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Hemodialysis (HEMO) Handoff Communication Tool improves Patient Safety

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Background/Aim: The HEMO Registered Nurses (RNs) usually get inadequate, un-relayed, none, or impertinent information, about patients coming to their unit for dialysis. The aim of this project is to decrease communication issues (“CIs”) impacting patient safety by improving patient handoff between RNs of medical floors & HEMO by using a customized HEMO checklist/report sheet in addition to verbal reporting.

Methods: The Plan-Do-Study-Act (PDSA) performance improvement method was utilized for this project. Pre-implementation data was gathered in Feb-May 2016. Pilot study was done in May- Aug. 2016, & "hospital wide" implementation was done Sept. 2016- Apr. 2017. Post-implementation tracking started May 2017 & is ongoing until Dec. 2017.

Results: (1) Six months post implementation, a sustained decrease of at least 80% in CIs has been noted. (2) Various literature from 2008 to 2017 regarding patient handoff recommend the use of both verbal AND written communication, which result in the least decrease of information; & implementing a standardized, structured format of communicating in order for the receiving area staff to have the information they need to safely care for the pt. (4) The HEMO checklist/report was utilized by RNs on 82% of total HEMO treatments of patients from their unit during the pilot run. Evaluation results on RN satisfaction were favorable, with 85% of RNs participating: 96% say that the checklist/report was easy to use/brief/concise, 86% say it did NOT take too much time to fill up, 89% say it did NOT significantly take time off from patient care, & 93% say it is helpful with patient handoff.

Conclusion: Communication issues between RNs of medical floors & HEMO regarding patient handoff has been greatly reduced when the written HEMO checklist/report sheet has been used in patient handoff. The checklist/report provides a structured way of making sure that information needed for the care of patients undergoing HEMO are not missed. As patient health records continue to become electronic, this project may be integrated into electronic handoffs in the future.

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