Background

The Joint Commission (TJC) has established the effectiveness of 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 to the 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)

❖ Repeat of the “Modified Handover Evaluation Scale” (O’Connell, MacDonald, and Kelly, 2008)
❖ Descriptive statistics were used to analyze this data

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

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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Limitations

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