

PURPOSE

- The purpose was to implement huddles and bedside handoffs on a medical / surgical orthopedics (5 North) unit to improve communication between nurses at change of shift, while including patients.
- Benefits of huddles and handoffs include improved communication strategies, impacting both nursing and patient satisfaction scores.

SIGNIFICANCE

- The 2012 NDNQI conference inspired the director to implement bedside handoffs and nursing huddles.
- Low scores on the Practice Environment Scale (PES): patient satisfaction; falls and pressure ulcers were above the median.
- Huddles and handoff benefits motivated the shared governance unit council.



FACILITY PROFILE / FAST FACTS

Mercy Medical Center – Des Moines:

- Founded by the Sisters of Mercy in 1893.
- Total Licensed Beds = 802 on 3 campuses
- NDNQI Data – Comparison Group 400-499 Beds
- 5 North beds = 36
- More than 7000 employees, 950 physicians and allied health professionals.
- Total nurses approximately = 1200
- 5 North nurses = 45, techs = 16
- Certified ortho nurses = 13
- FY12 total admissions = 36,829
- 5 North admissions = 2,038
- FY12 emergency visits = 73,898
- FY12 surgical procedures = 20,569
- Areas of excellence: cancer, heart and vascular, diabetes, endocrinology, emergency medicine, medical imaging, birthing services, brain and spine services, orthopedics, rehabilitation, pediatrics, weight loss and nutrition services and various outpatient services.



STRATEGY AND IMPLEMENTATION

Keys to Success:

- Change of shift huddles were implemented, lead by the example of the unit council shared governance members in March 2012.
- Huddle** elements included: (see photo below)
 - Process Change Alerts,
 - Announcements,
 - Safety Focus,
 - Improvement Opportunities and
 - Metrics Dashboard.
- A Huddle Board was mounted in a key area of the unit to promote visibility, standard work and consistency with the huddle process.
- The Huddle includes a 7-15 minute report at 14:00 and in the middle of night shift.
- Unit council shared governance members then began working in April 2012 on implementing bedside hand-offs to impact communication between the nurses and patient.
- Bedside Hand-off** elements included:
 - introduction between nurses and patient,
 - pain management,
 - plan of care,
 - patient issues during the shift, and
 - discussion of information on the patient's white board.
- The hand-off schedule included a few minutes of report on each patient of the individual nurse assignment at the patient bedside at change of shift.
- The nurse alerted the patient about the upcoming bedside hand-off with scripting, "at the change of shift we do report with the oncoming nurse, so your needs are discussed. If you have needs prior to this, please let us know so we can do it before report."
- At the night shift change of shift, this alert allowed the patient to opt out to choose not to be disturbed while sleeping.
- The patient care technician (PCT) was more attentive with call lights at handoff.
- A three week pilot in May 2012 by unit council nurses at hand-off promoted peer participation at the bedside to do a "small test of change".
- 5N Nursing Practice Council Shared Governance members shared their progress at the May meeting.
- The CNO was supportive of the change in work flow. She asked all nursing units to work towards implementing bedside hand-offs by June 30, 2012.

HUDDLE BOARD



HAND-OFF



MEET THE TEAM

Primary Contact:

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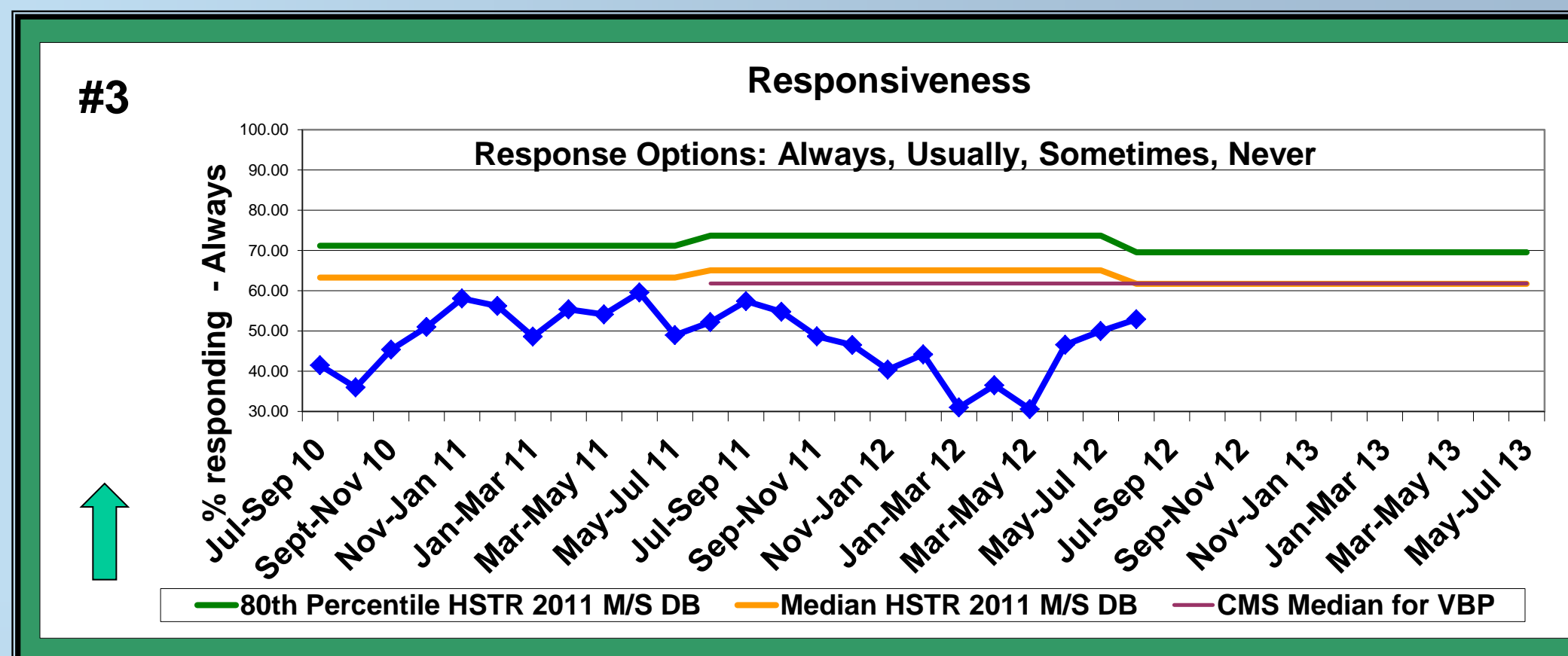
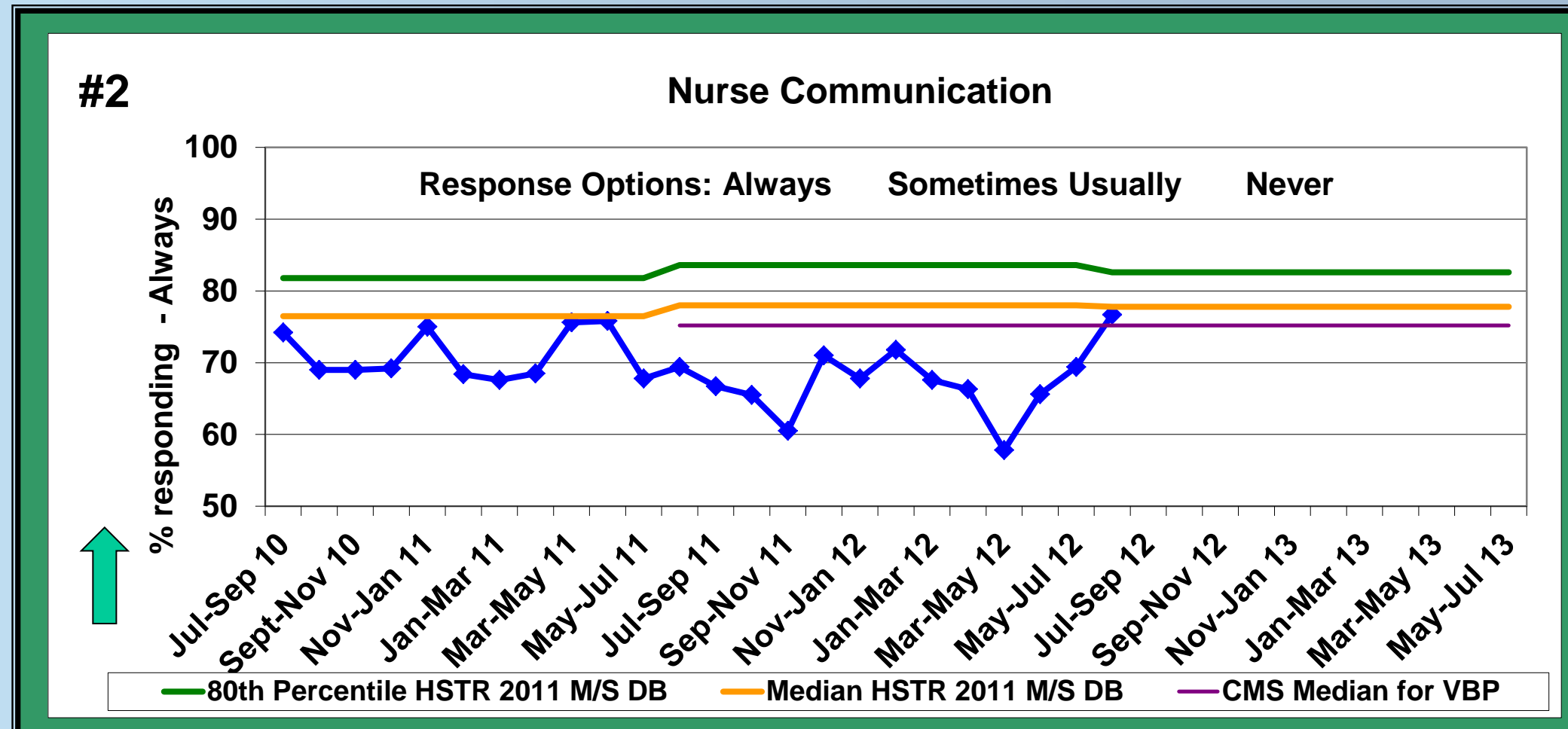
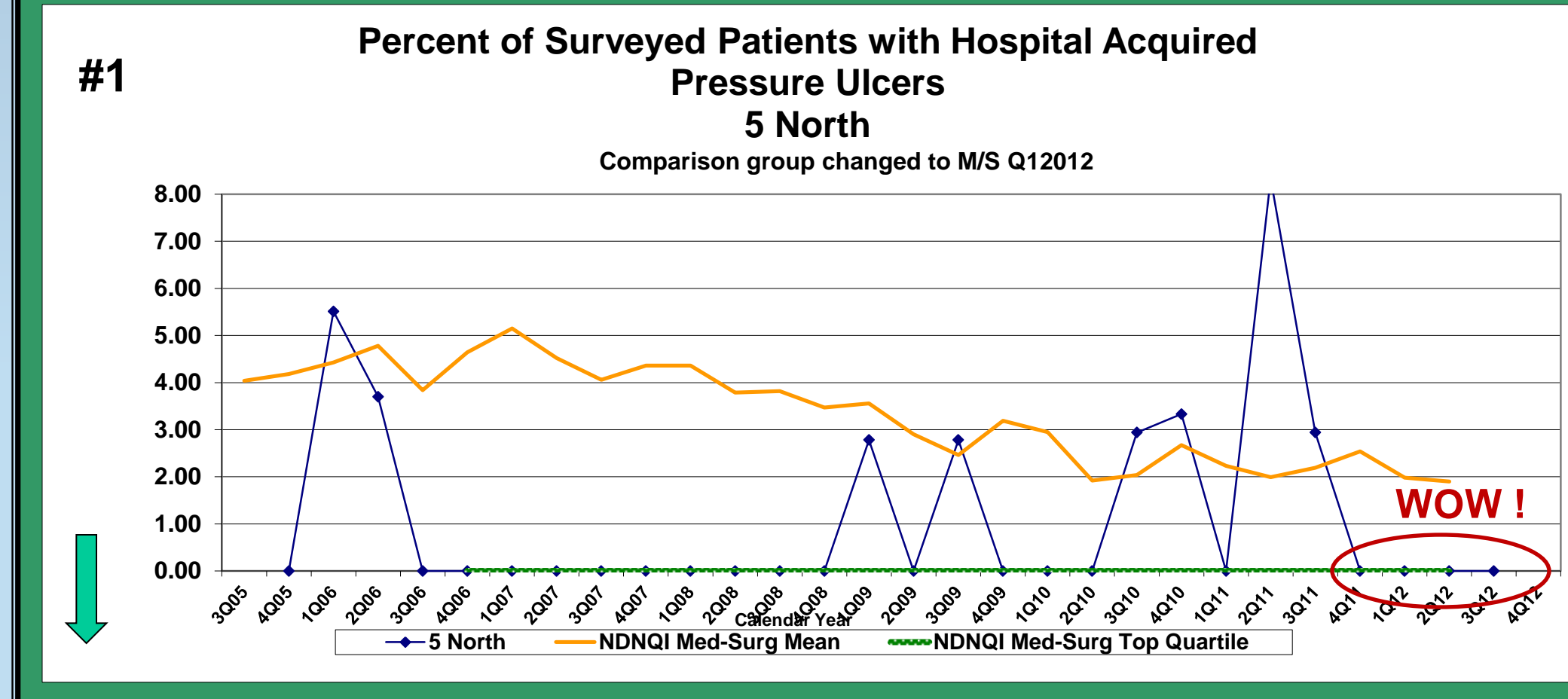
Unit Council Shared Governance Team:

Julie Brower, RN
Jodi Lewis, RN, MSN, ONC
Roxy Nealey, RN
Kathy Trembly, RN
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Emily Wedmore, RN, BSN
Terri Wildt, RN, RNC



EVALUATION

- Nursing Leadership and Unit Council on the 5 North medical / surgical orthopedics unit monitored: patient outcomes and patient satisfaction (graphs #1, #2, and #3).
- Improvements in these measures relate to changes in communication between the nurses and the patients.



IMPLICATIONS FOR PRACTICE

- Huddles and hand-offs reinforced:
 - standard communication process with communication tools,
 - leadership, staff buy-in,
 - nurse to nurse relationships, and
 - nurse to patient relationships.
- Huddles and Hand-offs also:
 - improved culture of safety,
 - reduced nursing fatigue,
 - decreased stress and
 - decreased information overload.

REFERENCES

Chapman, K.B. (2009). Improving Communication Among Nurses, Patients and Physicians. *American Journal of Nursing*, 109 (11), p. 21-25.
Classen, J. (2009) Huddle up! *Nursing Management*, January, p. 8.

