Standardizing Bedside Handover Utilizing Improvement Science Methodologies

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Background
- The Joint Commission (TJC) has established the importance of effective communication among nurses as a National Patient Safety goal requiring institutions to develop a standardized approach to handoff communication (The Joint Commission 2007).
- TJC also added a National Patient Safety goal to encourage patients to be actively involved in their own care as a patient safety strategy.
- Recommendations from the literature included:
  ❖ Utilizing focus groups
  ❖ Including a structured approach with a standard set of information
  ❖ Interacting with the patient is essential
  ❖ Improved handovers require education of staff and monitoring of ongoing effectiveness

Purpose
- To transform the traditional change of shift handover between nurses from a process based on the memory of the off going nurse into a standardized, patient centered interaction focused on goal setting and patient engagement

Methods (cont’d)
- The study utilized a mixed methods approach
  ❖ IRB approval obtained
  ❖ Listening sessions
  ❖ Brainstorming sessions
  ❖ Education created
  ❖ Implementation
  ❖ Follow-up with direct observation repeat of the “Modified Handover Evaluation Scale”

Setting/Sample
- A tertiary care hospital in the Midwest
- All medical and medical/surgical units (N=3)
- All RN staff (N=approx. 75)

Study Flow
- Presentation of proposal content to the site leadership to gain support
- Recruitment of site liaison
- Submit document for IRB approval
- Listening sessions held (6 sessions on various shifts)
- Recruitment of program planning team members
- Brainstorming sessions with small tests of change following each
- Created education (various modalities)
- Implementation
- 6 month follow up
  ❖ Direct observations
  ❖ Repeat “Modified handover evaluation scale”
  ❖ Data analysis

Results
- Direct observations showed that RNs were able to verbalize protocol but question whether it is embedded into practice
- Repeat of the Nurse’s Perception’s survey demonstrated no change from the results of the 2015 study
- Identified gaps in peer accountability
- Identified potential unclear leadership expectations during the study time period
- Potential patient satisfaction improvement under communication with nurses

Limitations
- Limited participation in focus groups
- Minimal partnership from unit leadership
- 12 hours shifts

Conclusions
- Leadership support is crucial
- Clear expectations need to be designed for clinical nurses championing the protocol
- Post-implementation survey showed no change in nurses’ perceptions from the 2015 study

Implications
- Clear communication of leadership expectations during program rollout and sustainability
- Further research is needed to identify sustainability

References

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