# Safe patient handoffs

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# Consistent, quality communication

## Nurses help lead efforts on safe patient handoffs and transfers

By Susan Trossman, RN

*Note: This is the first of two articles in a series looking at nurses' contributions in addressing patient safety.*

The number of patient handoffs that take place every day in healthcare settings across the country is immense. Making sure that every handoff, from admission to discharge, is accomplished perfectly may seem like an insurmountable task. Yet nurses are among those who continue to strive to develop protocols and tools to ensure that every patient handoff and transfer is a safe one.

### Routine, but not

"While it sounds simple, a high-quality handoff is complex," noted The Joint Commission in a September 12, 2017, Sentinel Event Alert. The commission described communication issues as a common problem in handoffs. Specifically, "expectations can be out of balance" between the person providing the clinical information and the receiving caregiver. And inadequate information or miscommunication around handoffs contributes to sentinel and other adverse events.

The commission initially addressed handoff communication in a National Patient Safety Goal in 2006, and 4 years later made it a standard. Yet the problem of inadequate handoff communication persists, prompting the commission to issue the alert along with strategies to ensure successful patient care transfers.

"Effective patient handoffs are an important aspect of patient safety, and we can be doing a better job," said Justin Winger, PhD, RN, who served as chair of a 2017 committee reviewing the Emergency Nurses Association's (ENA's) position statement on patient transfers and handoffs. ENA is an organizational affiliate of the American Nurses Association (ANA).

Most nurses pay very close attention when administering medications because the potential for making a serious error has been ingrained in them since school, Winger said. Traditionally, however, nurses—and others—haven't placed patient handoffs in the same category of concern, so reporting off to the next care provider is done almost by rote.

Winger said effective patient handoffs are a particularly salient issue in emergency departments (EDs) because they occur so often and between different levels of providers, including emergency medical technicians and nurses.

### One ED's solution

"In the past, handoff reports to inpatient nurses were very inconsistent," said Amy Scott, MSN, RN, CPN, quality improvement program coordinator, emergency department, Children's Mercy Kansas City. "Nurses in the ED told nurses on inpatient units what they felt was important. And if patients weren't critically sick, a tech accompanied them to their new room. As a result, nursing staff on the inpatient units often said that they didn't feel as if they had enough knowledge about the patient and what had been done in the ED. "Nurses in the ED also were playing a lot of phone tag to see if beds on the units were available, which took time away from patient care."

Amy Scott

To bolster patient safety, Scott and a team of nurses worked to develop and implement a standardized patient handoff tool and process, which included RN-to-RN, face-to-face reporting at the patient bedside for ED-to-inpatient transfers. (The team included nurses from the ED and inpatient units, where RN-to-RN bedside reporting was initiated the previous year.) The goal was to have the new process up and running by March 2017. Training materials and videos also were created to help staff learn the process.

The first critical component is called PITCH, which stands for **p**re-**i**npatient **t**elephone **c**all **h**andoff. The RN from the ED calls the appropriate inpatient unit to speak to an RN, which doesn't have to be the one taking the patient, so they can prepare the room. Basic patient information also is provided, such as name, age, diagnosis, language needs, if the patient

must be on oxygen or in isolation, and social concerns. At that point, the communicating RNs determine a time for the patient transfer, whether the patient will be brought to the unit or picked up at the ED, and the mode of transportation, such as wheelchair, wagon, or bed.

When the patient is transitioning from the ED to the inpatient setting, the face-to-face, RN-to-RN report is given at the patient bedside either in the ED or on the inpatient unit.

"Nurses go through a standardized process when giving their reports, and provide patient information in a set sequence," said Scott, a Missouri Nurses Association member. The report starts with an introduction of the patient and family members to the inpatient nurse and verification of the patient's name and any allergies. It also covers diagnosis, previous medical history, vital signs, pain score, and the ED nurse's focused assessment of the relevant patient system. The ED nurse then logs into the computer, reviews the orders and the medication administration record, and looks for outstanding consults. Together, the nurses check the I.V. site and rates, and any wounds. The family then is asked if information was left out and if they have questions.

