

## Background

- Nursing report is a process of exchanging vital patient information to ensure safe patient care and the delivery of the best clinical practices
  - The joint commission acknowledges that more than “4,000 hand-offs” occur every day
  - Communication failures resulted in “30 percent of all malpractice claims, resulting in 1,744 deaths and \$1.7 billion in malpractice costs over five years.”
- The recommendation made by the joint commission was to standardize training on conducting a successful handoff from sender to receiver
- The standardized handoff report in the clinical setting increases nurse satisfaction and helps improve report efficiency, teamwork, nursing accountability, and report accuracy

## Practice Change

Increase registered nurses’ (RNs’) knowledge of the importance of a standardized handoff report in daily clinical practice

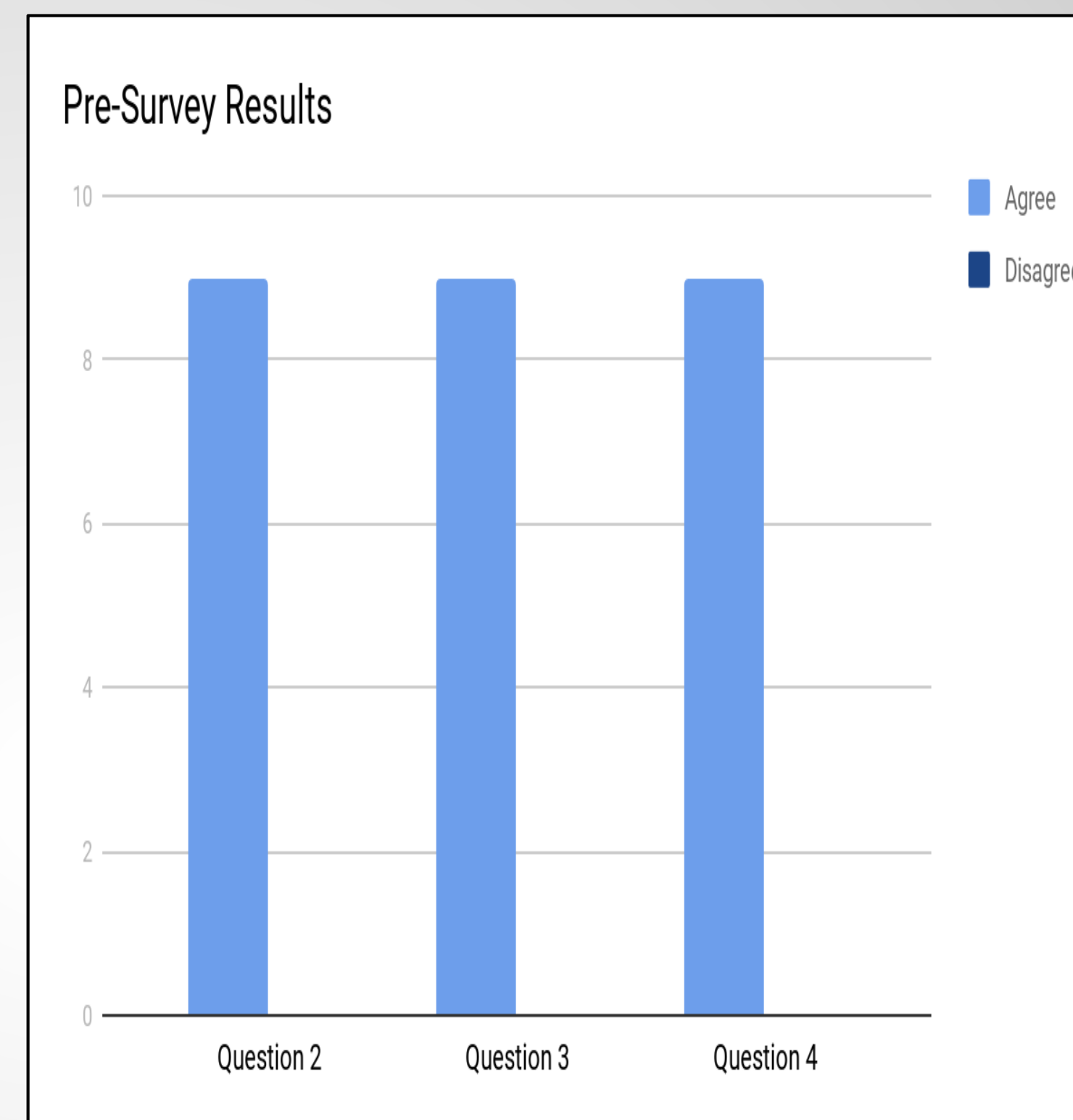
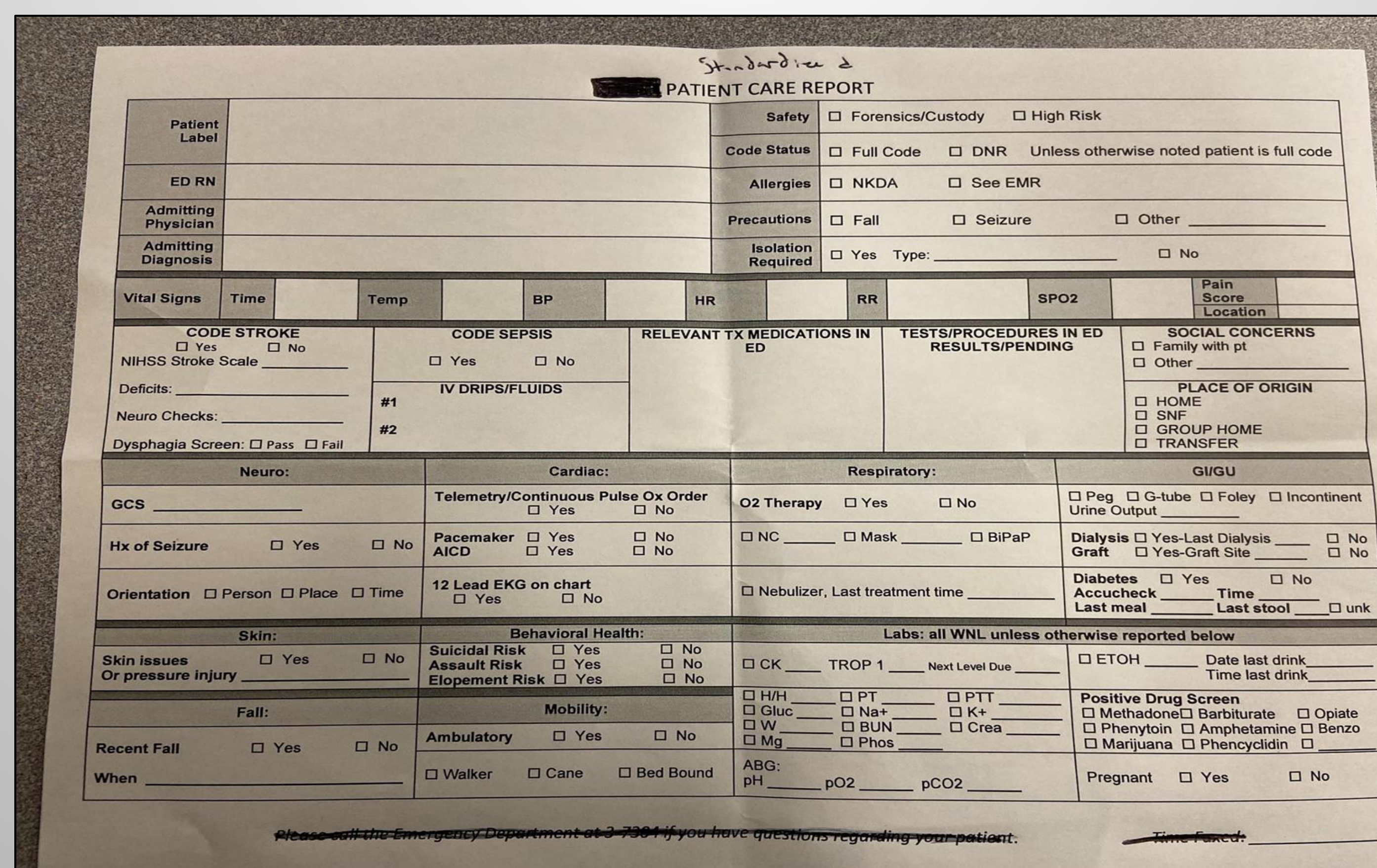
## Methods

