

Emergency Department Handover Communication: Quality Improvement

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Quality improvement is the foundation of advancement for the nursing profession and healthcare. Quality improvement is a specific form of data collection that monitors the outcomes of care processes and uses improvement methods to design healthcare changes (Johns Hopkins Medicine, 2022). Quality improvement will use data collected from studies, feedback, and the outcomes of systems (Johns Hopkins Medicine, 2022). Quality improvement utilizes a root cause analysis tool to base every study, then will utilize flow charts and diagrams to complete each study (QSEN Institute, 2020). The article is a three-step qualitative quality improvement study on inefficient patient handovers from the emergency department (Tobiano et al., 2021). Ensuring adequate handovers from the emergency department to the inpatient floors is the foundation of quality care for each patient because immediate care from the emergency department is the first care a patient commonly receives. If the emergency department provides quality care to the patient, then this allows for the continuance of quality care on inpatient floors.

Article Summary

The article discusses the topic of inadequate patient handovers from the emergency department to inpatient units (Tobiano et al., 2021). The study is a coproduced and prototyped three-step intervention plan; then, the Handover Evaluation Scale will evaluate the study (Tobiano et al., 2021). The article shows that handover communication is the cause of twenty-five to forty percent of adverse events (Tobiano et al., 2021). Quality improvement of handover communication within the emergency department will significantly decrease the occurrence of adverse events throughout all inpatient units and the emergency department.

Introduction

The article is a three-step qualitative study on inadequate handover communication from the emergency department to inpatient units (Tobiano et al., 2021). The article discusses that the lack of communication during a patient handover from one professional group to another is the cause of twenty-five to forty percent of adverse events and eighty percent of omission errors (Tobiano et al., 2021). The article is a quality improvement study due to the discussion of continuous improvement of the focused topic of handover communication (Tobiano et al., 2021). The study shows that quality improvement of handover communication has been discussed, studied, and standardized in the past with no significant improvement (Tobiano et al., 2021).

Overview

Emergency department handover communication affects immediate patient care and the continuance of quality patient care. The emergency department is in charge of admitting patients to inpatient units, and the communication that leads up to or follows this task. The article discusses the correlation between inadequate emergency department communication and the incidence of adverse events on inpatient floors (Tobiano et al., 2021). The study proves the correlation between the two topics and forms a solution for inadequate communication (Tobiano et al., 2021). The QSEN competency in quality improvement states that skills required to perform quality improvement studies should perform root cause analysis and seek outcomes of current care (QSEN Institute, 2020). The study utilizes both root cause analysis and outcomes of current care pre-intervention alongside a survey for post-intervention studies (Tobiano et al., 2021). The study proves that inadequate handover communication is developed from the efforts of the emergency department to transfer patients quickly instead of giving quality and in-depth information to the admitting floors (Tobiano et al., 2021).

Quality Improvement

The study extensively focuses on the criteria of handover communication from the emergency department to inpatient units, including patient information, assessment, and background of the situation (Tobiano et al., 2021). Changing the standard criteria of handoff information from the emergency department will cause a need for pre-implementation education for the emergency department nurses and staff. The intra-implementation stage will include implementing the full use of the situation, background, assessment, and recommendation format for handover information, including a three-step handover, a mandatory face-to-face meeting, verbal communication, and patient or family participation (Tobiano et al., 2021). Post-implementation would include sending surveys to all nurses during the study to assess the changes in handover information per patient (Tobiano et al., 2021). Suppose the implementation of aspects of the study is successful. In that case, the quality of care for all patients will increase, including fewer adverse events due to inadequate communication. Patient and nurse safety would also increase due to communicating more reliable and adequate information. Although implementing more thorough and detailed handovers will decrease the satisfaction of emergency department nurses due to the extended time it would take to transfer the patient. Financially, this will benefit each institute due to decreased adverse events and hospital-acquired infections. Adequate and thorough information communication ensures patient safety and increases the quality of care for the patient.

Application to Nursing

Inadequate patient handovers related to decreased communication, specifically from the emergency department to inpatient units, describe time restraint being a significant concern

(Tobiano et al., 2021). Emergency department nurses have a set time to receive patients and either transfers them or discharge them (Tobiano et al., 2021). Nurses quickly try to transfer a patient and do not provide adequate information for the receiving nurse to safely care for the patient. The lack of time and the hurried patient handovers is where mistakes are made, resulting in adverse events on inpatient floors (Tobiano et al., 2021).

Practice

Throughout the content, the article continues to discuss that inadequate information is communicated from the emergency department (Tobiano et al., 2021). The biggest concern is the time restraint given to emergency department nurses. The best nursing practice for this concern is to follow the situation, background, assessment, and recommendations format for all patient handovers (Tobiano et al., 2021). This handover format ensures that pertinent information is given to the receiving nurse and unit to develop a safe and adequate care plan for the patient.

Education

Inadequate communication during handovers from the emergency department is due to the lack of attentiveness and time. The American Association of Colleges of Nursing continues to highlight the importance of quality communication to begin any patient care throughout its curriculum. The only way to combat this issue in the emergency department is to re-educate the nurses on the importance of quality communication and re-associate the nurses to the situation, background, assessment, and recommendation handover format (Tobiano et al., 2021).

Research

The study on emergency department communication continues to call attention to the issue of inattentiveness and unreasonable time restraints (Tobiano et al., 2021). First, research needs to determine that it is, in fact, an issue with time management and not the lack of attentiveness from a specific department. Then, the research needs to focus on safety management and protocols for time restraints. A time restraint should not harm patient safety or care; if it does, then further investigation needs to be completed as to what can be implemented in place to adjust time restraints.

Conclusion

Quality improvement continuously analyzes a forever-changing healthcare system (QSEN Institute, 2020). Quality improvement is required to provide the best patient care and maintain safety for the patient, nurses, and the entirety of the healthcare field (QSEN Institute, 2020). Quality improvement identifies issues within this field and works tirelessly to improve them in a reliable and adequate form. The tools identified in this article, such as root cause analysis, cause-effect, quality measures, and surveys, are the basis of quality improvement (Tobiano et al., 2021). Inadequate emergency department handover communication is an issue identified in this article that quality improvement can fix (Tobiano et al., 2021). If the change is made using quality improvement tools, it will result in fewer adverse events, safer and quality patient care, and keeping nurses safe. Quality improvement increases nursing practice and education, which makes the field more reliable.

References

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