How an Effective Care Handoff Process Can Improve ED Throughput

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Introduction
Large volumes in the Emergency Department can be overwhelming for staff and dangerous for patients. Factors such as staffing and bed availability can result in holding beds and increased wait times. These situations can interfere with timely care and affect patient outcomes. Increased wait times decrease patient and staff satisfaction scores due to increased work load and increased patient to staff ratio.

During the month of January 2017 the average wait time from the disposition to admit to transport to the floor was 180 minutes. This problem captured the attention of staff and the topic was presented to the Director of the Emergency Department (ED). Serving as Head Chair, volunteers were recruited from the Emergency Department and SM & 5 Central who were committed to creating a process that would improve throughput times.

Methodology
• RN 3s in the ED identified the problem of delayed care handoff when attempting to give report to inpatient floors
• A departmental survey was sent out to identify perceived challenges with care handoff
• After the survey was reviewed an email was sent to various directors to see who would be interested in working with the ED on this pilot study
• The Director of SM/5C enthusiastically agreed to be a part of our study
• ED volunteers signed a contract to be committed to the pilot study and attend monthly meetings/ 2 RNs from SM/5C joined the team
• 4 hour shadowing experiences were created that allowed the RNs to see patient care & workflow from each other’s perspectives
• SM & 5 Central RN Team Members provided feedback and helped develop the new care handoff process
• Unit Directors & Assistant Directors were in attendance at the meetings & were supportive of the new process
• The throughout team developed guidelines for a new care handoff process
• The following guidelines were implemented July 1, 2017: Patients were not to be transported to the floor from 6:40-7:20 & from 18:40-19:20
• Patients were to be transported 20 minutes after a bed was assigned at all other times
• All STAT orders were to be completed prior to transport
• RNs referred to the 5 Central & 5 Midwest Criteria Tip Sheet located at the Charge Nurse Desk when there were questions regarding the appropriateness of a patient going to SM/5C
• There was a NO CALL handoff in place. ED RNs reviewed the SBAR & included vital information in their Blank Notes and called to speak to the RN for information that needed to be discussed
• Once the patient arrived on the floor the transporter remained with the patient until a NT or RN arrived
• ED Staff and SM/5C Staff provided feedback on a poster in staff breakrooms for follow up

Results
• One month prior to implementation the Average Time: Requested to Assigned bed 120 minutes, Approved to Assigned 15 minutes, Approved to Transfer 67 minutes and our Average time from Initial Bed Request to Transfer Event 323 minutes
• 2 weeks later after our process combined the assigned to approved and approved to transfer times our total average of 78 minutes
• A savings of 42 minutes in just two weeks.

Conclusions
The care handoff process was created by ED and inpatient nurses. The shadow experiences allowed staff to view the throughput process from varying perspectives and was reported by staff to improve communication and compliance. Staff provided insight on challenges associated with the process which allowed the throughout team to focus on key aspects of improvement. Ongoing education and follow up remains key to ensure safe care is being provided to patients before, during, and after transport from the ED to the inpatient setting. A revised version of this process was implemented hospital wide. December 2017 and is currently being utilized.

Nursing Implications
The care handoff process is essential to providing safe, competent care to our patients on a continuum regardless of their location in the hospital. In order to meet the demands of our patient population, team members involved in all levels of care must work to ensure an effective care handoff process is occurring so that optimal patient outcomes are being met. This care handoff process has data to support how ED throughput can help us meet our goals.

Acknowledgements
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References