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Nursing Handoff: Implementing a standard handoff communication tool between outpatient and inpatient

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Purpose: The Joint Commission identifies a standard handoff during patient transitions as a National Patient Safety Goal. Despite the importance of handoffs, many hospitals do not have a standard handoff process in place. The purpose of this quality improvement project was to implement a standardized and structured nursing handoff process between a pediatric outpatient hematology/oncology clinic and a pediatric inpatient hematology/oncology unit utilizing the SBAR communication tool to evaluate its impact on nurse perception of missed care and nurse satisfaction.

Project Design: The project design was a quality improvement project utilizing a Plan-Do-Study-Act (PDSA) rapid cycle improvement model to implement a standard and structured handoff process using SBAR.

Method: Nurses in the hematology/oncology clinic and inpatient unit were educated on a mandatory structured handoff process utilizing the SBAR tool. Staff nurses completed surveys before and after the handoff process. Data was compared in the aggregate and reviewed for statistical significance. The objectives of this project were 1. Decrease missed care in the pediatric hematology/oncology patient population between the outpatient clinic and inpatient nursing staff. 2. Increase the outpatient hematology/oncology clinic nurse and the inpatient hematology/oncology nurse satisfaction. All data was reported as frequencies and percentages.

Results: There was a statistical difference identified between pre- and post- implementation groups in the area the area of communication (p = 0.0009) and nurse satisfaction (p = < 0.0001). There was a significant difference in urgent patient needs (p = 0.0224) and reassessment (p = 0.0011). There was no statically difference between pre- and post- implementation groups between demographics and job characteristics.

Conclusion: Nursing handoff is an essential component of patient care. The communication of information between care givers can potentially affect patient care and teamwork between healthcare providers caring for patients. The handoff process utilized in this QI project required nurses to communicate in a structured way during admission from an outpatient clinic to an inpatient unit. It improved perception of communication, decreased the perception of missed care and increased nurse reported satisfaction and teamwork.

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