Nursing Shift Handoff Process

Using an electronic health record tool to improve quality

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Nursing shift handoffs can be frustrating for nursing staff when information received about a patient is inaccurate or inadequate. The safety of the patient may be compromised, and missed opportunities for care interventions may occur. The electronic health record (EHR) provides healthcare professionals with useful information that can highlight the most important items the nurse needs to prioritize patient care. A unit leadership team at a large academic hospital developed a peer-to-peer training plan to provide evidence-based nursing education using the nursing handoff feature in the EHR.

AT A GLANCE

- Inconsistent nurse-to-nurse handoff can create confusion and compromise patient safety.
- A new handoff tool in the EHR was introduced using a multiphase approach with an emphasis on peer-to-peer education.
- Implementing an electronic nursing handoff tool in the EHR improved nurses' perception of shift handoff quality.

The nursing shift handoff can be a source of frustration for inpatient nurses when content received is inconsistent from nurse to nurse and, at times, inaccurate. Some nurses provide excessive, unnecessary information, whereas others may inadvertently omit essential details. Both of these scenarios can create confusion for the oncoming nurse and compromise safety for the patient. Based on frequent nurse complaints about the nursing shift handoff, the nurses on a 36-bed progressive care unit within The Ohio State University Wexner Medical Center Arthur G. James Cancer Hospital and Richard J. Solove Research Institute in Columbus, Ohio, established a process improvement project. The project began by evaluating current practices, identifying opportunities for change, and reviewing the literature. The purpose of the project was to standardize the nursing shift handoff process using consistent electronic health record (EHR)–guided content and to implement peer-to-peer education regarding how the handoff would be conducted. This project was designed to decrease missed care opportunities and to increase patient safety.

A systematic review completed by Smeulers et al. (2014) found that rigorous evidence regarding best practices for nursing handoff is lacking. Structure and integration of technology support became the focus of the current project. An EHR handoff tool was chosen as the method to improve handoff report quality by providing structure. The leadership team implemented a three-step educational program with a mission to encourage every nurse on the unit to use the nursing handoff tool within the EHR.

Intervention

The EHR includes an electronic nursing handoff and has two distinct areas: one comprised of automatically generated information from other areas of the patient's chart and one comprised of three sections allowing for free-text entry. The project timeline is presented in Figure 1, which demonstrates the time needed for the project. The timeline was developed as a guide to consistently educate the nurses in a timely fashion. Multiple methods were chosen to implement this practice change. Consistent with recommendations from Johnson (2014), the leadership team sought to inspire staff to change practice by examining current evidence at a journal club meeting and identifying early adopter nurses who would become the primary peer educators.

Handoff Tool

The nursing shift handoff is a critical tool used to pass information about the patient to the oncoming nursing shift. Nurses often feel burdened by the required documentation already in place. Collins et al. (2018) suggested that, in a 12-hour shift, nurses document an average of one data point every second, which takes time away from interaction with the patient. This may be a barrier to providing optimal care. Ideally, the EHR should help to streamline