


Call Back in 15 Minutes: Optimizing Handoff to Decrease Length of Stay

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Call Back in 15 Minutes: Optimizing Handoff to Decrease Length of Stay


- WHO WE ARE
 - KRISTY WORMACK
 - ASHLEY GREENE
- WHAT HOSPITAL ARE WE FROM
 - JOHNS HOPKINS HOSPITAL (JHH)
 - ZAYED 3 PREP/PACU
 - ONLY 24 HOUR ADULT PACU IN THE HOSPITAL



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- PATIENTS THAT WE SEE
 - ORTHOPEDIC
 - NEUROSURGERY
 - TRAUMA
 - INTERVENTIONAL RADIOLOGY
 - TRANSPLANT SURGERY
 - OPHTHOMOLOGY



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- The units that we started with:
 - Zayed 12E
 - 32 bed unit- 26 non-monitored "floor beds" for General Neurology and Neurosurgery (NUS) patients, Epilepsy monitoring unit (EMU)- 6 beds
 - Neurological and Neurosurgical patients
 - Our staffing (Nurse: Patient Ratio)- EMU-3:1, NUS- 4:1 day shift and 5:1 night shift

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- The units that we started with:
 - Zayed 12W
 - 32 bed unit- 6 NIMC (Neurological Intermediate Care), 12 BRU (Brain Rescue Unit), 14 Neurological/Neurosurgical shared beds
 - Neurological and Neurosurgical patients
 - Our staffing (Nurse: Patient Ratio)- BRU- 3:1, NIMC- 3:1, 12 West- Dayshift 4:1, night shift 5:1

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- Our Team
 - Program Director of Central Bed Management and Capacity Command Center
 - Assistant Nursing Director of Perioperative Services
 - Zayed 3 Prep PACU Nurse Manager
 - Zayed 12E Nurse Manager
 - Zayed 12W Nurse Manager
 - PACU Lead Clinical Nurse (LCN)
 - PACU Nurses
 - Peri-Operative Administrative Assistant

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- Objective
 - Identify the initial state of handoff at our institution and the need to improve the handoff delays.
 - Discuss the desired outcomes “e” handoff process.
 - Explain the process/barriers of “e” handoff
 - Summarize evidence that proves that e handoff can be effectively used

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- Goals of this new process
 - To decrease the length of stay in PACU related to handoff.
 - To streamline the handoff process from the PACU to the inpatient units.
 - To improve patient satisfaction by reducing length of stay in the PACU.

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Journey

- Our journey to implement this new e handoff process begin September 2020 with the participation of two inpatient units.



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- Background:
 - When this process started September 2020 we had the hopes of simply decreasing the amount of time that it took to give handoff on patients being admitted to inpatient floors from the Zayed 3 PACU.
 - Once we started this process we realized that the amount of time and the number of phone calls to transfer the patient was extremely high which resulted in the group realizing this project would require a lot more time and attention then we initially thought.

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- Importance of Nursing Handoff
 - “The miscommunication and inconsistent recall of patient information due to cognitive lapses that occur during the handoff between healthcare providers account for 80% of sentinel events in acute care.” (Galatza & Carrington, 2021)
 - Incomplete and inaccurate health information relayed during handoff can compromise the safety of the patient
 - Extraneous or irrelevant information during handoff can lead to the inability to efficiently process and recall relevant information

Galatza, B. & Carrington, J. (October, 2021). Examining the meaning of the language used to communicate the nursing handoff. *Research in Nursing & Health*, 44(5), 833-843. doi: 10.1002/nur.22175

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- Benefits using the Electronic Health Record (EHR) for Handoff
 - Provides more consistency and accuracy (Panda, 2020)
 - Will allow for a swifter and more efficient handoff
 - Allows for more structure
 - Enables the nurse to organize and prioritize
 - Prevents erroneous information from being passed along and omission of crucial health information

Panda, S. (October, 2020). Nursing shift handoff process. *Clinical Journal of Oncology Nursing*, 24(5), 583-585. doi: 10.1188/20.CJON.583-585

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Handoff Prior to Change

<https://youtu.be/7Hr1GHB-w7l>

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The Initiation of Contact

- Factors related to delays in handoff:
 - CCSR (Customer Clinical Service Representative) blocking contact
 - Charge nurse
 - Bedside nurse
 - The room
 - COVID
 - Resistance to change previous practice

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- This process did help to cut out the back and fourth phone tag.
 - The CCSR was eliminated
 - At times the CCSR will act as a gate keeper.
 - There are times the bedside nurses were unaware of an incoming patient

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- The initiation of contact with the inpatient nurse
 - In the beginning of this process we still call the units front desk and found the receiving nurse by asking the CCSR who was assigned to the patient.
 - The information that was communicated to the PACU staff was limited to the unit assigned.
 - This caused many delays that were identified early on in the process.