**"Patients feel safer because they don't feel like they are lost in the cracks. And the biggest takeaway has been improved communication, including during patient handoffs."**

— Heather Runnels

"The inpatient unit nurses feel they get much better reports now," Scott said. "It's not only more information, but the necessary information that allows us to give the best care to our patients."

Nurses and families both have responded positively to the standardized patient handoffs, according to Scott. They had 90% compliance 120 days after the tool and process were implemented. Additionally, the collaborative approach helps nurses from the ED and inpatient units better understand each other's clinical approaches and assessments in meeting patients' needs.

Scott and the team members, however, continue to meet to address some of the "pain points," such as patient handoffs around shift change and having enough transport equipment.

This safety initiative was shared during a poster session at the 2018 ANA Quality and Innovation Conference.

## Easy as 1, 2, 3

Making sure patient flow actually flows—and with seamless provision of care—can be a persistent problem. However, through an innovative project, Heather Runnels, MSN, RN, CRRN, and an interdisciplinary team discovered a solution that's aimed at making patient admissions and inpatient and ED transfers more efficient and safer for patients, physicians, and nurses.

The project was initiated after community physicians expressed difficulty directly admitting patients into Our Lady of the Lake Regional Medical Center in Baton Rouge, LA, according to Runnels, senior director of nursing for patient care services. As Runnels and her team began systematically examining their facility's current process of managing patient admissions and transfers, they realized it was cumbersome and inefficient, leading to delays in care and impacting patient outcomes.

"We wanted an 'easy' button," said Runnels about finding an enhanced way that clinicians and patients experience the admitting and transfer process. Their solution was to develop a centralized patient referral center, which would serve as the portal for all patient flow, and a new process. Physicians were provided with education on the new, three-step model for direct admissions, which started with a call to the patient referral center. Nurses and other key staff also learned the process and model.


After calling the referral center, a clinical access nurse completes the initial patient intake process, such as addressing physician admitting orders and lab work, and then hands off the patient to a receiving nurse on the newly created express admission

unit. There, fully seasoned nurses perform a head-to-toe admission assessment and begin implementing the plan of care, such as administering medications, among other interventions, according to Runnels, a Louisiana State Nurses Association member.

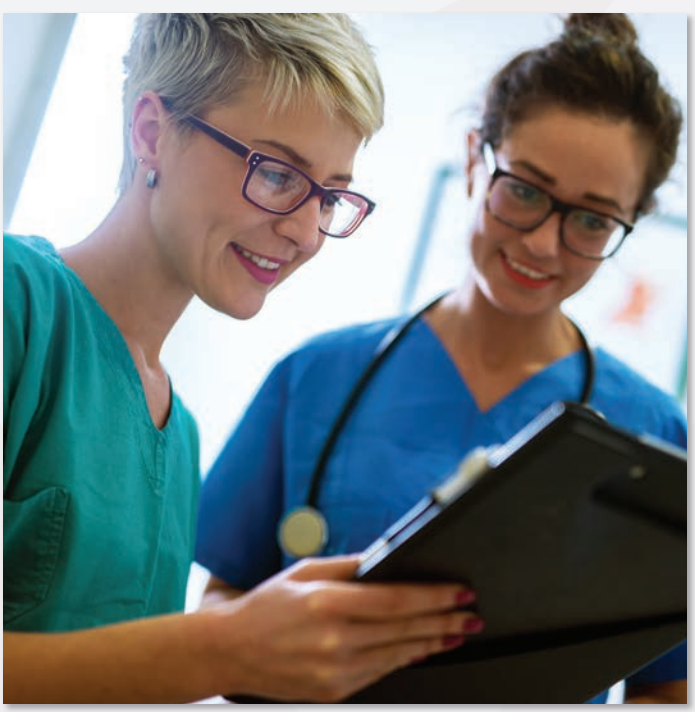
The express admission unit is located in a former intensive care unit with an open, bullpen design, which allows nurses to easily watch patients for any status changes that may necessitate transferring them sooner or to a higher level of care. The average length of stay on the unit is about 1 hour, Runnels said.

