

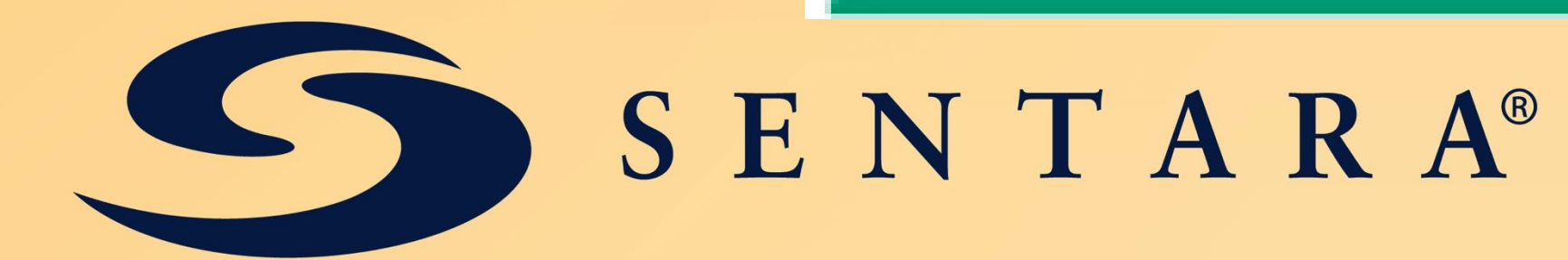
Optimizing an Effective Team Leader Handoff

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INTRODUCTION

Team Leader (TL) handoff report assists Registered Nurse (RN) in charge to exchange timely accurate information which in turn enables successful patient outcomes of care to be achieved. TL handoff report lacked structure and consistent information being exchanged. In an attempt to optimize an effective handoff process between TL during shift change, the Leadership Team of a 24 bed Medical-Surgical Nursing Unit, in collaboration with Nursing Information Technology (IT) has designed and created a “TL Notes” property column in the Electronic Medical Record (EMR). The goal of this initiative is to standardized TL shift handoff report, reducing time while ensuring safe, accurate, and consistent report information that could positively impact patient outcomes and increase RN satisfaction.

GOAL

The goals of this tool were to:

- ensure proper communication of important information within the time allotted for TL handoff report (25 minutes).
- create a structured report process to identify and facilitate walking rounds on high risk patients*
- enable TLs to easily identify status of goals based on organizational clinical initiatives and identify barriers to discharge disposition
- increase satisfaction of TL

*high risk patients = receiving high risk continuous IV meds, high fall risk, central line, multiple lines & drains

PROJECT DESCRIPTION














Collaborative efforts of the Leadership Team and IT lead to the development and design of a temporary TL communication notes. The TL Notes template was created based on information needed for successful planning during Multi Disciplinary Rounds and patient rounding. This planning in turn impacts positive patient outcomes of care and ability to help guide newer nurses with care decisions.

A grouping of specific report list columns that would provide consistent information were decided upon by the TLs and were set up in each TL’s EMR report list. Additional information needed for accurate and consistent report is entered manually in the “Team Leader Notes” template of the EMR’s Communication/Post-Its. This EMR tool has facilitated an organized, accurate communication report tool.

Data was analyzed by the Leadership Team and a structured template of information was agreed upon for report data. The following information was prioritized and arranged in the following order on the template: where the patient was admitted from, pertinent history, significant test results, pending procedures or treatments, patient of focus, customer service concerns, discharge disposition and any barriers, and activity level.

TL comes in 30 minutes early to do handoff report. Outgoing TL will update the TL notes before shift change and prints out the report tool towards end of the shift. Incoming TL uses report tool to receive report from outgoing TL. This omits the need for incoming TL to hand write all the information on a paper tool. It also enables the TL to be more attentive to information exchanges. After verbal report, both TLs round on high risk patients, and also covers the floor while nurses are in bedside shift report.

Example of TL Shift Report List

<div><div> Others</div><div> Remove</div><div> Add Patient</div><div> Copy</div><div> Paste</div><div> Gantt Chart</div><div> Work List</div><div> Reports</div><div> Quick Validate</div><div> Doc Flowsheet</div><div> Patient Report</div><div> Glucocommander</div><div> Form Reprints</div></div>										
Aileen TL Shift Report (21 Patients)										
Room #	Patient Name Name/Age/Sex	EMR	Attending	Diagnosis	Code St Text	Telemetry Box #	Actual Length of Stay (Days)	Disch Disposition	Clinical 3 Review	Team Leader Notes: SLH PILOT ONLY
2	Leigh, A, 54, M	123456	West, A, MD	SEPSIS, DUE TO FULL UNSPECIFIED ORGANISM	14	5	Home Health	Clin 3 Sepsis: score not done within 4 hours (West) Lactate 1.16= 3/19	Admitted from: home/transfer from ICU Significant Hx: Chronic respiratory failure w/ Home O2 3 L	
								Sepsis toolkit teaching done	Treatment: IV abx, 3 L NC=> >93% -Tylenol PRN for fevers -Norco for back pains PRN	
									Tests/Labs: temp: 99.2 Wbc: 20.3 = 3/22 ^	
									Other: cdiff +	
									Dispo: Home DIC 3/24?	
									Activity: assist x 1	

Example of TL Notes in the Post-It Section

SmartLink Phrase Builder

3

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5 FILL IN ALL INFO.

