
Patient Handoff Processes

Implementation and effects of bedside handoffs, the teach-back method, and discharge bundles on an inpatient oncology unit

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BACKGROUND: Bedside handoffs, the teach-back method, and discharge bundles have been shown to contribute to empowering patients to actively engage in their treatment.

OBJECTIVES: The objectives were to identify patient activation scores, patient readmission rates, and nursing staff satisfaction before and after implementing bedside handoffs, the teach-back method, and discharge bundles on an inpatient oncology unit at a large military treatment facility.

METHODS: A series of three cycles using the Plan-Do-Study-Act framework guided implementation of the multifaceted approach. Patient activation scores, readmission rates, staff satisfaction, and anecdotal feedback from patients and nursing staff were collected prior to and following implementation.

FINDINGS: The sample of patients with cancer had high patient activation scores. After implementation of the multifaceted approach, readmission rates decreased from 32% to 25%, and staff satisfaction improved.

KEYWORDS

readmission rates; bedside handoffs; discharge bundles; teach-back method

DIGITAL OBJECT IDENTIFIER

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OPTIMIZED HEALTHCARE OUTCOMES RELY ON good patient handoff reports among healthcare providers (Joint Commission, 2017; Joint Commission Center for Transforming Health Care, 2012a), include or involve the patients (Institute of Medicine, 2013), and result in patients who feel empowered to actively engage in their treatment (Agency for Healthcare Research and Quality [AHRQ], 2013). The Joint Commission Center for Transforming Health Care (2012b) estimated that 80% of serious medical errors involved ineffective patient handoff reports that failed to relay pertinent patient information and recommended deliberately designing key care processes consistent with the tenants of high reliability organizations (Chassin & Loeb, 2013) that standardize patient handoffs.

The processes for patient handoffs on the oncology unit at Naval Medical Center Portsmouth in Virginia lacked standardization, occurred away from the bedside (e.g., at a conference table), and often lasted past the end of the scheduled shift. The reports were filled with anecdotal accounts rather than pertinent information. In addition, the pertinent information was frequently outdated by the time the nurse made rounds and assessed the patient. This method of handing off patient care did not optimize the transfer of critical information from the off-going nurse to the oncoming nurse, did not include or involve the patient, and may not have resulted in patients who felt empowered to actively engage in their treatment.

Rationale and Purpose

The concept of patient engagement and its impact on quality health care and readmission rates is complex. Complex clinical problems have successfully been addressed by using multiple strategies guided by the Plan-Do-Study-Act (PDSA) framework (Flannery & Rotondo, 2016; Institute for Healthcare Improvement [IHI], 2016) to improve hand hygiene compliance rates (Al-Dorzi et al., 2014), implement evidence-based fall-prevention guidelines and strategies (Breimaier, Halfens, & Lohrmann, 2015), and improve glycemic and triglyceride control in diabetics (Pillay, Alsous, & Mahomed, 2016). However, no evidence-based projects that combined bedside