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RN to RN Patient Handoff (ED to Inpatient Nursing Units) Embracing the Technology Already at Our Fingertips

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BACKGROUND

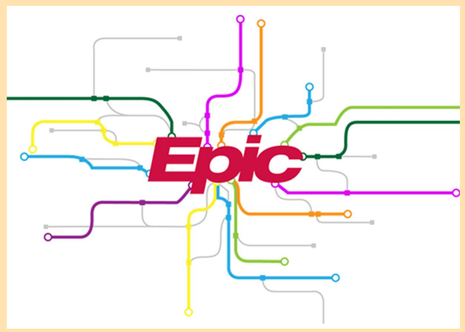
Nurse to nurse patient handoff is a high risk process where critical information must be passed in an efficient and consistent process. The process of giving verbal report is often viewed as time consuming, redundant and inefficient by many staff nurses.

Breaches in patient safety often identify ineffective handoff as a contributing factor (Hughes, 2008). According to the Academic Emergency Medicine Journal, documentation of critical care assessments, interventions and outcomes must be quickly accessible to subsequent providers to obtain optimal patient outcomes. Current research confirms a clear correlation between sentinel events and communication error.

Current research confirms a clear correlation between most sentinel events and communication errors. Gridlock in patient throughput in the Emergency Department (ED) amplifies the possibility of such errors. The purpose of this project is to identify communication gaps between the ED and Intensive Care Unit (ICU) and explore how use of current EPIC technology improves communication and reduces risk for suboptimal care.

QUESTION STATEMENT

Does collaborative problem solving and staff consensus building improve the effective handoff of the critical care patient from the ED to ICU?



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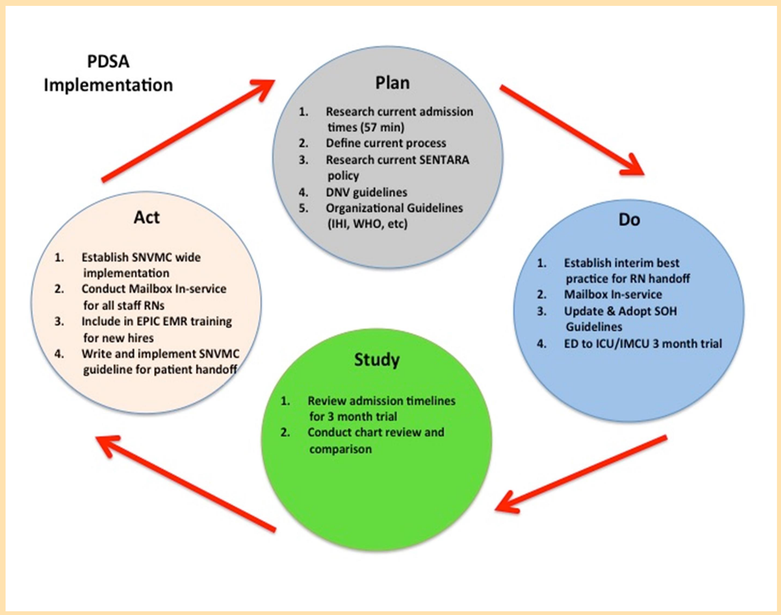
ASSESSMENT

- Phase 1 - examine the current standard and most common methods of documenting critical care interventions on ESI level 1 and 2 patients.
- Phase 2 - examine documentation of reassessment and further treatment of these same patients in the ICU.
- Phase 3 - compare and contrast documentation methods to find commonalities, trends and gaps.
- Phase 4 - identify key assessment modalities currently not used in the ED setting for future trial and implementation.

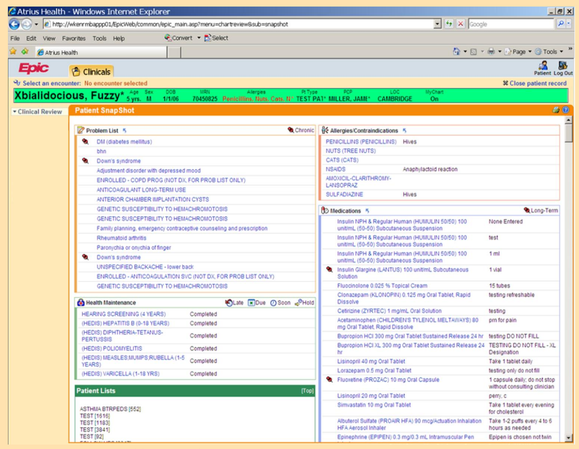
IMPLEMENTATION

- Plan-Do-Study-Act(PDSA) Implementation Model
- Follow and build from Sentara Obici Hospital's guidelines "Handoff Care of Patient from One Caregiver to Another" with inclusion of specific EPIC review of:
  - ❖ "RN Bedside Report" Tool
  - ❖ Medication Administration Record (MAR)
  - ❖ Treatment Notes
- Utilize electronic generated reports for RN to RN handoff
- Require review of EPIC "Bedside Report" or other comparable reporting tool, MAR and treatment notes by receiving RN



BENEFITS of EPIC Report Summary

- Ensures review of documentation
- Identifies barriers in admission process (VS, pain reassessments, sepsis screens, progress notes, MD courtesy orders)
- Ensures review of medication linking in MAR
- Improves efficiency and accuracy of communication
- Enhanced communication of care details normally not written in patient's chart.



Retrieved from http://nvhr.org/programs/epic-emr

CONCLUSIONS

The EMR promises a more precise and efficient RN to RN patient handoffs if the technology is fully implemented. EPIC EMR provides tools to improve the efficiency and accuracy of RN to RN patient handoff. Monitoring for active use of improved communication strategies as an ongoing quality improvement project will enhance the quality and safety of the ED critical care patient handoff.

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REFERENCES

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