with the report you receive?	0%	5%	25%	45%	25%
Is report given in an appropriate amount of time?	0%	0%	30%	45%	25%
Has the new handoff tool helped to create a more satisfactory report?	10%	15%	35%	25%	15%
Are reports you receive accurate?	0%	5%	25%	35%	35%

## Summary/Discussion

- Implementing the standardized handoff was our first step to improve nurse satisfaction and patient safety through complete and accurate shift reports.
- Standardizing this report requires continued and adequate use of the patient handoff sheet and to continue to make them available for use on the patient care floors.
- A barrier to standardized implementation is variability in nurse styles, the time allowed for bedside report, and patient condition.
  - 40 % of nurses surveyed found the standardized report sheet more than satisfactory giving it a grade at or above 4 out of a possible 5.
- **Some feedback we collected through our surveys from the nursing staff was:**
  - “I like the computer generated patient handoff sheet, Please don’t get rid of it!”
  - “Report needs to be timely, documentation/shift wrap up needs to be completed after patient handoff has been given to provide the oncoming nurse with their undivided attention.”

## Conclusion

- Most nurses surveyed on PO3 and G5 supported the use of standardized patient handoff and were willing to use the handoff tool provided.
- While the standardized handoff provides a guide for report, there is still variability from nurse to nurse related to nurse style, time and patient condition.

### References

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