Patient Bedside Hand-Off on a Medical-Surgical Unit
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Problem:
Change-of-shift reporting among nurses is one of the most common and complex hand-offs in healthcare organizations. Our 52-bed medical-surgical unit implemented ISHAPED (I=Introduce, S=Story, H=History, A=Assessment, P=Plan, E=Error Prevention, and D=Dialogue), a patient-centered change of shift hand-off process in Spring 2011 but it wasn’t being done consistently by the staff.

Evidence:
Hand-off communication is considered an “Always events®” by the Picker Institute. The concept consists of “Those aspects of the patient and family experience that should always occur when patients interact with healthcare professional and the delivery system.”

Strategy:
ISHAPED hand-offs were demonstrated on educational videos and were a component of an education campaign in June 2012. The videos were specialty specific and available on our Intranet. Staff nurses were required to view the videos online. The toolkit was place online to support leaders and staff in implementing optimal bedside hand-offs.

Practice Change:
The ISHAPED hand-offs needed to be hardwired into practice to assure the Patient Centered ISHAPED handoff would always occur. Unit leaders monitored and provided immediate feedback to nurses about their handoff communication. Peer coaching was encouraged. This allowed staff to ask questions and have a better understanding of ISHAPED. Our unit was able to customize our hand-off communication form for unit specific items such as “patient care companion”.

Evaluation:
Inova Health Systems added the question: “During your hospital stay, how often did the nurse going off duty introduce you to the nurse coming on duty who would be taking care of (you/your family member)?” to our PRC phone survey. We are able to view monthly reports and evaluate our results.

Results:
Our quarterly PRC results show an upward trend of patients answering “always” to the question over the past year (50% to 78.8%)

Recommendations:
Continue to do use ISHAPED as our form of hand-off communication at the bedside and evaluate effectiveness by monitoring our PRC scores on a quarterly basis.
Lessons Learned:
Standardizing educational material, effective coaching of staff and having the resources available were instrumental in achieving our goal which was to have increased ISHAPED usage.

Bibliography:

