

Hand-Off Communication in a Cardiac Surgical Unit: A Nursing Driven Process
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I. Problem:

The Joint Commission (2007) asserts differences among hand-off communication styles disrupts continuity of care, impedes treatment, and may cause direct harm to the patient. Nurses working in the intensive care unit (ICU) can receive patient information from a variety of sources. Lack of a standardized communication tool provides many opportunities for the miscommunication of patient information.

II. Evidence:

Patient and family members verbalized the need for improved communication among caregivers. Results of a preliminary questionnaire showed that 63% of the nurses surveyed felt an improvement in hand-off communication was warranted. In addition, 62% of respondents stated they seek information from additional sources following shift to shift report.

III. Strategy:

A literature search was done to explore hand-off communication models. The SHARE communication framework was chosen and is currently being supported hospital wide. Rapid cycles for improvement were used to adapt the model to the unit-specific patient population.

IV. Practice Change:

Formal education on the SHARE model was offered at team meetings with the expectation that all staff use the model for shift to shift report and when transferring the patient out of the ICU.

V. Evaluation:

To establish a baseline, three outcomes were measured from the EMRs of 31 ICU patients:

1) was the template downloaded, 2) was information entered, and 3) was the information current.

VI. Results:

Initial EMR reviews showed that all 31 SHARE templates had been downloaded by nursing staff. Of those, 87% had been started and 68% were current. The questionnaire was completed by both ICU and PCU nurses.

VII. Recommendations:

Utilization of the report tool should be monitored at regular intervals and the results shared with staff members. Nursing staff are encouraged to modify the tool to meet work flow needs. This in turn fosters a sense of ownership and encourages compliance.

VIII. Bibliography:

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