Improving ED Throughput times via a Standardized Hand-off Tool to Decrease Adverse Patient Outcomes and Overall Length of Stay: A Pilot Project

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Background & Significance

• As of 2006, The Joint made use of a standardized handoff tool a National Patient Safety Goal.

• Implementation of a standardized hand off tool yields a reduction in communication and documentation errors.

• With communication errors and communication breaks, there can be diagnostic errors and treatment errors.

• Standardized tools facilitate data sharing and enhance communication

• Standardized hand-off protocols improve results in level of information passed on through hand-off and provider/organizational outcomes.

• Currently, project site lacks policy to facilitate patient hand-off from the ED to inpatient units.

• No standardized way to share patient data or transfer patients.

• Increased TAT, median decision to admit, and ED turn-around times, LWOB, LWBT, and AMA rates

Methods

Design: Retrospective and prospective chart review of patients admitted from ED to pilot unit, with educational huddles for one month provided to both units

Setting: a large emergency department that sees about 95,000 patients annually, and admits 1,600 patients monthly within a 610-bed hospital in an urban area in central New Jersey.

Sample: 52 patients admitted to pilot floor during 2 month implementation period, with 30 patients meeting inclusion criteria

Measures/Analysis: Data was analyzed to see if value points of interest (AMA, LWOB, LWBT, throughput by unit times) improved, worsened, or stayed the same

Results

• Decrease in AMA and LWOB from December through February, with an increase in these values for March.

• LWBT values decreased in January, increased in February and then again in March.

• Turnaround times decreased in January, but increased in February and March

Discussion

Patient care: Patient care becomes safer due to adequate exchange of information.

Implications for practice: Nurses can share data in an organized and timely manner, ensuring that the data is available to both parties.

Policy: extend the pilot to all inpatient units within the institution with hopes of adopting this policy system-wide

Economy: cost-effectiveness for the institution with decreased LOS and turnaround times.

*Please see hand-out for references

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References