6

1 Comments

Admitted from: Home with slurred speech, numbness, htn

Significant Hx:

Treatment: neuro BID - no order, bedside swallow done

Tests/Labs: MRI Head/Lumbar/Cervical 3/2
CT Head - no acute findings, showed malformation

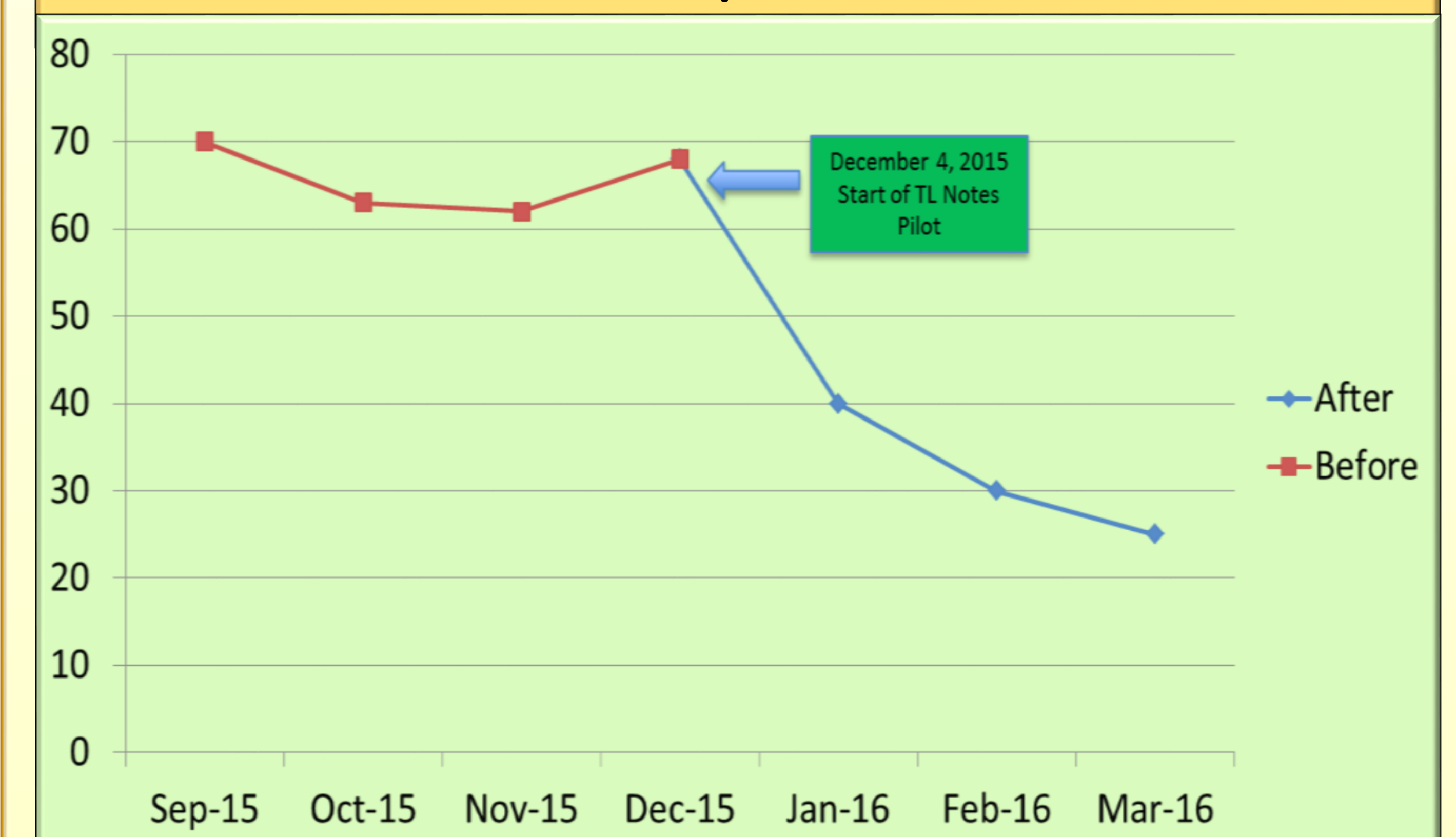
Other: right side weaker

Dispo:

Activity: Self

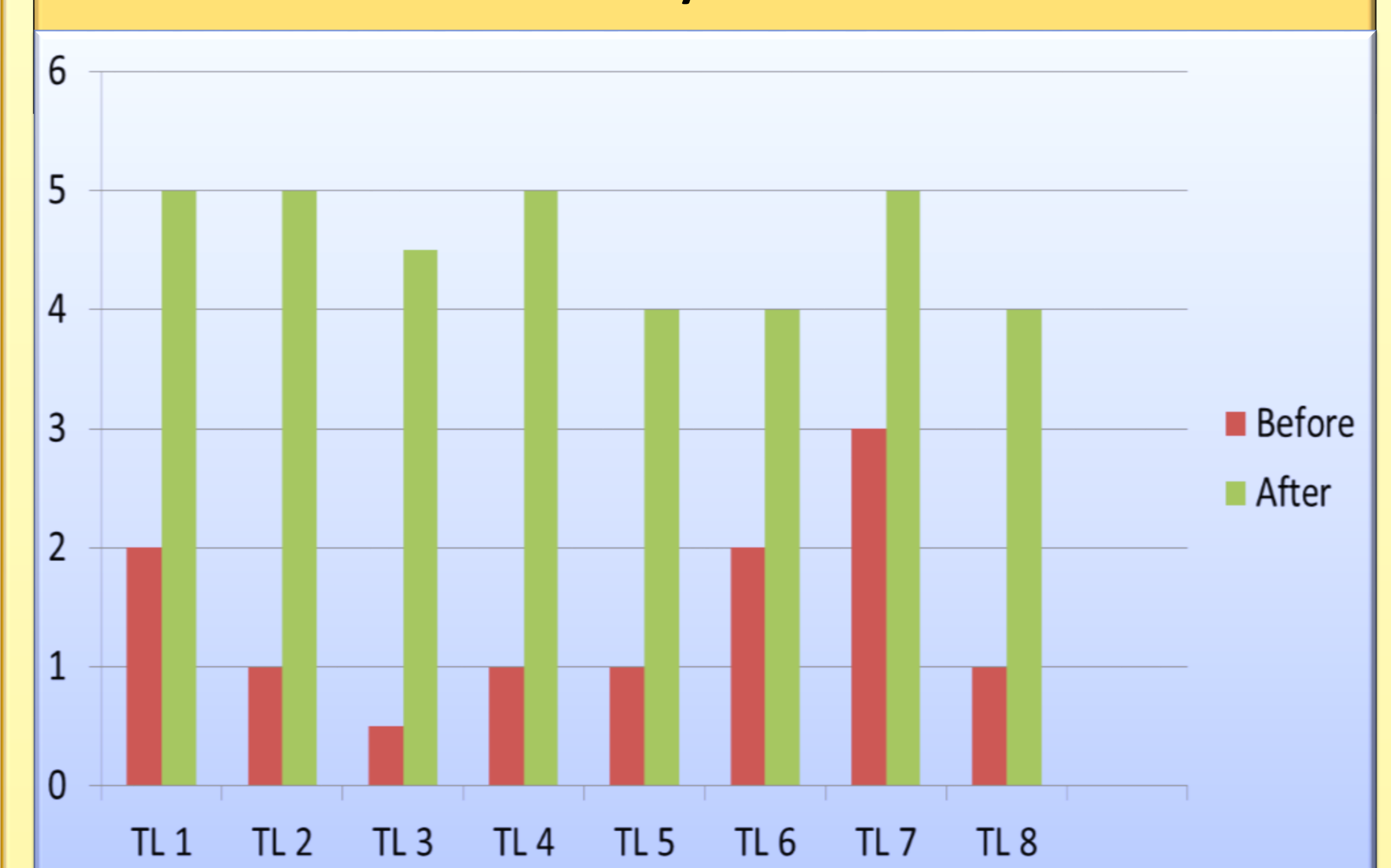
TL HANDOFF TIME IN MINUTES

24 Patients with Walking Rounds on High Risk Patients Prior and Post Implementation



TL HANDOFF SATISFACTION SURVEY

0 = Never Satisfied 1 = Somewhat Satisfied
2 = Seldom Satisfied 3 = Satisfied 4 = Very Satisfied
5 = Always Satisfied



OUTCOMES

- Oncoming and outgoing TLs are able to complete an accurate effective handoff within the allotted report time frame
- Barriers to patient care goals or discharge are identified early and communicated effectively to the care team so solutions can be initiated
- High risk patients and unit safety are identified and walking rounds performed timely
- Overall it was noted that there was an increased satisfaction of TLs with handoff process

ACKNOWLEDGEMENT

Donna Baybay, BSN, RN, CMSRN – 2 West Unit Coordinator

Peter Obaldo, BSN, RN, CMSRN – 2 West Unit Coordinator

Robin West, BSN, RN – 2 West Clinical Unit Manager