

Standardized Situation, Background, Assessment, Recommendation-Based Bedside Nursing Handoff

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Problem Statement

Situation, Background, Assessment, Recommendation (SBAR) based handoff is associated with:

- **Nurse and patient satisfaction and improved nurse care quality metrics.** 1-3
- **Reduced adverse patient events** such as falls, rates of errors associated with communication, and unnecessary care, especially when bedside. 4-6

Annual nursing communication-related patient satisfaction Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores at an academic medical institution increased steadily for 3 years after hospital-wide nursing handoff improvements until a negative trend starting in 2021.

Patient-reported handoff rate dropped from consecutive 90%'s to 57% and 53% by 2021, while the 14-bed Neurology Intermediate Care unit (NIMC) from 58% to 53% by 2021.

This was related to handoff process and patient communication by nurse staff with newer and fewer staff and more difficult workflow and processes associated with the pandemic. 1,8-10

Purpose and Goals of Project

The purpose of this Quality Improvement initiative was to implement and monitor the effectiveness of an SBAR-based tool used with a standardized handoff and a bedside discussion component for nursing shift reports in the NIMC.

Education in-services and online education were completed by the 22 nurses on staff on the 14-bed unit. Observational and chart documentation audits were conducted to establish internal validity and process retention.

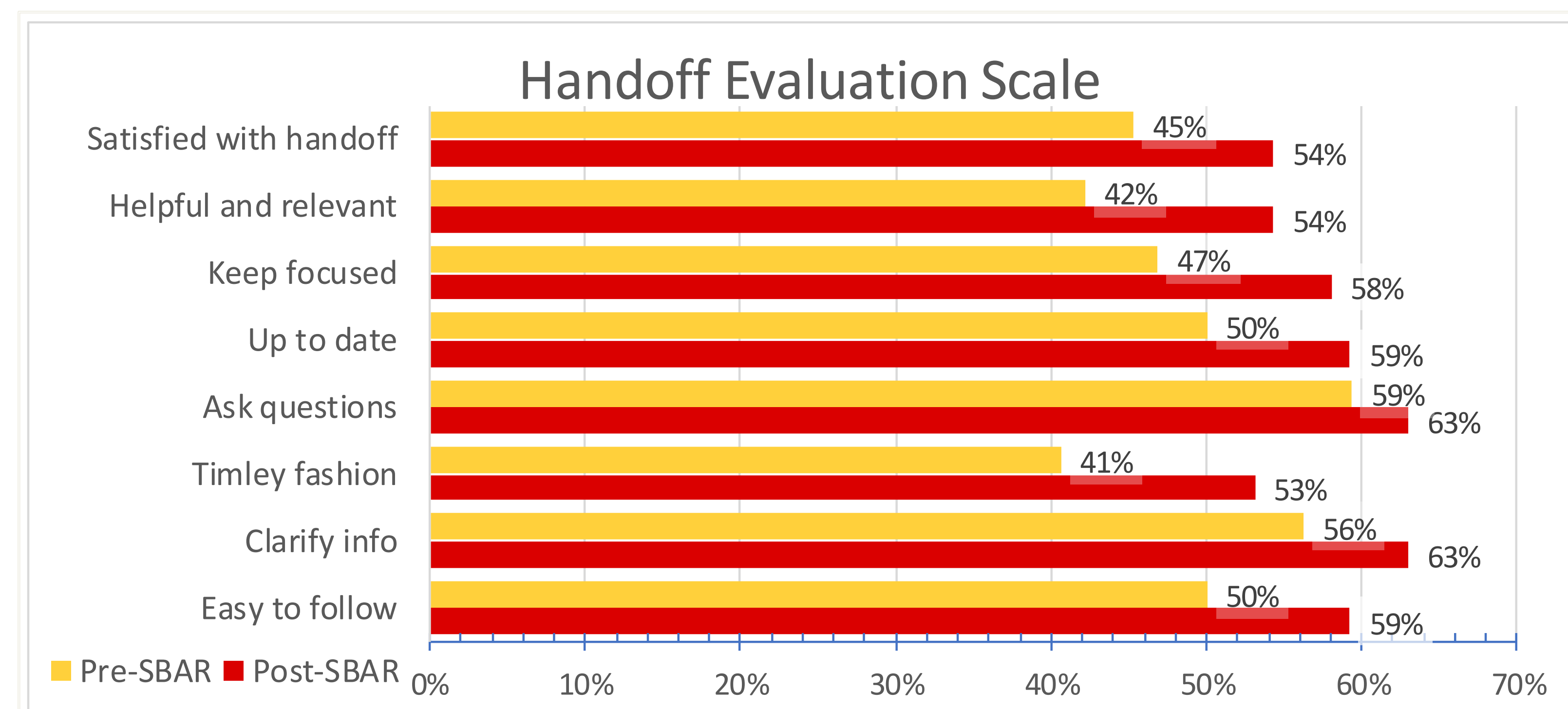
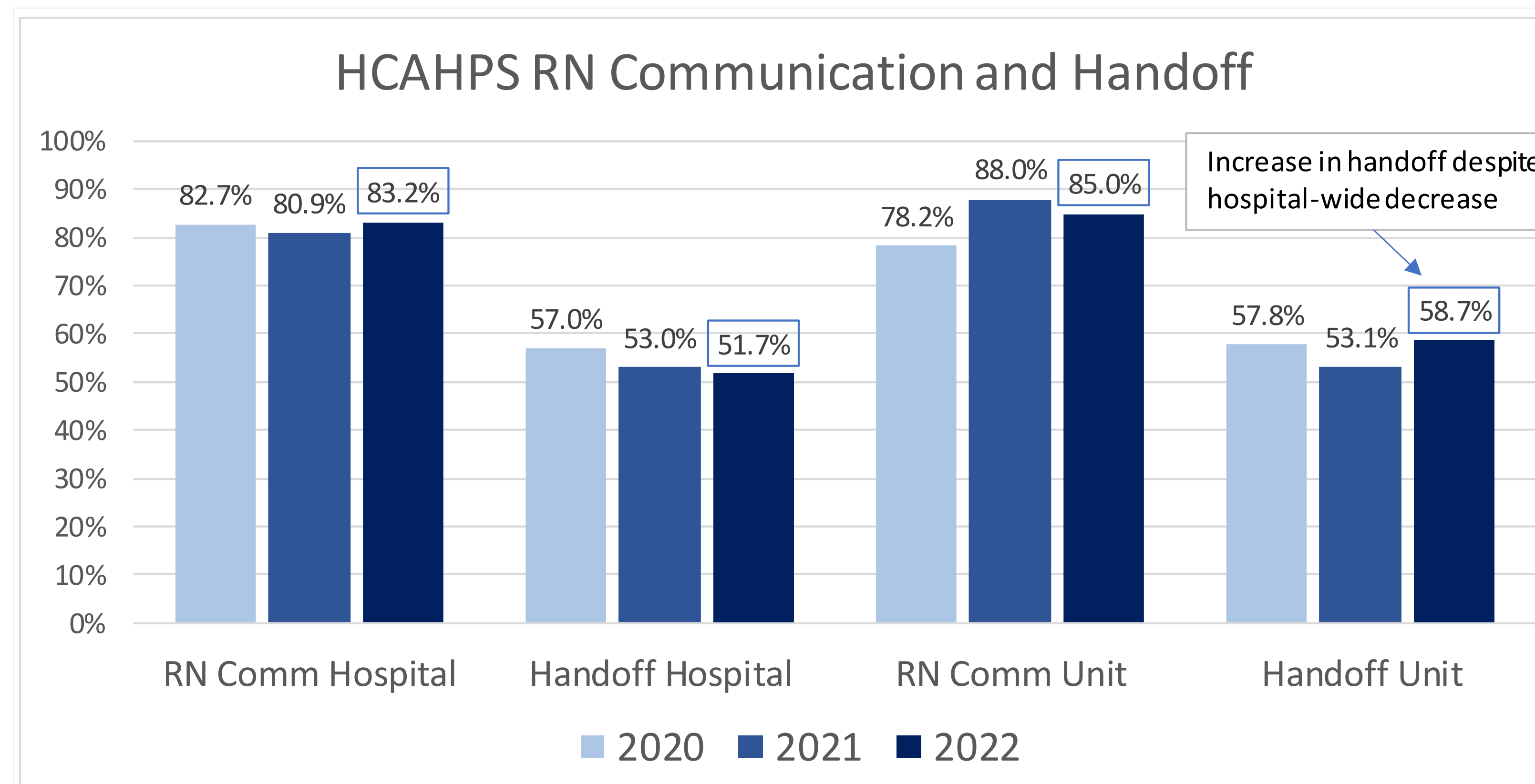
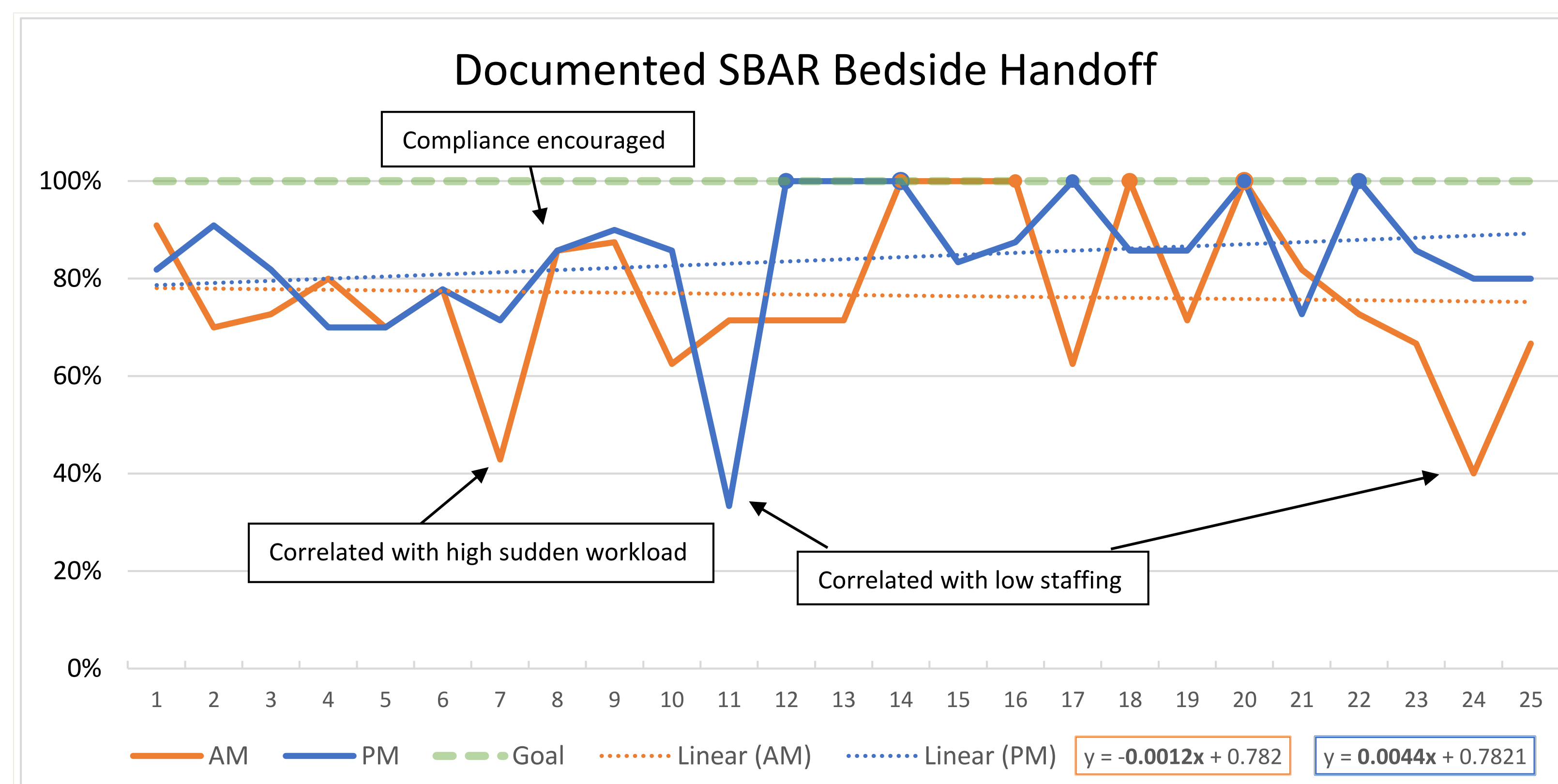
The SBAR-based handoff tool was used at nursing shift-change report with *Recommendation* discussed bedside for a 4-month period. Exceptions: emergencies, patient unwilling or unable to participate, or unsafe conditions for patient or staff.

