



## Contemporary Issues

# Standardized handoff report form in clinical nursing education: An educational tool for patient safety and quality of care



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## Introduction

Handoff is defined as a process used by health care professionals when providing a status report to other members of the health team. This is necessary whenever another health care staff takes over the responsibility of the care of one or more patients during end-of-shift, staff meal time, personnel emergencies, and when transferring a patient to another floor, service, or facility. It is an essential element in the seamless, consistent, and uninterrupted care of patients (Agency for Healthcare Research and Quality [AHRQ], n.d.). With health care processes and patient care needs becoming more complex, there can be situations when wrong, inaccurate, or incomplete information can potentially be passed on to the next health care professional when important handoff tools and protocols are not available or used appropriately. The miscommunications occurring at handoff situations are one of the leading causes of serious but preventable errors (The Joint Commission [TJC], 2014a). Harmful outcomes of handoffs when conducted inappropriately or inadequately include improper and delayed treatments, adverse events, omissions of care, increased hospital length of stay, avoidable readmissions, increased hospitalization costs, inefficiencies and redundancies, and poor patient and staff levels of satisfaction (TJC, 2014b).

There are many handoff tools being used between and among clinicians in different health care organizations. Students assigned to various healthcare organizations for the clinical component of their baccalaureate education quickly learn that handoffs vary from one healthcare organization to another. While components of the patient's condition and care are included in these reports, there is no consistent, universal, or standardized form used by healthcare organizations to facilitate easy adaptability by students of lessons learned about handoffs from their didactic classes and clinical simulation. Although the literature reports the

importance of effective communication skills in the analysis of handoff issues, there is a notable lack of publications on handoff specific to clinical nursing education. It is unclear how students learn or practice handoff (Collins, 2014; Rose, 2013). This article describes the use of a standardized handoff report form that serves as a tool for nursing students, to assist them in crafting a well-organized, complete, and accurate status report of patients assigned to them during a medical–surgical clinical. The form contains prompts based on the National Database of Nursing Quality Indicators (NDNQI) to help the students to be consistent with the patients' plan of care (Staggs et al., 2015).

## Background and Significance

Handoff is a critical nursing activity. When it is not done properly, it can lead to varying degrees of errors and omissions. Healthcare organizations have come up with their own tools (e.g., checklist, audio recording, Kardex, I-SBARR (identity, situation, background, action, recommendation, read-back) notes, electronic alerts, notecards, etc.) to be used by outgoing nurses to sign-off their patients to the staff of the next shift. The impetus to use a standardized handoff report stems from regulatory mandates for safer health care (Institute of Medicine [IOM], 1999; TJC, 2014b). Despite the growing research on handoffs in professional nursing practice (Riesenberg et al., 2010), there is limited publication when it comes to handoffs in clinical nursing education.

While handoff is taught in coursework, there is evidence that students struggle using available handoff tools effectively in the clinical setting (Tschannen et al., 2012). Because their patient care experience is limited, students tend to be disorganized, anxious, and lack focus during handoff or change-of-shift interactions. These are serious barriers to high-quality and effective handoff. Collins (2014) described how students reported limited opportunities to develop and enhance their competency in handoff, as well as being unclear with what components of handoff constitute best practices. Students require more exposure and practice with the handoff process, even by way of simulation, to increase their confidence and proficiency, reduce anxiety, promote teamwork, and enhance critical thinking (Collins, 2014; Rose, 2013). Using standardized handoff checklists or forms increase the quality of shift-to-shift reports, improve compliance with safety benchmarks, and enhance the clinical education experience of nursing students (Hales and Pronovost, 2006).

The use of a handoff checklist during change-of-shift also functions as a guide for a more focused and comprehensive patient assessment and care (Aebersold et al., 2013). Popovich (2011) conducted a study to assess the quality of change-of-shift handoff in the clinical rotation of students in a pediatric nursing unit using a standardized form (the 30-second head-to-toe handoff). Results showed various omissions

related to patient safety, such as missing name bands, incorrect infusion pump settings, and erroneous alarm parameters, among others discovered by students using the form (Popovich, 2011). This finding illustrates the importance of using standardized handoff tools appropriately to maintain and sustain quality care, patient safety, and to reduce patient care errors. Reviewing the handoff form with the instructor helped students overcome anxiety and foster their confidence (Popovich, 2011). Enlow et al. (2010) reported the use of standardized forms for routine change-of-shift and critical situations by students in a nursing baccalaureate program using the I-SBARR format. The authors confirmed the effectiveness of using this handoff format for summative evaluation and for the remediation of students who required improvement in their communication skills.

A systematic review conducted to understand barriers to effective handoff reported that despite the well-known negative consequences of inadequate handoffs, very little research has been done to evaluate the application of best practices. There is a great need for rigorous research on handoff that focuses on the effects of systems factors, human performance, and the effectiveness of structured protocols (e.g., standardized forms or checklists) relative to quality and safe patient care (Riesenberg et al., 2010). Findings of this research highlight the need for quality improvement initiatives to enhance the processes involved in handoff that can be initiated and hardwired in pre-licensure nursing education. The change-of-shift handoff form described in this article is an attempt to facilitate the education and adaptability of nursing students in using standardized change-of-shift report forms, incorporating best practice recommendations (Riesenberg et al., 2010). This standardized form is currently being used by nursing students of a particular nursing program (1) between the faculty and students, (2) between healthcare organization staff and students, and (3) among students during their medical–surgical clinical practicum.

