

Introduction

Handoff report between the Emergency Department (ED) and the Intensive Care Unit/Critical Care Unit (ICU/CCU) is a time where patient information is communicated in an efficient but concise manner so that there is no critical information lost.

Background

- Over 70 % of all sentinel events happen as a direct result of miscommunication (Starmer et al., 2017).
- Critically ill patients have complex needs that have to be managed, such as invasive monitors, mechanical ventilation, and multiple titrated medications.
- Handoff report for these patients is complex, and has to be handled in a logical and concise manner.
- The Joint Commission 2006 National Patient Safety Goals called for a plan to standardize the way that handoff communications were delivered between units (Catalano, 2006).
- Despite this goal, many hospitals still do not have a standardized handoff communication method to handle handoff report between hospital units.
- I-PASS is a mnemonic tool developed to facilitate delivering handoff report in a logical manner.

Clinical Question

“Does implementing a standardized reporting system based on the I-PASS handoff improve staff satisfaction with handoff of critical care patient?”

Methodology

- Project is a quality improvement project with a pre-/post-intervention Likert survey completed by the ICU/CCU nurses.
- ICU/CCU nurses will fill out a survey before educational intervention is implemented in the ED
- ED nurses will complete the intervention, and then, a post-survey will be filled out by ICU/CCU nurses to determine if there is any improvement in how handoff is delivered.

Purpose

The purpose of this project was to improve the way that handoff communication was delivered between the ED and the ICU/CCU nurses by using the I-PASS handoff tool. This will be measured by seeing if there is any improvement in scores between the pre-survey and the post-survey

Objectives

- Evaluate the ICU/CCU staff nurses satisfaction with the way that the ED nurses are currently delivering handoff report at the bedside in the ICU/CCU
- Evaluate the ICU/CCU staff nurses satisfaction with the way that the ED nurses are delivering handoff report 1 month after the implementation of the educational learning module.

Intervention

- Consent ED staff nurse to participate in study.
- Describe the I-PASS handoff report and what it entails. Distribute cheat sheets and badge buddy.
- Have ED staff nurse complete the educational module that was assigned to them in Healthstream.
- Answer any further questions that the staff member may have regarding how to deliver handoff report using the I-PASS handoff method.

Rater your agreement of the following questions:

- 1 = Strongly Disagree
2 = Disagree
3 = Neither Agree or Disagree
4 = Agree
5 = Strongly agree

References:

- Catalano, K. (2006). JCAHO's national patient safety goals 2006. *Journal of PeriAnesthesia Nursing*, 21(1), 6-11.
- Starmer, A. J., Schnock, K. O., Lyons, A., Hehn, R. S., Graham, D. A., Keohahe, C., & Landrigan, C. P. (2017). Effects of the I-PASS nursing handoff bundle on communication quality and workflow. *BMJ Quality and Safety*, 26(12), 949. doi:10.1136/bmjqs-2016-006224

I

- Illness severity: Stable, “Watcher”, Unstable

P

- Patient Summary: Chief complaint, patient history, events leading up to hospitalization, current treatment course, plan of care, pertinent medications, IV access

A

- Action items: To do list, timeline of items, ownership of tasks

S

- Situation awareness and contingency planning: Current assessment, what to look for, plan for what might happen