- Administer anonymous paper pre-surveys to RNs
- Presented educational pamphlets for RN’s to review individually
- Anonymous post-surveys administered two weeks after education

## Measures and Results

### Pre-Survey Results (n=23)

- Pre-standardized Patient Care Report Survey
- How do you like the current handoff report you use? Pros and Cons?
  - Agree or Disagree: Do you feel important patient care information is often lost during shift changes?
  - Agree or Disagree: Problems often occur in the exchange of information across hospital units?
  - Yes or No: Are you willing to trial a Standardized Patient Care Handoff Report?
  - Do you have any ideas to make handoff reports easier and more effective?
  - See sample sheet. What do you think? What would you add/delete? ( see attached image)

**Standardized PATIENT CARE REPORT**

**Patient Label:** \_\_\_\_\_

**ED RN:** \_\_\_\_\_

**Admitting Physician:** \_\_\_\_\_

**Admitting Diagnosis:** \_\_\_\_\_

**Vital Signs:** Time: \_\_\_\_\_ Temp: \_\_\_\_\_ BP: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ SPO2: \_\_\_\_\_ Pain Score: \_\_\_\_\_ Location: \_\_\_\_\_

**CODE STROKE:**  Yes  No  
NIHSS Stroke Scale: \_\_\_\_\_

**CODE SEPSIS:**  Yes  No

**RELEVANT TX MEDICATIONS IN ED:** \_\_\_\_\_

**TESTS/PROCEDURES IN ED RESULTS/PENDING:** \_\_\_\_\_

**SOCIAL CONCERNS:**  Family with pt  Other: \_\_\_\_\_

**PLACE OF ORIGIN:**  HOME  SNF  GROUP HOME  TRANSFER

**Neuro:** GCS: \_\_\_\_\_ Hx of Seizure:  Yes  No Orientation:  Person  Place  Time

**Cardiac:** Telemetry/Continuous Pulse Ox Order:  Yes  No Pacemaker AICD:  Yes  No

**Respiratory:** O2 Therapy:  Yes  No NC: \_\_\_\_\_ Mask: \_\_\_\_\_ BiPaP: \_\_\_\_\_ Nebulizer, Last treatment time: \_\_\_\_\_

**GI/GU:** Peg:  G-tube:  Foley:  Incontinent Urine Output: \_\_\_\_\_ Dialysis:  Yes-Last Dialysis: \_\_\_\_\_  No  Graft:  Yes-Graft Site: \_\_\_\_\_  No

**Skin:** Skin issues Or pressure injury:  Yes  No

**Behavioral Health:** Suicidal Risk:  Yes  No Assault Risk:  Yes  No Elopement Risk:  Yes  No

**Labs: all WNL unless otherwise reported below**

**Fall:** Recent Fall:  Yes  No When: \_\_\_\_\_

**Mobility:** Ambulatory:  Yes  No Walker:  Cane:  Bed Bound

**ABG:** pH: \_\_\_\_\_ pO2: \_\_\_\_\_ pCO2: \_\_\_\_\_

**Positive Drug Screen:**  Methadone  Barbiturate  Opiate  Phenytoin  Amphetamine  Benzo  Marijuana  Phencyclidin

**Pregnant:**  Yes  No

**References:**

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## Summary/Discussion

- Next Steps:**
  - Implement standardized handoff report in clinical setting
  - Follow up with RNs who use the standardized handoff report to check the report efficiency or the need for modifications as needed
  - Continue to provide education to RNs working in the clinical setting
- Barriers of this Study:**
  - Lack of time to complete trial and do a post survey
  - COVID pandemic and cancelled residency days
  - Some RNs are reluctant to use the standardized handoff report since they have their own nursing handoffs

## Conclusion

- A standardized handoff report plays an important role in improving high quality patient care and workflow during their shifts
- The largest barriers to the use of standardized handoff were identified to be a lack of time to complete post survey and reluctance to try out the standardized handoff over their own handoffs
- Written education provided to RNs will help outline why standardized handoff report should be a priority in the clinical setting