Session Title: Improving Patient Safety

Hardwiring Standardized Nursing Bedside Handoff To Improve Patient Safety and Satisfaction

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Learner Objectives:
To engage you in the BMC journey to implement nursing bedside handoff
Discuss the structured handoff process I-PASS with SAFETY and sustainment strategies
Evaluate outcomes
- Metrics

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Boston Medical Center
Boston Medical Center (BMC)

- 315,000 Member Health Plan
- More than 5,000 Employees
- Network of 14 Community Health Centers
- 482 Bed Teaching Hospital
- Largest Provider of Trauma and Emergency Services in New England
- 860,000 Outpatient Visits per Year
- Primary Teaching Hospital of B.U. School of Medicine
- New England’s Largest Safety-Net Hospital
Quality Care and Patient Experience

**BMC FY2015 Update Dashboard**

- **Quality**
  - Mortality
  - Preventable Harm
  - Outpatient access
  - Hospital readmissions
  - ED Length of Stay
  - Diversity

- **Efficiency**
  - Operating income
  - Hospital length of stay
  - BMCHP members using BMC

- **Satisfaction**
  - Patient satisfaction
  - Employee engagement

- **Total Revenue**
  - Net patient service revenue
  - DSTI supplemental funding
  - Volume

**Our focused 2016 priorities**

1. **Quality of Care**
   - **Key measure:** Preventable harm

2. **Patient Experience**
   - **Key measure:** IP & OP satisfaction

3. **Growth**
   - **Key measure:** Volume
Background: Quality of Care

Substandard Hand-offs May Result in:

- Delay in treatment
- Inappropriate treatment
- Adverse events
- Omission of care
- Increased costs
- Inefficiency from rework

![Bar chart showing problematic hand-off results](chart.png)

Survey respondents (%)
Background: Patient Experience

- Keeps patients informed about their care
- Creates trust and reduces patient anxiety
- Increases accountability for nurses as they report off in front of patients
- Increases teamwork between shifts
- Is known to impact HCAHPS pain, care transitions, nurse communication, communication about medicine
- Provides a structured process to imbed future initiatives
I-PASS: Boston Children’s Hospital

- I-PASS handoff for both Physician and Nursing Teams
- Phased hospital roll-out 2015-2016
The BMC Process

**I**llness Severity
- Review Patient Status

**P**atient Summary
- Medical history up to admission

**A**ction Items
- Tasks to finish during RN’s shift

**S**ituational Awareness
- Questions by the oncoming

**P**ass
- Review/Repeat back to RN

**S**tand at the Bedside
- Introduce the oncoming RN

**A**ssess your Patient
- Check pain, IV, meds, skin, O2

**F**all Risk?
- Notify your patient

**E**xplain Plan of Care
- Review the schedule with patient

**T**ry to Involve Your Patient
- Answer any patient questions

**Y**
- Ask any remaining questions to your patient
Phases of Scale Up

1. Administrative unit includes core activities and support systems that need to be replicated in the larger health system.
2. Intensively test local ideas, generate a set of context-sensitive interventions for scale up “change package”

(IHI, 2016)
Phased rollouts in each area include:

- Meetings with directors, nurse managers, and educators to discuss project details and set timeline for go-live
- Simulation and training with nurse champions from each unit prior to the go-live date
- Engaging staff in the build of the electronic I-PASS handoff tool for their area
- Ensuring each RN on the unit views the training video, reviews changes to the policy & procedure for handoff, and has completed the post-test/attestation on HealthStream
- Laminated I-PASS/SAFETY reminders on the WOWs, nurse badge tags, and I-PASS EPIC tool available on each unit prior to go live.
Training Video: Nurse Champions

http://www.viddler.com/v/e3bb349c?secret=106547525
Acknowledge staff
Compliance be present during handoffs
Hardwire with nursing EPIC Tool
Investment of leaders/organizational alignment
Engage front-line staff in decisions
Verify through audit process
Evaluate metrics and share
Acknowledge; Through Shared Governance

Seek feedback regularly from frontline staff
Address barriers/Modify tool

Have formal shared governance structure to guide patient care
  ▪ Nurse Informatics Council
  ▪ Nurse Practice Council
  ▪ Fall Prevention Committee

Acknowledge those who do the process well at the bedside
  ▪ Real time coaching
  ▪ Staff evaluations

Share Metrics (successes)
Compliance

- Add to handoff policy and procedure
- Add the process into the RN Job description
- Ensure that you provide detailed education and guidance to existing staff
- Include in new employee orientation
- Manager presence during handoffs is key during the transition
- Hold staff accountable after process is hardwired
- Leverage technology
Hardwire
Investment from Leadership
Engage Front-line Staff in Decisions
I-PASS & SAFETY Audit Form

This form is to be used to complete audits of the I-PASS and SAFETY handoff procedures at Boston Medical Center.

* Required

Auditor's Name *
Your answer

Current Time *
Time

RN Giver *
Evaluate: Falls and Falls with Injury

Falls and Falls with Injury Rates for NDNQI Reportable Units at BMC

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<tr>
<th>Period</th>
<th>BMC Falls Rate</th>
<th>BMC Falls with Injury</th>
<th>NDNQI Falls Benchmark</th>
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Evaluate: Communication Nursing Domain

National percentile rank*:

- CY 15 Q1 (N=382): 73.8%
- CY 15 Q2 (N=352): 76.5%
- CY 15 Q3 (N=385): 77.2%
- CY 15 Q4 (N=383): 78.7%
Patient Experience: Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Rate the Hospital '9 or 10'

- CY15 Q1 (N=377): 66.8%
- CY15 Q2 (N=349): 67.6%
- CY15 Q3 (N=382): 69.9%
- CY15 Q4 (N=378): 75.1%
Next Steps

- Interdisciplinary communication project MD/RN
- I-PASS for other services PT/OT, Pharmacy, Respiratory Therapy
- Investigate additional metrics
  - Adverse events
  - Call bells

- Complete Epic handoff tools
  - Maternal child health
  - Procedural areas

- Reinforcement of key elements in nursing competency day – work toward IPASS “2.0”

- Ongoing observations/audits of handoff process
Questions
References


IHI.org retrieved from website course materials. Getting results at Scale 4/15/2016 (slide 10).


Reference