Methods

Patient satisfaction and handoff quality were clinical outcomes evaluated by quarterly HCAHPS patient survey reports of nurse communication satisfaction and 14-item Handover Evaluation Scale (HES) before and after project. 11,12

Nurse satisfaction, as a process outcome, evaluated the likelihood of adoption and perception of the practice, which was completed before and after project. 13

Figures



Results

Nurse satisfaction and HES increased from 60% to 71% ($p < 0.05$), with increase in 8 specific items ($p < 0.05$), with subjective increase in 4 others.

HCAHPS scores saw higher communication on the NIMC versus hospital-wide.

NIMC Handoff occurrence increased from 53.1st to 58.7th percentile **despite a hospital-wide drop** from 52.9th to 51.7th percentile.

Qualitative data with trends of satisfaction with "uniformity" and "efficiency" of the tool and process provided.

Overall increase across AM and PM shift of process uptake and use of handoff tool, with more consistent adoption in PM shift ($p < 0.001$).

Discussion

The SBAR-based handoff tool, standardized process, and bedside discussion demonstrated a **positive impact on:**

- **Nurse satisfaction**
- **Perceived quality with handoff process**
- **Retention of the SBAR-based handoff tool**

HCAHPS report suggests **high patient satisfaction** with communication is related to a higher rate of bedside handoffs

Conclusions

SBAR-based handoff was found as a cost-effective and sustainable way to improve satisfaction and information quality.

This trend could be more consistent with more predictable staffing and patient ratios. SBAR process compliance was strongly affected by poor staffing and patient emergencies around change of shift.

Based on the QI project, the process of handoff could be bolstered further with facilitating this SBAR-based process.

The COVID-19 Pandemic has made core nursing processes, such as handoff, more difficult and its effects ripple through communication processes and practices we often take for granted.

Bibliography and Additional Information



There are no conflicts of interest to disclose.