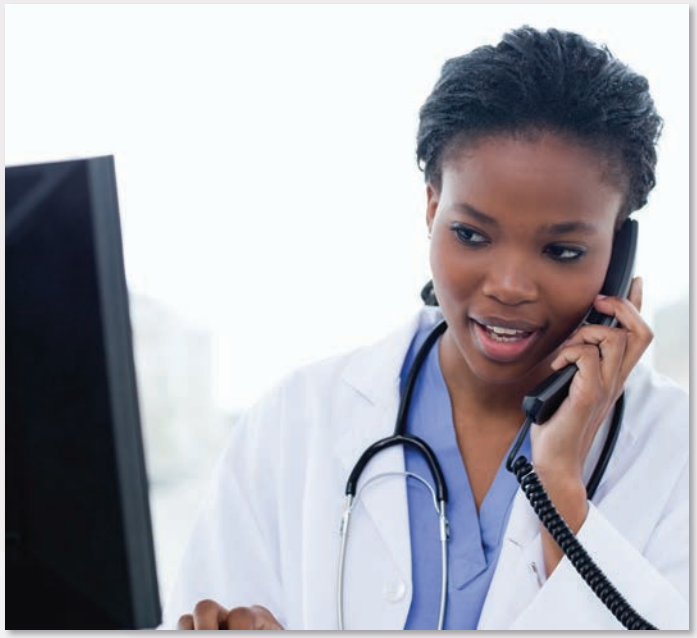
When a bed on the appropriate unit is available, the express admission nurse provides a detailed report to the receiving, inpatient unit nurse, who no longer has to take on the extra work of handling a comprehensive patient admission on top of an existing patient-load.

"We want to make sure all nurses have the information they need and are on the same page," Runnels said.

Hand-off reports are given in a standard manner across the hospital, using BSAP (**b**ackground, **s**ituation, **a**ssessment, **p**lan), according to Runnels. The patient's history is given, current acute medical problems are discussed, and the patient's vital signs, intake and output, and review of systems assessment performed by the nurse are relayed along with the initial plan of care.

Since the referral center and new process began in April 2017, Runnels said patient safety has improved. (A poster presentation on this effort was shared widely at the ANA conference.)





"Patients feel safer because they don't feel like they are lost in the cracks," Runnels said. "And the biggest takeaway has been improved communication, including during patient handoffs. Response has been nothing but positive from nurses receiving patients on their units since this process has been put into place."

## Final thoughts

Winger said that implementing a standardized communication approach during handoffs—including those aided by mnemonics like I-PASS (**i**llness severity, **p**atient summary, **a**ction list, **s**ituation awareness and contingency planning, **s**ynthesis by receiver) and SBAR (**s**ituation, **b**ackground, **a**ssessment, **r**ecommendation)—is vital. That point is emphasized in the ENA position statement, which also notes that caregivers involved in patient handoffs have different levels of knowledge, skills, and clinical judgment.

"Nurses should work with their facilities to pick a format that allows for all the pertinent patient information to be conveyed accurately," Winger said. "If vital information is lost, patient safety is an issue."

**— Susan Trossman is a writer-editor at ANA.**

### Resources

**The Joint Commission Sentinel Event Alert:** jointcommission.org/assets/1/18/SEA_58_Hand_off_Comms_9_6_17_FINAL_(1).pdf

**Emergency Nurses Association position statement:** ena.org/docs/default-source/resource-library/practice-resources/position-statements/patienthandofftransfer.pdf?sfvrsn=e2c42cb6_10

# Coping with incivility in academia

To: **Ethics Advisory Board**

From: **Disappointed nursing professor**

Subject: **Bullied by peers**

I am a new assistant professor at a university, after 12 years in my previous academic position. I was excited to become part of the faculty but have already encountered my peers calling me derogatory terms, telling me that I will not survive in the environment, and one faculty member actually pushing me out of her way during a faculty meeting. We are supposed to set an example for students, yet the bullying and incivility amongst ourselves is unimaginable. Please help.