### Significance of the Student Change-of-Shift Handoff Tool

Handoffs in clinical units among professional nurses usually emphasize those involving critical incidents or those that are low volume, high-risk situations (e.g., patients in respiratory distress, shock, cardiac arrests, hemorrhage etc.). These are patient care situations that pre-licensure nursing students only occasionally encounter during their clinical practicum (Benner et al., 2010). The I-SBARR handoff tool used by professional nurses in critical incidents is not quite applicable to nursing students because their clinical practicum typically entails the care of high volume, low risk patients. The standardized change-of-shift handoff form described in this article is designed specifically for use in routine change-of-shift report by nursing students. It provides students a quick bird's eye view of critical and relevant aspects of the patient's clinical status before the students meet their assigned patients. This form incorporates essential patient care information that mirrors what staff nurses include in their handoff report between shifts. Tailored after NDNQI benchmarks and specific medical–surgical nursing learning outcomes, use of the form enhances professional socialization of students into the routine of high-volume, low-risk acute patient care.

The use of this standardized handoff form is particularly relevant because of the heightened focus on safe and quality patient care. Its ultimate goal is to eliminate preventable harm that sometimes result from substandard handoff (IOM, 1999, 2010). The American Association of Colleges of Nursing (AACN) recommends that developing appropriate and safe handoff be an essential aspect of the competencies of baccalaureate nursing students (AACN, 2006). Additionally, there is increased attention towards innovations that integrate information technology to enhance patient safety (AACN, 2008; Technology Informatics Guiding Education Reform [TIGER], 2006). In many health care organizations, students and faculty have limited or no access to patients' electronic health record because of logistics, security, and privacy issues. Using the standardized handoff form described here is an alternative tool that students can use to be made aware of the plan of care

prior to meeting the patient assigned to them and become proficient in prioritizing interventions. The tool can also serve as a guide when signing off to staff nurses at the end of their clinical shift.

### The Checklist Advantage

The main purpose of the change-of-shift handoff checklist described here (Table 1) is to provide alerts and cues to the students to assist them in the care of high-volume, low-risk patient care situations (e.g., a stable asthma patient) as opposed to the high-risk, low-volume critical incidents (e.g., chemotherapy overdose). The main benefit of the standardized handoff tool is to assist students to become organized, comprehensive, and consistent in the handoff process. It is in written format, and not merely an oral report that is based on memory. Having a written checklist will assist the nursing student to master providing good quality handoff that is not based on mental memory. The form makes it explicit to the student what the minimum expectations are in the care of patients assigned to them, even tasks that are considered routine, such as bed baths or serving food trays (Gawande, 2009; Pronovost, 2013). (See Table 1 and 2.)

### Change-of-Shift Report Form in Clinical Education

The need to develop and use standardized forms for change-of-shift handoff has been emphasized by regulatory groups, as well as researcher-clinicians (TJC, 2014b; Pronovost, 2013; Gawande, 2009; Hales and Pronovost, 2006; Institute for Healthcare Improvement [IHI], n.d.). There are no published articles on the use of standardized change-of-shift forms used in non-simulated clinical nursing practicum. This is notable considering that patient care experiences with actual patients, and not those conducted under simulated conditions, form the most important component of clinical education (AACN, 2008).

Quality handoff between students and faculty and between students and staff nurses is critical and requires a well-thought out assessment and synthesis of the care rendered to patients in order for it to serve its purpose. Developing a standardized form that will facilitate an important aspect of the clinical education of nursing students and eventually their proficiency and competency in the practice of safe and quality nursing is relevant and long overdue.

### Implementation: A Prototype Handoff Form for Medical–Surgical Clinical Practicum

There is standard but essential information that need to be “handed-over” during change-of-shift regardless of the type of clinical practicum site. These include the patient's name, room number, diagnosis, allergies, etc. A committee consisting of faculty involved in clinical nursing education can be tasked with designing an efficient change-of-shift handoff form that meets specific learning outcomes and at the same time facilitates contextualized real-time learning.

The current structure of nursing education does not make the best use of its resources (Benner et al., 2010). In clinical education, the main resources are the nursing faculty and staff nurses. Implementing high-quality handoff between faculty and students requires planning and collaboration between these two key resources. The faculty must have a clear grasp of the course learning outcomes, having reviewed them well ahead of time. This provides focus on the type of patients to assign to the students. Arriving at the clinical site one hour before the official start of the clinical rotation allows ample time for faculty to select appropriate patients to assign to the students and obtain a handoff report from the night staff. An essential question during interactions with the staff is to ask, “*what's the plan for this patient for the incoming shift?*” This simple strategy allows for an outcomes-focused report for the clinical instructor to follow through with the nursing student during the shift.

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