

Key Takeaways

- SBAR handoff tool is an efficient and comprehensive strategy to facilitate a nursing handoff report from the ED to other units
- Effective nursing communication improves clinical care practices & health outcomes

Purpose

- ❖ To improve utilization of a standardized handoff tool (SBAR) to improve communication during the transition of care between the ED and floors within acute care setting
- ❖ To increase RN satisfaction with a more efficient and complete handoff report for ED transition of care to other units

Background

- ❖ Evidence suggests 1 of 3 causes of sentinel events is poor communication
- ❖ The Quality and Safety Council identified a lack of efficient communication between the Emergency Department (ED) to inpatient units with transitions of care
- ❖ Inefficient RN handoff increased stress and contributed to dissatisfaction
- ❖ The ED handoff in EPIC was underutilized and did not include pertinent information important to nurses

Methods

Design: Pre Post Survey Design

Setting: Acute care hospital

Intervention(s):

- ❖ Prior to EBP intervention a pre-assessment was done to capture data on use of ED SBAR tool for handoff communication between ED and transition of care to other units within hospital
- ❖ EPIC technology was used to examine original SBAR tool. Smart-phrases were updated with pertinent information identified by nurses
- ❖ Safety & Quality Council members did rounds on inpatient units, attended safety huddles, and staff meetings to educate RNs on the new ED SBAR process
- ❖ The intervention included developing QR code and TIPS sheet as methods of education on how to find the SBAR note, the new and updated SBAR smart-phrase and reviewed the expectations with the new SBAR

Measures:

- ❖ A post survey was completed after implementation

Results

- ❖ The sample was (N=185) nurses in acute care setting
- ❖ The pre-survey showed 57% had not utilized the ED to inpatient SBAR tool
- ❖ Interestingly the pre-survey indicated only 17% of respondents were satisfied with current handoff communication
- ❖ After the educational intervention, the post-survey reported 95% utilized the SBAR tool, & 75% were satisfied with new ED SBAR for handoff communication
- ❖ There were significant differences in pre intervention and post responses for items:
 - *Do you utilize the ED to Inpatient unit SBAR note (Z=4.17, p<.041)*
 - *Do you know where to locate the ED SBAR note in EPIC (Z=16.67, p<.001)*
 - *How satisfied are you with the current ED to inpatient handoff procedures (Z=5.98, p<.001)*

SITUATION	BACKGROUND	ASSESSMENT	RECOMMENDATION
<p>SITUATION Identify current concern/risks</p>	<p>BACKGROUND State concisely and in client-centered terms why the client is receiving care and the client's treatment goals</p>	<p>ASSESSMENT Provide information about what did and did not happen during your shift</p>	<p>RECOMMENDATION Inform receiving staff about what tasks need to be continued/followed up</p>
<p>"What is happening right now?"</p>	<p>"What has happened?"</p>	<p>"What I found/what I believe the problem is"</p>	<p>"What I would like done/suggest"</p>
<ul style="list-style-type: none"> • Client name • Age • Allergies • Diagnosis -psychiatric & medical • Legal Status and forms (expiry dates) • CPR status • Immediate concern - Pri's given 	<ul style="list-style-type: none"> • Reason for hospitalization • Risks* (self-harm, suicidal, violence, falls, AWOL, infection, fire setting, substance use) • Needs – IPOCs initiated, safety and comfort plan • Medical issues • Family/SDM situation 	<ul style="list-style-type: none"> • Current assessment – pain level, VS, labs • Behaviour – MSE/ FMI • Risks* – current DASA, SRA, Falls • Strengths/Interventions used and outcomes • Utilization of passes • Progression towards goals/ IPOCs 	<ul style="list-style-type: none"> • Orders to clarify/receive/ follow-up • Status today – any new/urgent risk • Client advocacy needs • Approach with family/SDM • Continuation of Care - Treatment due, reconcile medication, outstanding tasks

Implications for Clinical Practice

- ❖ This EBP project identified a gap in care, used the evidence to find a solution and successfully implemented education throughout the hospital
- ❖ The transition of care between the ED and other units within the hospital significantly improved with use of ED SBAR handoff communication
- ❖ The modified SBAR handoff tool increased RN satisfaction with a more efficient and complete handoff report from the ED to other units within the hospital

Contact Information

For questions please contact Donna Curtis at Donna.Curtis@GreenwichHospital.org