From: **ANA Center for Ethics and Human Rights**

I am saddened to hear about your experience as a new faculty member. Incivility and toxicity in the workplace can exact a steep toll personally and professionally. The American Nurses Association (ANA) defines incivility as "one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them," whereas bullying is "repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient." Cynthia Clark, PhD, RN, ANEF, FAAN, was one of the first researchers to look at faculty-to-faculty incivility and noted that "ultimately, incivility is an injurious affront to human dignity, an assault on a person's intrinsic sense of self-worth, and the effects [of this on the individual] can be devastating, debilitating, and enduring."

Many authors have written on best practices to deal with student issues and how to apply the *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/code-of-ethics) to the faculty-student relationship, but how often do nurse educators and their nurse supervisors in academic positions view their incivility toward faculty peers and co-workers through the lens of the *Code*?

The nurse educator is first and foremost a nurse. Nurses, including nurse educators, are expected to incorporate ethical practice in their personal definition of what it means to be a nurse. In the *Code*, the term "practice" refers to the "actions of the nurse in any role or in any setting." Incivility perpetrated by a nurse educator toward another nurse educator in any form at any time is unethical and unprofessional behavior. The *Code* obligates nurse administrators and educators in academia to "create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect."

An effective way to reduce the physical and emotional costs that come with incivility in a nursing college is to create a culture that refuses to tolerate nurses' behavior that consistently undermines their peers and violates the *Code*. As a nurse educator, you should not be afraid to report incivility up the chain of command and have confidence in leadership that your concerns will be addressed in an ethical and fair manner. Management expert Christine Porath's suggestion for nurse educators who find themselves in a toxic environment is to work to improve your well-being in the office rather than trying to change the perpetrator(s), the toxic leader, or the caustic work relationship. This is often the most effective remedy for incivility.

If a nurse educator cannot ethically practice nursing with integrity and authenticity in an academic setting, he or she may need to leave the job. A strong moral compass and guidance from the *Code* will help you make an ethically reasoned choice.

**— Response by Elizabeth O'Connor Swanson, DNP, MPH, APRN-BC, member of the ANA Ethics and Human Rights Advisory Board**

**Do you have a question for the Ethics Inbox? Submit at ethics@ana.org.**

## Selected references

Clark CM. National study on faculty-to-faculty incivility: Strategies to foster collegiality and civility. *Nurse Educ.* 2013;38(3):98-102.

Porath C. An antidote to incivility. *Harv Bus Rev.* 2016;4:108-11.

# Pathway Conference + Quality and Innovation

Two exceptional nursing conferences—American Nurses Credentialing Center (ANCC) Pathway to Excellence Conference® and American Nurses Association (ANA) Quality and Innovation Conference—will come together under one roof April 24–26, 2019, in Orlando, Florida. For the first time, attendees will be able to register for one of these transformational events and get access to the other for no additional cost.

Thousands of attendees can expect to hear from inspiring speakers during the general sessions; get hands-on experience with new technologies in the exhibit hall; learn tips and techniques in more than 60 concurrent sessions, 300 poster sessions, and 25 virtual oral sessions; and have access to endless networking opportunities. The new Nurse Pitch™ competition will give entrants the chance to win monetary prizes to further develop a winning product.

General session speakers are:

**Brett Culp**
"Superhero Leadership: How Everyday People Can Have an Extraordinary Impact"
Culp shares powerful stories from his filmmaking adventures of ordinary people who have accomplished extraordinary things. He demonstrates how everyone has the opportunity and capacity to embrace leadership and make an impact.

**Simon T. Bailey**
"Shift Your Brilliance"
If you're unforgettable, you'll create a customer for life—and in this service-driven economy, where automation and algorithms have replaced personal interaction, every moment is an opportunity to create a memory in the hearts and lives of the people you serve. Bailey leverages what he's learned in over 30 years of working for six different companies, including the Disney Institute and The Ritz-Carlton Learning Institute, to create moments that matter.

