Evaluating Outcomes of a Structured Handoff Communication using SBAR between Registered Nurses

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Purpose

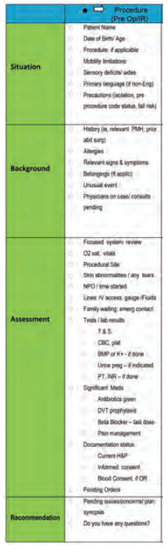
The purpose of this project was to evaluate if a structured handoff tool using SBAR can reduce patient errors, improve clinical outcomes and provide nurses with an effective, efficient, consistent and expected means of handoff communication.

Background

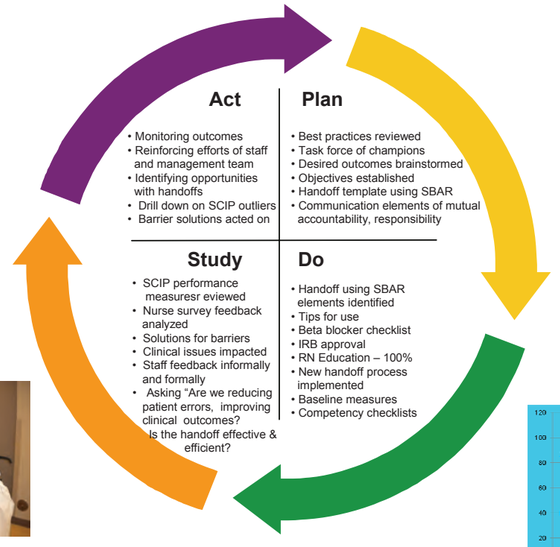
Today's work environment for nurses is frequently hurried with rapid patient turnover and increasing demands for improved quality. Both quality clinical outcomes and patient safety are at risk during patient handoffs between RN providers whenever the exchange of information is incomplete or ineffective. Problems arise whenever information is not delivered clearly and completely or when it is misunderstood by the receiver. Patient handoffs occur anytime there is a transfer of responsibility for a patient from one nurse to another. Patients are at a higher risk whenever there is multiple handoffs as vital information may not always be effectively passed on from one nurse to the next. The surgical patient is the most vulnerable to handoff errors (Amato-Vealey, 2008) as there are multiple handoffs and a need for communicating information that may be of a critical nature for patient safety, clinical outcomes or optimum service delivery.

Methods

Using a Plan, Do, Study, Act (PDSA) Model this process change was created, implemented and provided ongoing support for the culture change. A Task Force of champions at the Thompson peak campus representing the various clinical units of patient care including management and staff from Perioperative Services, Emergency Department, Intensive Care, Medical Surgical Telemetry and Informational Services met on a biweekly basis to determine the essential elements of the patient care information that needed to be conveyed whenever a patient care handoff occurred. Elements for patient safety and clinical quality of a high volume or high risk nature were identified under the specific Situation, Background, Assessment and Recommendation components. This involved a discovery of commonalities amongst the task force members, as well as, unique needs between departments. This led to the development of one tool that could be used by any department and was focused on the patient needs of the receiving department. Nurses were surveyed within the first month of implementation to determine if there was any modification to the elements and resurveyed 6 months after using the new Handoff using SBAR process. A survey tool was reviewed by the taskforce champions to accomplish obtaining the desired feedback. The Surgical Care Improvement Performance (SCIP) measures were identified that could be impacted by the handoff process between nurses and baseline measure summaries were reviewed.

