

IMPROVING THE NURSING END-OF-SHIFT HANDOFF THROUGH STANDARDIZED REPORTING

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Background: End-of-shift patient care handoff is fundamental in the healthcare setting. It is through this mode of communication that patient nursing and medical care plans, safety concerns, and continuity of care are facilitated. According to JCAHO in 2003, “absent or inaccurate information can have deleterious effects on patient care. In fact, 65% of the 2,966 sentinel events identified from 1995 to 2004 are caused by breakdown in communication” (JCAHO 2003).

Aim: The purpose of this study was to determine whether the use of a standardized handoff tool resulted in the improved communication of essential elements of care, resulting in better patient outcomes, and increased nurses’ satisfaction in adult acute care settings.

Methods: A series of content analysis audits undertaken pre-implementation, at one, three and six months was conducted comparing end-of-shift report content with written information found in the medical charts. End-of-shift reports were audiotaped, with only one auditor, for the entire study. 25 patient charts and end-of-shift reports were analyzed, each time, for baseline and one-month data. Three and six month data are presently pending. Furthermore, a total of 25 baseline and 25 one-month staff satisfaction surveys were collected. The study aim was to determine whether the implementation of a standardized handoff tool improved the content of report, increased the communication of essential elements during handoff, and elevated staff satisfaction with end-of-shift handoff.

Results: Chart and audiotaped audits revealed that the utilization of a standardized handoff process resulted in an overall increase in the presence of essential elements of care content in report. For example, there was an increase from 46% to 81% in the presence of general information content in report, which included information about the patient’s allergies, resuscitation status, length of stay, stability level, etc. Staff satisfaction surveys collected at the one-month period revealed: a) a slight decrease in satisfaction with report time adequacy, b) minimal difference from baseline in regards to satisfaction with receiving pertinent information about the patient’s condition, c) slight increase in satisfaction in regards to the perception of the patient condition matching what is received in report, d) a slight increase in satisfaction with improvement of interpersonal relationships between shifts, e) a definite increase in staff satisfaction with getting patient care questions addressed at report, and f) an increase in feeling that each staff is accountable for completing nursing care.

Discussion: As the research indicated, the overall increase in the reporting of essential elements illustrate that a standardized handoff tool improved reporting considerably. One-month data, however, showed minimal increase in staff satisfaction.

Limitations: The results of the study are representative of only one ward in San Francisco General Hospital. Study tools did not include accuracy measurements.

Implications/Conclusion: Three and six-month data needs to be collected to finalize data analysis. Staff report-flow improvement suggestions collected should also be implemented and brought for approval with the unit manager. In addition, with the move to computerized charting, computerized handoff charting should be strongly considered to increase staff satisfaction with reporting time adequacy.

Abstract References:

Joint Commission on Accreditation of Healthcare Organizations. (2003). *Sentinel Events Statistics* [announcement]. Retrieved March 31, 2007, from <http://www.jointcommission.org/SentinelEvents/Statistics/>