**Robin Farmanfarmaian**
"The Patient as CEO"
This talk examines how the convergence of accelerating technology is changing healthcare over the next 5 to 10 years and enabling the healthcare consumer to be the key decisionmaker on the healthcare team. Technologies including sensors, point-of-care diagnostics, 3D printing, sequencing, data, networks, cloud, artificial intelligence, and robotics are intersecting healthcare at an increasing rate, allowing truly personalized medicine.

**Nick Tasler**
"Mastering Change One Decision at a Time"
We all feel in control of our destiny...right up until the department reorganizes, the economy stumbles, the physician delivers a disturbing diagnosis, or a new technology disrupts our tried-and-true business model. In this exciting talk, Tasler will show us how to stop fearing change, and start mastering it.

**Learn more and register today at pteqicon.org.**


Brett Culp


Simon T. Bailey


Robin Farmanfarmaian


Nick Tasler

# ANA and HIMSS join forces to advance nurse-led innovation

The American Nurses Association (ANA) and HIMSS, a global, cause-based, not-for-profit organization focused on better health through information and technology, announced a new relationship in December 2018 that aims to drive nurse-led innovation through co-branded initiatives such as NursePitch, NurseJam™, and other Innovation Lab events. The collaboration is a unique opportunity to harness all nurses as innovators, entrepreneurs, and tech enthusiasts.

The inaugural NursePitch will take place at the HIMSS19 Global Conference in February 2019, followed by a NursePitch competition at the 2019 ANA Quality and Innovation Conference in April.

Nurse-led innovation is a priority for both HIMSS and ANA. HIMSS has developed the foundation for an engaged nursing informatics culture (himss.org/library/nursing-informatics/position-statement) to showcase the value in health information technology and healthcare settings. ANA collaborates with key partners and has established a three-part innovation framework to develop skills and build a culture of innovation (nursingworld.org/practice-policy/innovation-evidence).

"Nurses are natural innovators with an unmatched perspective on what works in healthcare, and what doesn't work," said Bonnie Clipper, DNP, RN, MA, MBA, CENP, FACHE, vice president of innovation at ANA. "As the largest group of health professionals and representing the frontlines of care, nurses are well-equipped to create and develop innovative solutions to address a complex and ever-changing healthcare landscape. ANA is thrilled to continue our work and to partner with HIMSS to transform health through nurse-led innovation."

# Nurses maintain #1 spot in Gallup's ethical standards poll


The American Nurses Association (ANA), which represents the interests of the nation's 4 million RNs, extends resounding congratulations to nurses for maintaining the #1 spot in Gallup's annual honesty and ethics poll. The American public, for the 17th consecutive year, rated nurses the highest among a host of professionals, including police officers, high school teachers, and pharmacists.

"Every day and across every healthcare setting, we are on the frontlines providing care to millions of people. Nurses' contributions to healthcare delivery, public health challenges, natural disaster relief efforts, research, education, and much more, are unmatched and invaluable," said past ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. "These results are a testament to nurses' impact on our nation."

According to the poll, 84% of Americans rated nurses' honesty and ethical standards as "very high" or "high." The next closest profession, medical doctors, was rated 17 percentage points behind nursing.

"As the largest group of healthcare professionals, nurses are leaders and change agents from the bedside to the boardroom," Cipriano said.

Read more in ANA news at nursingworld.org/news/news-releases/2018/ana-congratulates-nurses-for-maintaining-1-spot--in-gallups-ethical-standards-poll.

# ANA call for nominations

**The nomination period ends January 15, 2019 at 11:59 PM Eastern Time.**

On December 7, 2018, the American Nurses Association (ANA) Nominations and Elections Committee issued a call for nominations for a slate of candidates to be presented to the Membership Assembly in 2019. The following positions will be elected in 2019.

**ANA Board of Directors**
**Officers**

- Vice president
- Treasurer

The term of service for both officer positions is January 1, 2020 – December 31, 2021.

**Directors-at-large**

- One director-at-large
- One director-at-large, recent graduate
  (A recent graduate is one who has graduated within 5 years prior to being elected to office.)

The term of service for both positions is January 1, 2020 – December 31, 2021.