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Charge Nurse Delay

- Charge nurse not assigning the patient to a bedside nurse or a room
- Charge nurse needs to change the assignment
- Charge nurse didn't know this patient was assigned to the unit



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Bedside nurse is the delay

- Bedside nurse not aware of receiving a patient
- Bedside nurse is busy with another patient
- Bedside nurse is eating lunch
- Bedside nurse is in a code



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Issues with the room

- The room was still dirty
- The floor is still wet
- We need to have the curtains changed

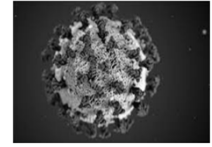


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COVID

- At the beginning of this initiative many of the patients that typically would be admitted were now being sent home
- We also had a large decline in the number of surgical procedures



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Resistance to change

- With all change comes resistance
- Working through anxiety/fear on both ends
- Creating new habits over time
- Addressing issues on a unit-based level in timely manner helped

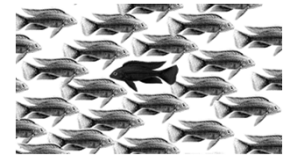


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Resistance to change

- Nurses stated that they preferred to give or receive a verbal handoff
- Refusal to take verbal handoff if the room was still dirty or being cleaned
- The receiving nurses had a routine when admitting a



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Previous Handoff Process

- Bed management->PACU charge and inpatient charge RN via pager->verbally informing PACU RN->initiate call to CCSR on assigned floor once PACU patient meets discharge criteria->inpatient nurse accepts verbal handoff via phone call

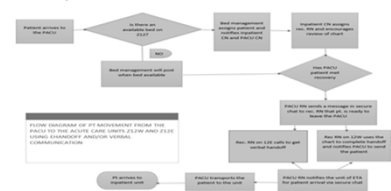


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Initial Proposed Handoff process

- Our first workflow was attempted!!
- Let's see how many calls does it take?!
- Let's see how long does it take to give handoff?!



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Data Collection

- We started this process by collecting pre data for 2 weeks
- We measured time from sign out to handoff **“without any measures in place”**

Data Collection Tool

12E and 12W Handoff Pilot

*Remember to assign yourself to the treatment team under the Arrival tab.

Date: _____ Please Circle: 12E or 12W

Bed Assignment Time: _____ Handoff acknowledged Time: _____

RN Not Assigned RN Not Available Room Not Cleaned

Other delay in transfer reason: _____

Patient Label

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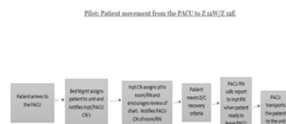
AND NOW THE CHANGE BEGINS!!

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1st Step/Stage

- Our new changes to the workflow initiated a couple of major changes in practice



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Secure Chat

- The PACU RN initiated contact with the inpatient nurse immediately after the patient met criteria
 - A 30 minute wait period for handoff was given to inpatient nurse after the PACU nurse made them aware that criteria was met, either via secure chat or phone call

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Secure Chat Screen Shot with Charge Nurses Only



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Barriers

- Staff stated they received no education on this new process.
- Being blocked by CCSR
- Inconsistent secure chats



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Solutions to Barriers

- We became involved in unit staff meetings and leadership meetings
- Emails with department leadership
- Continued communication with bed management and charge nurses

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2nd Step/Stage

- Decrease the wait time for PACU nurse to give a verbal handoff from 30 minutes to 15 minutes!!



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2nd Step/Stage cont...

- Ensure both PACU and inpatient nurse assigns themselves to the patients treatment team in Epic
 - RN to RN direct contract
 - Cut down on calls



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2nd Step/Stage cont...

- Updating and utilizing the PACU summary
 - Verbal handoff decreased



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2nd Step/Stage cont...

- Bed management assigning patients to beds they have not been cleaned yet



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2nd Step/Stage cont...

Addition of all surgical units!!



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3rd Step/Stage

- **TRANSITION TO ELECTRONIC HANDOFF!!!**

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3rd Step/Stage cont...

- Electronic Handoff
 - The secure chat that bed management initiates with the charges nurses is where handoff will now take place.
 - Both charge nurses added
 - This allows for visibility of all parties

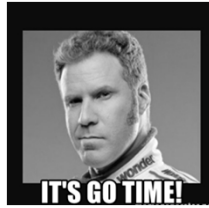


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3rd Step/Stage cont...

- Electronic Handoff
 - All question about the patient are now answered and handoff is acknowledged via secure chat.



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3rd Step/Stage cont...

- The patients are now posted to a unit regardless of if discharge criteria has been met
- Allows the inpatient nurse more time to familiarize themselves with the patient



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3rd Step/Stage

IT'S NOW HOSPITAL WIDE!!



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3rd Step/Stage cont...

- New look to PACU Summary
 - A workgroup of nurses from multiple areas was formed
 - Extraneous information was removed
 - The layout was changed
 - Made to be more visually appealing



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Old vs. New

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New Barriers

- Delays in room and nurse assignments
- Perceived safety risks



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Solutions

- Continued discussions with leadership about charge nurse duties and appropriate staffing



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Solutions

- Recognition of nurses and units that were doing a great job with E Handoff by giving them an Applause



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Solutions

- Continued education and reeducation of the inpatient nurses
 - Zoom meetings, emails, staff meetings, leadership meetings, on unit meetings, and individual meetings
 - Share time between the inpatient nurses and the PACU nurses



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OUR NEW PROCESS IS A SUCCESS

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- *The E Handoff initiative becomes the **STANDARD** across the hospital*



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Handoff After Change

<https://youtu.be/61SIMMyg1ml>

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Benefits

- Improved patient outcomes
 - Earlier mobility
 - Earlier family interactions
 - Privacy
 - Better rest in a private room with a door
 - Decrease the risk of a HIPAA violation
 - Decrease the number of OR/IR HOLDS



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- Where we will go from here with the initiation of electronic handoff and the integration of using EHR as a handoff tool with the evolving state of healthcare
 - Decrease the amount of information that is missed
 - Limits the amount of time away from other patients
 - Allow the receiving nurse to have more flexibility

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Incidental Findings

- Discharge by Criteria vs. Anesthesia Sign Out
 - PACU Nurses are able to make a clinical decision that the patient is appropriate to leave the Post Anesthesia Care Unit

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CONTACT INFORMATION

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**THANK YOU FOR ATTENDING
OUR SESSION!!**

ANY QUESTIONS?