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Standardized Handoff Report

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Published In/Presented At

Viebrock, C., Kemeter, A., & McWhite, V. (2016, August 19). *Standardized Handoff Report.* Poster presented at LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

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Standardized Handoff Report

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BACKGROUND / INTRODUCTION

- During handoff reporting, essential information is passed from nurse to nurse. Depending on experience, some nurses feel they need less or more information to be confident to start their shifts; this can lead to poor outcomes or complications if the nurse receiving the report doesn't receive a pertinent piece of information.
- Current practice requires only the use of the PER, or Professional Exchange Report. It was theorized that if a standardized requirement of information was to be used for handoff, nurses would feel comfortable enough to start their shifts without requiring additional time researching their patients, thereby increasing efficiency.

PICO

Does bedside guide along with utilizing the PER (profesional exchange report) versus just using the PER on medical surgical units lead to improved comfort and efficiency at the start of shift?

METHODS

The research was completed in three stages.

1. A survey was sent to each participating unit to determine what was important to the RNs to receive during report. 23 responders were subdivided based on years of experience.
2. Educational PowerPoint and laminated guide given to each RN to reference during report.
3. Follow up survey to determine if the education and use of guide increased the comfort and efficiency of the RN after report. There was a 43% response rate.

BEDSIDE GUIDE FOR HAND-OFF REPORT

Neurological/Neurovascular: Sensation/Numbness/Tingling, Orientation/Confusion, General Abnormalities, Baseline status, Neuro Checks
Respiratory: Breath Sounds, Use of Oxygen, Breathing Treatments, Oxygen Saturation, SOB, DOE, CPAP use, Incentive Spirometer, Respiratory Illness
Musculoskeletal: Ambulation Assistance/Device Assistance, Weight bearing status, Extremity Weakness, Procedure Type, Surgical Site/Compromised Extremity, OOB/Dangle status, Fall Score, ROM impairments, Prior Functioning, Fall Score
Skin: Breakdown (ulcers, MASD, wounds, bruises, intact), Abnormal skin conditions, Dressings, Braden Score, Skincare treatments
Gastrointestinal: Last Bowel Movement, Bowel Sounds, Nausea/Vomiting, Passing Gas/Constipation, Diet, Abdominal Characteristics, history of past surgical procedures, Abnormal gastrointestinal presentations (i.e. colostomy, ileostomy, etc.)
Genitourinary: Indwelling Urinary Catheter, DTV/Retention/Ability to void, Incontinence/Voiding Methods, Urine Characteristics, Low urine output
Psychological: History of Mental Illness, Orientation/Confusion, General Abnormalities, Anxiety, Family Issues, drug/alcohol abuse, baseline demeanor/behavior, cooperation/compliance
Physical Measures: Outstanding lab work, Abnormal Vital Signs, Specialty Beds, Alarms, Drains, Telemetry
Management Issues: Discharges, Therapy, Staffing, 1:1 status

OUTCOMES

Overall, results indicated the education and laminated guide were helpful. Of the 10 respondents, 50% stated that it helped with comfort and efficiency and another 40% stated that it somewhat helped.

CONCLUSIONS

Providing education and guides for reference during handoff reporting leads to increased levels of comfort and efficiency at the start of shift. This education and information can be disseminated to a wider clinical area for testing and adoption.

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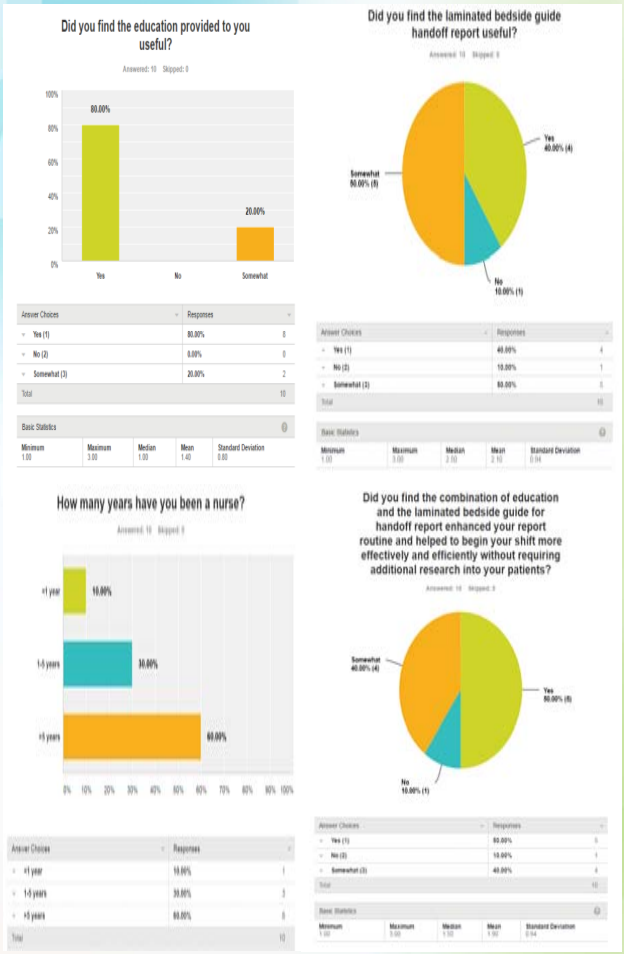
RESULTS



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