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Improving Nurse Handoff Communication with an End of Shift Summary SmartPhrase

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Improving Nurse Handoff Communication with an End of Shift Summary SmartPhrase

BACKGROUND

- An effective shift handoff for nurses is essential in providing safe and optimal care^{1,2}
- Misinformation can lead to delays in care, errors and patient harm^{1,2}
- Literature demonstrates that the use of a standardized tool to guide shift handoff improves transfer of information and continuity of care^{1,2}

PURPOSE

- To improve shift handoff among nurses on Medical Surgical, Oncology, and Telemetry units at Providence St. John's Health Center
- The current lack of guidelines as to what should be documented in the nurse's end of shift summary results in a wide variation in the content of shift handoff from nurse to nurse

REFERENCES

1. Usher, R., Cronin, S. N., & York, N. L. (2018). Evaluating the Influence of a Standardized Bedside Handoff Process in a Medical–Surgical Unit. *The Journal of Continuing Education in Nursing, 49*(4), 157–163. doi: 10.3928/00220124-20180320-05
2. Jukkala, A. M., James, D., Autrey, P., Azuero, A., & Miltner, R. (2012). Developing a Standardized Tool to Improve Nurse Communication During Shift Report. *Journal of Nursing Care Quality, 27*(3), 240–246. doi: 10.1097/ncq.0b013e31824ebbd7

METHODS

- Cross-sectional survey of perception of communication
- An established scale was used to measure nurse perception of communication “MICU Shift Report Communication Scale”²
- The scale was distributed via paper and pencil and electronically

INTERVENTION

- Developed a standardized Epic SmartPhrase for end of shift summary documentation
- Developed with input from bedside RNs, Charge RNs, and management

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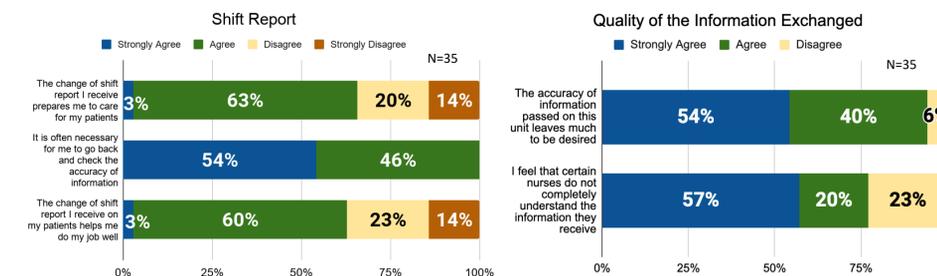
Primary problem: *** Significant history of ***
Vital signs: {Vital signs stable:43681}
Abnormal labs and replacements: ***
Tests/Consults: ***
Pain/PRN Medication: ***

A&O x *** {language:42551} speaking
Mobility: {Mobilitynursing:41919}
High risk for fall :{yes:21565} Bel
GU: {Urinary Elimination:42549}
Last BM: ***
Skin: {Skinnursing:43046}
IV Line:
Pt takes pills {Swallowing:42548}
Psychosocial: ***
Discharge disposition: ***
    
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LIMITATIONS

- The measurement scale used was developed for the ICU setting
- Staff turnover between pre and post evaluation

RESULTS AND OUTCOMES



- Preliminary data gathered from 35 nurses on the Medical Surgical Unit (65% response rate)
- Data shows perceived need for improvement in handoff communication
 - 94% agree the accuracy of handoff “leaves much to be desired”
 - 77% believe their peers do not fully understand the report
 - 37% do not believe the report helps them do their job well

CONCLUSIONS/DISCUSSION

- This intervention is needed to address the perception of poor communication
- Strategies must be implemented to ensure the new practice is adopted
- The tool itself needs ongoing evaluation to ensure all critical elements of a handoff are included