A PROTOCOL TO ENHANCE NURSE-TO-NURSE COMMUNICATION DURING PATIENT HANDOFF

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Introduction

The importance of how well nurses communicate with each other, physicians, nursing assistants, pharmacy staff, and janitorial staff makes the difference in patient care and safety and the patient’s attitude toward healthcare and compliance with their plan of care. Baggs et al. (1992) have observed improved communication and collaboration results in more positive patient outcomes, higher satisfaction, and lower readmission rates. If nurses are at the heart of the communication process, and are carrying out this process efficiently, then it’s safe to say that the client is more likely to have increased positive patient outcomes and higher satisfaction with the care being provided.

Evidence suggests that communication improves when nurses handoff involves the patient and is carried out using a structured reporting format (Mascioli et al 2009, Tucker et al 2009).

The World Health Organization (2007) recommends the use of the SBAR (Situation, Background, Assessment, and Recommendation) tool to standardize handoff communications. The hospital where our research was conducted has a policy in place that states using the SBAR tool when giving hand off information combined with bedside report.

Bedside Reporting, which is what our study facility participates in, is only effective when done properly and even then it has its drawbacks. A simple drawback is the “inclusion-exclusion” of patient’s from their care. The RN’s may be in the patient’s room, but the focus is on discussing the case to the next RN on duty in terminology that the patient does not understand. This may be in the patient’s room, but the focus is on discussing the case to the next RN on duty in terminology that the patient does not understand. This creates a “parallel” perception of RN care from the patient, which is better than no perception, but can still be improved upon for better patient outcomes.

Literature Review

Benefits of Modification

- Increased Hand-Off Report Efficiency
- Increased Nurse Participation
- Higher Patient Satisfaction
- Less Morbidity and Mortality
- Less HIPAA Violations
- More Hospital Reimbursement
- Positive Patient Satisfaction Surveys

Policy Alterations

Current Policy
30 minute complete bedside report SBAR

Proposed Modification
15 minute RN to RN patient handoff in designated area
15 minute patient rounding

Patient Satisfaction Survey

<table>
<thead>
<tr>
<th>NURSES “ALWAYS” COMMUNICATED WELL</th>
<th>PATIENTS WHO “STRONGLY AGREE” THAT THEY UNDERSTOOD CARE WHEN LEAVING HOSPITAL</th>
<th>PATIENTS WHO GAVE THEIR HOSPITAL A RATING OF 9 OR 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>52%</td>
<td>72%</td>
</tr>
<tr>
<td>75%</td>
<td>49%</td>
<td>65%</td>
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Clinical Implications

- Adherence to the hospital’s handoff communication policy regarding the use of Situation Background Assessment Recommendation (SBAR) when passing on specific relevant information from one team member to another for the purpose of ensuring the continuity and safety of the patient.

- Proposed model creates a more meaningful, time saving method of patient handoff therefore increasing both nurse and patient participation.

- Patient Satisfaction Survey results will improve thereby increasing hospital reimbursement.

- More meaningful time spent with patient- rather than discussing case in parallel to patient speaking in medical jargon. Nurse would be speaking directly to them in understandable terms.

- Less HIPAA violations.

- Having an effective patient handoff would lead to more holistic nursing care, leading to less morbidity and mortality.

References