**ANA Nominations and Elections Committee**

- Four member positions

The term of service for all four positions is January 1, 2020 – December 31, 2021.

ANA places high priority on diversity and seeks to encourage and foster increased involvement of minorities and staff nurses at the national level.

Nominations must be submitted via the online nomination form (https://fs30.formsite.com/ANA_NursingWorld/Elective-Office/index.html) by **11:59 PM Eastern Time on Tuesday, January 15, 2019**. A second Call for Nominations will be conducted for those elective positions with insufficient nominations.


**Preparation of nomination materials**

1. **READ** the roles and responsibilities for your position of choice to ensure that they match your interests, experience, and qualifications.
2. **IDENTIFY** the degree to which you possess the competencies that have been deemed important to serve successfully and effectively.
3. **SELECT** a campaign manager, if desired, and provide their contact information where requested on the online nomination form.
4. **COMPLETE AND SIGN/INITIAL** where noted. Nominees for the ANA Board of Directors also must submit the following additional documents, which are included in the online nomination form.
   - Conflict of Interest Statement
   - Financial Interest Disclosure Form
5. **SUBMIT** all nomination components by **11:59 PM Eastern Time on Tuesday, January 15, 2019**. Please note:
   - You will need to create a user ID and password before accessing the form.
   - Nominations that are incomplete, handwritten, faxed, or submitted after the deadline will not be accepted.

If you have questions about ANA's nomination process or national elections, please email nec@ana.org.

# It's easy to make a difference: You can too

Do you have a cell phone or a birthday? If so, you can help colleagues and the community with the press of a button.

Technology makes it simple through text-to-give and social media giving campaigns that use the collective power of individuals to create an impact for a worthwhile cause.

As the new year begins with a focus on personal aspirations, consider how you can support nurses, the profession, and those in need.


**Donations from individual conference attendees quickly added up in a matter of days, raising thousands of dollars for two charitable causes.**

## Text-to-give campaign

More than 2,000 nurses participated in a text-to-give campaign through the American Nurses Foundation last fall at the 2018 American Nurses Credentialing Center National Magnet Conference® held in Denver, CO. The funds raised supported the health of the Denver community through the local charity selected in collaboration with the Magnet co-host hospitals, Metro Caring, and the health of nurses through the Healthy Nurse, Healthy Nation™ initiative.

**Attendees at the 2018 Magnet Conference generously texted their support for Metro Caring, a Denver Charity, and Healthy Nurse, Healthy Nation™.**

Nurses from across the globe texted their support, pledging thousands of donations in just 3 days, totaling nearly $38,000. In fact, Magnet nurses exceeded the Foundation's challenge to match donations by two sponsors: Catholic Health Initiatives, which donated $15,000, and Stryker, which donated $10,000.

You can support this effort through February 1:

Text NURSE to 20222 for a $10.00 contribution or

Text MAGNET to 20222 for a $25.00 contribution.

You will receive a confirmation text either asking you to type YES or provide your zip code. Then the contribution will be applied to your monthly phone carrier bill. Note that you must use your personal phone—most corporate or employer-issued phones prohibit contributions by texting.

## Social media giving

Nurses everywhere are using their social media platforms to raise money. You can use your birthday or any milestone to create a personal Facebook fundraiser. It's an easy and fun way to raise funds to help nurses. Here's how:

- Log into your Facebook account and click "Fundraisers" from the menu on the bottom right.
- Click "Raise Money" and then search for American Nurses Foundation among the "Nonprofit" options. Pick a goal and an end date (like your whole birthday month).
- Give your fundraiser a catchy and descriptive title and use your summary to explain why you think your Facebook friends should support nurses through the Foundation. Click "Get Started" to make your fundraiser page available for everyone to see.

Then spread the word—inviting all of your friends to participate will maximize your outreach and so will talking about your fundraiser. Post about your fundraiser on your Facebook page and add a personalized note about why nursing and nurses matter to you.

Donations will be used to help nurses have greater influence in policy, research, practice, and the community.

**Learn more about the Foundation and its programs at givetonursing.org.**