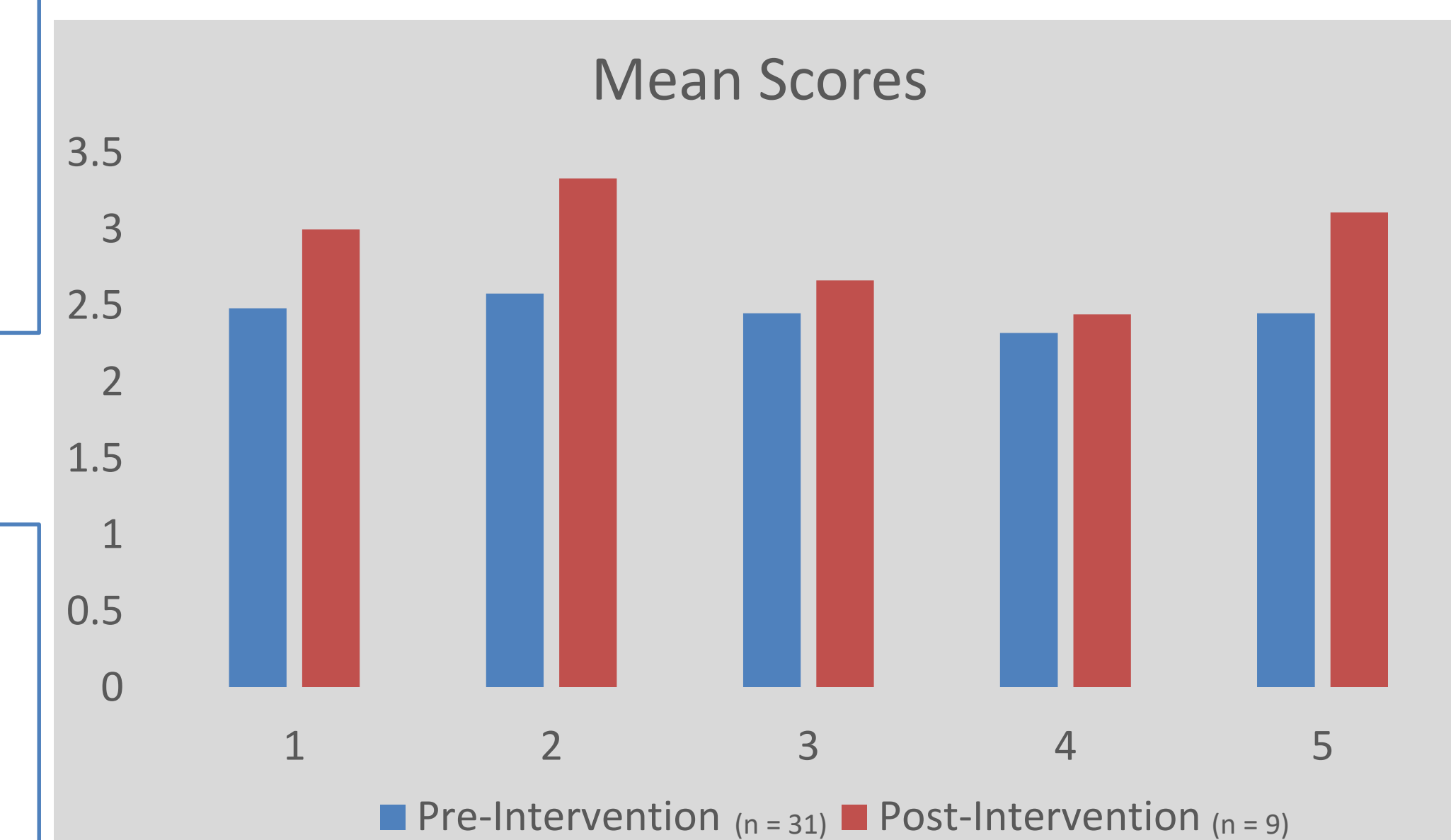
S

- Synthesis by receiver: Receiver summarizes the report and asks questions, restates key items and action items that they need to complete.

- I find that handoff report from the ED is thorough.
- I find that the handoff report from the ED is efficient
- I am never frustrated when receiving report from the ED.
- I never feel as though there is information missing from the report from the ED.
- I am satisfied with the report that I receive from the ED.

Results

Question	Pre-Intervention	Post-Intervention	P-Value
1	2.48	3	0.205
2	2.58	3.33	0.082
3	2.45	2.67	0.471
4	2.32	2.44	0.609
5	2.45	3.11	0.064
Average	2.46	2.91	0.147



Discussion

- 31 Surveys were collected pre-intervention and 9 surveys were collected post-intervention.
- >90% of the ED staff was educated and consented to take part in the project.
- Due to the COVID-19 outbreak of 2020, data collection was limited in the post-intervention period related to an inability to retrieve surveys in the ICU/CCU.
- Despite there being improved results for the mean in the post-intervention group, a Mann-Whitney U test was performed and found the results to be not statistically significant with when the standard $p = 0.05$