Improving Handoff Education in Prelicensure Nursing Students: A Bundled Approach

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Learning Objectives

By the end of this presentation, the learner will be able to:

- Describe the rationale for development of a Nursing Handoff Educational Bundle (NHEB)
- Identify the components of the NHEB.
- Describe the use of the Handoff CEX as a mechanism to evaluate handoff quality

Disclosure:

The course author attests that no relevant financial relationship exists between her and any commercial entity which would present a conflict of interest.
LOCAL DEFICITS were noted in the handoff education of Rutgers-SNC nursing students:

- Variable processes
- Variable education
- Variable evaluation
Review of the literature

• Nearly 88% of novice nurse adverse events and near-misses involve handoff communications (Ebright et al, 2004).

• “A handoff is not a telegram” Cohen (2012).

• Experts ask more clarifying questions (Taylor, 2002, Horwitz et al., 2013).

• Novices are silent and more passive when receiving handoffs- Rayo (2014), Holly & Poletick (2014).
Bundled Approach?

A Handoff Bundle for medical residents reduced medical errors and adverse events by 15.5% (I-PASS Study: Starmer et al, 2013).
Situational Awareness:

Ability to identify, process, and comprehend critical elements of information happening around you (Endsley, 1995).

Perception

Understanding

Anticipation/planning
Methods and Procedures

• Quasi-experimental pre-test, post test
• Sample: 28 3rd semester ABS nursing students
• Data collected at beginning and end of 15 week semester while giving AND receiving handoffs.
• Location: at clinical sites
• Tool: Handoff CEX
• Experimental group (n=14) received handoff bundle.
Nursing Handoff Educational Bundle
(Avallone & Weideman, 2015)

Handoff CEX feedback

Standard Template

Student Workshop

Clinical Faculty Education
Student Workshop

- Focused Communication Strategies-TeamSTEPPS
- Use of SBAR
- Bedside Handoffs
- Role-play using Case studies with missing information
  - Shared mental model
  - Importance of recipient
  - Used Handoff CEX for evaluation
Clinical Faculty Education

- Handoff Best Practice review
- Use of Handoff CEX for formative evaluation
- Discussion of how NHEB could work in each unique clinical setting
• Student nurses need structure. No BLANK paper or 2x3 notebooks!
• Everyone should be “singing from the same hymnal”.
• No consensus in the literature on best template.
• Valid, reliable tool
• Measures both provider and recipient handoff
• Domains include organization, content, clinical judgment, setting, patient centered measures, and overall score.
Uses of Handoff CEX

- Peer review
- Formative evaluation in clinical postconferences
- During educational workshops when teaching handoffs.
- Incorporation into clinical evaluations (eventually)
Provider Handoff Improvement

Avallone & Weideman, 2015
Recipient Handoff Improvement

Intervention  Comparison

4.7     0.05
5.57    0.29
6.07    0.05
5.5     0.36

Avallone & Weideman, 2015
Results/Conclusion

• Experimental Provider and Recipient Handoff CEX scores improved significantly \((p<.001)\).
• The Handoff CEX provides a valid, reliable tool.
• The role of the handoff recipient must be stressed when educating novices.
• This bundled approach could be evaluated for applicability when onboarding novice nurses.


