



Development of an electronically pre-populated handover tool utilizing research design



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Purpose

The purpose of this study was to develop an electronically generated customizable paper standardized nursing handover tool and to assess the use and satisfaction with the new tool.



OLD HANDOVER TOOLS

Background

Miscommunication causes errors at handover (WHO, 2007; AHRQ, 2012)

Related studies-

- Nelson (2010), a Microsoft® nursing handover template created increased satisfaction, and decreased over-time
- Staggers (2011), handover tools did not support nurses work flow, nurses need portability & accessibility
- Staggers (2012). a qualitative study on electronic tools showed that nurses discontinued organizational electronic tools in favor of **personal paper based forms**

The Setting

- A 656 bed metropolitan acute care hospital in Southern California.
- This study is part of a 3 part research program to improve patient safety at change of shift.
- In **Phase 1**, nursing report sheets (scraps) from 103 nurses were collected for content analysis.
- We found 28 different “standard” handover tools in use in our facility. All of the report sheets were personally customized (Eusebio et al, 2014).

Methods

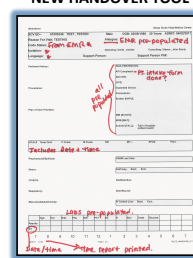
Phase 2: Previously collected data from Phase 1 was used to inform the content for the new electronically generated pre-populated paper handover tool

Procedure: The design of the electronically generated handover tool was created from a a Cerner® generated summary report of pre-populated patient information

Population: Direct care registered nurses working in an acute care inpatient hospital setting with a patient assignment

Post utilization data: Demographic information and a use/satisfaction survey

NEW HANDOVER TOOL



Results

- 78 pre and 58 post surveys were returned for analysis
- Using the *Mann Whitney U* test, the 9 questions asked showed no statistically significant difference in use of the form or tool satisfaction, as compared to previous practice.

Practical Limitations

Printing the tool required 6 clicks plus EMR log-in. Font size, printer margins, etc. influenced placement of preprinted items.



Discussion

- Nurses used paper handover tools** whether the tool was electronically pre-populated or not.
- There were features in the new design that nurses found to be helpful.
- Utilization of the new handover tool was inconsistent.
- Currently, this handover tool is live and available to our entire hospital system as a print-on demand report. Nurses system-wide are using this tool.

Implications

Integration of the nursing handover tool with the EMR is a viable means to enhance change of shift standardization. The next step is to learn if this standardized tool leads to better patient outcomes.