Objectives

- To engage listeners in the Boston Medical Center journey to implement nursing bedside handoff
  - Senior Leadership
  - Professional Development
  - Frontline Staff Engagement
- Discuss the structured handoff process (i-PASS with SAFETY) and sustainment strategies
- Review outcome metrics
  - Falls data
  - Patient Experience data
Improving patient experience is a top priority for the Hospital

A standardized approach to nursing handoff mitigates potential safety risks
Both patients and nurses benefit from a standardized approach to handoff that brings nurses to the bedside

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<tr>
<th>Nurses</th>
<th>Patients</th>
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<td>• Increases accountability for nurses as they include patient in his/her plan of care</td>
<td>• Allows patients to meet his/her new nurse</td>
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<td>• Increases accuracy of communication between shifts</td>
<td>• Keeps patients informed about their care plan</td>
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<td>• Increases teamwork between shifts</td>
<td>• Demonstrates good communication among care team thereby reducing patient anxiety</td>
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<td>• Is known to impact HCAHPS pain, care transitions, nurse communication and communication about medicine metrics</td>
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<td>• Provides a structured process to embed future initiatives</td>
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BMC approach started with I-PASS as a structure for giving report

- I-PASS was created by Boston Children’s Hospital* to decrease adverse events through standardized communication
- BMC began with a phased rollout of I-PASS in 2014
- Both Physician and Nursing teams were included in the rollout

BMC leveraged I-PASS and included an additional mnemonic, which highlights safety and patient experience elements
Implementation Strategies

Phases of Scale Up

- Administrative unit includes core activities and support systems that need to be replicated in the larger health system.
- Intensively test local ideas, generate a set of context-sensitive interventions for scale up “change package”

Implementation timeline

- Phased rollouts to all nursing staff in each area included:
- Meetings with directors, nurse managers, and nursing educators to discuss project details and set timeline for go-live
- Simulation and training with nurse champions from each unit prior to the go-live date
- Engaged staff in the building of the electronic, unit-specific I-PASS handoff tool
- Ensured each RN on the unit viewed the training video, reviewed the changes to the policy and procedure for handoff and completed the post-test/attestation on HealthStream
- Laminated I-PASS/SAFETY reminder cards for the Computer on Wheels, nursing badge tags and the I-PASS Epic tool on each unit prior to go-live

An electronic handoff tool was built in Epic to reinforce the standardized approach with nursing staff
We worked to ensure that the process was hardwired by staff

Sustainment efforts include:

- Regular compliance audits conducted by managers, directors, educators
- Real-time observations of nurses
- Used standardized audit tool
- Feedback provided immediately following the handoff
- Reinforcement of process and review of Epic handoff tool during annual nursing competency days
Clinical outcomes improved with the implementation of I-PASS with SAFETY

Patient Experience scores improved in both the Nursing Communication domain and the question “Rate the Hospital”

- Nursing Communication domain scores went from the 5th percentile to the 44th percentile
- Rate the hospital scores went from the 29th percentile to the 41st percentile
Learn Today, Improve Tomorrow

- A standardized approach to nursing bedside handoff improved both patient safety and experience
- Regular observations of the process were necessary to ensure compliance and maintain accountability
- Creating a handoff tool within the electronic medical record helped staff nurses follow the standardized format and improved communication among team members

Questions?

Thank you!

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References


IHI.org retrieved from website course materials. Getting results at Scale 4/15/2016 (slide 10).


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