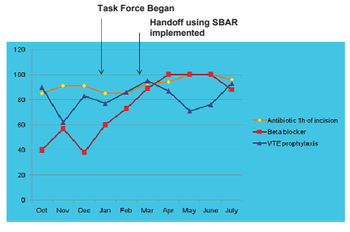


Partial Handoff using SBAR



Surgical Care Improvement Project (SCIP) are national measures of quality care

Clinical measures impacted by handoffs include:
- Antibiotic within 1 hour of incision
- Beta Blocker therapy
- VTE prophylaxis ordered



Tips for use

Tests / lab results (pre procedure)

EKG	Indicated for all patients > 50 yr old
T & S	Indicated for: All joint replacements, Hip fracture repairs, Neck and back surgeries, Carotid Endarterectomy, AAA, (endoluminal graft), Prostatectomy, Nephrectomy, Cystectomy, Hysterectomy, Laparotomy, Cholecystectomy, Colectomy **Crossmatch, if ordered**, always for: Pancreatectomy, Splenectomy, Whipple
CBC, plat	CBC for all patients > 50 yr old. H&H, platelets if IR procedure
BMP or Kr – if done	BMP for all patients > 50 yr old. Last Glucose, if diabetes/ insulin coverage
Urine preg – if ind	Indicated for childbearing females, age 15 – 50 of childbearing status. excluded if hysterectomy/ menopausal
PT, INR – if done	Indicated for IR procedures
Documentation status	Pre procedure
Current H&P	Status of H&P: if dictated & transcribed (copy can be viewed); otherwise if written and on chart. **H&P good for 30 days**
Informed consent	Status of consent; Signature obtained after the Procedural physician has explained risks and benefits. No abbreviations or symbols in the Procedure description.
Blood Consent	On all surgeries
Xrays/ Diag tests post proc/ status	to include the status of any x-ray for location (e.g. central line placement)
Pending Orders	Any orders not yet completed and rationale
Questions??:	Always leave time for questions and address any concerns

	Handoff using SBAR began									
	Oct '08	Nov '08	Dec '08	Jan '09	Feb '09	Mar '09	Apr '09	May '09	Jun '09	Jul '09
Antibiotic 1h of incision	85	91	91	85	85	93	94	100	100	96
Beta blocker	40	57	38	60	73	89	100	100	100	88
VTE prophylaxis	90	62	83	77	86	95	87	71	76	93

Findings

Improvement in the clinical outcomes impacted by handoffs improved with the implementation process of the handoff tool using SBAR. A decline in the VTE prophylaxis indicator was noted and a decline in the beta blocker indicator was noted in June. A drill down identified that the handoff using SBAR had not been used consistently and contributed to the decline.

Initial survey results indicated high acceptance of the Handoff using SBAR process (92%)
88% indicated that the tool was *very* effective, very efficient, and very complete.
Follow up survey - 43% response rate and a good distribution between the departments
- 85% indicated that they usually or always use the Handoff SBAR tool for handoffs for patients going to surgery

Top benefits of the tool include:
- Tool identifies the necessary elements
- Can anticipate what to expect
- Focus on the important elements

Greatest barriers in using the tool consistently include:
- Other staff are uninterested
- Other staff do not use it
- Tool is not always user-friendly (*noted from ED responders*)

Recommendations to continue to support SBAR, reminding staff to consistently use it including new or temporary staff, and to suggest to include concept in RN nursing programs.

Limitations include small sample size and relatively short span of time to evaluate change.

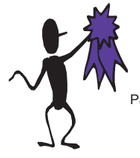
Summary

Cultural change is an evolving process that requires reinforcement with rationale and an openness to solve for barriers. This change was perceived as extremely positive by RN staff but the continuous, consistent use was not always sustained by all staff. SCIP measures that are impacted by handoffs improved. VTE prophylaxis improvement was not sustained consistently. Although greater than baseline, a decline in the beta blocker therapy indicator was noted in June. Sustaining improvement requires ongoing focus on the structured handoff approach and may be of a multi-factorial nature. Ongoing reinforcement of this process will be needed to assure it becomes a cultural reality.

Findings suggest that a structured handoff tool using SBAR contributes in:
- reducing patient errors
- improving clinical outcomes
- providing an effective, efficient, consistent and expected approach for nurse handoffs between departments and at shift to shift reports

Using this process on a consistent basis is recommended to sustain impact.

This success of this project is with ***all of the staff*** who were open to process change in building a culture to reduce patient errors and improve clinical outcomes.



The Task Force Champions
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