

Developing a Standardized SBAR Handoff from Urgent Care to the Emergency Department

Sarah Beth Borque, RN, BSN, Rebecca Kelliher, RN, BSN, Katyanne Zink, RN, BSN, Kimberly McGrath-Chase, LPN, Kayla Dempsey, LPN, Patti Camp, RN-BSN, Lori Gallagher, RN; Pamela Kutzer, ARPN; Kathleen M. Theis, PhD, RN; Sharon Hatch, LPN, Sharon Breidt, RN, BSN
Elliot Health Systems, Manchester, NH

Introduction and Background

Effective communication is an integral part of safe and effective patient care. Ineffective communication between healthcare providers has been linked to preventable medical errors in all areas of nursing.¹ Knowing the significance of effective hand-off, the Joint Commission set forth a patient safety goal to assure safe patient care by implementing standards for communication between healthcare providers, specifically by implementing a standardized hand-off between healthcare providers and allowing an opportunity to ask questions.² Evidence also shows that electronic documentation tools improve the continuity and quality of reported hand-off information.³ Utilizing this information, Elliot Health Systems Urgent Care Unit Practice Council set forth to provide an evidence-based solution to the issue of telephone transport reports between these free standing facilities.

Method

Utilizing the electronic health record already in place within the health system, members of the unit practice council developed a standardized hand-off note for use when patients from the urgent care required a higher level of care and required transfer to the emergency department by either private vehicle or ambulance. Prior to implementation, staff from both the urgent care centers and the emergency department were surveyed about their own personal satisfaction and work flow perception. Also, staff was asked to record the amount of time spent on the telephone giving report. Upon completion of the standardized transfer note in the electronic health record, one to one education was given to both urgent care staff and emergency department staff to assure compliance. The transfer note, which utilizes the situation-background-assessment-recommendations (SBAR) template, was developed to auto-populate important information from the patient's record which was decided upon mutually by department staff. Vital signs, chief complaint, medications given, and any intravenous access will automatically populate from the record.

Evaluation

Prior to implementation, phone call times ranged anywhere between one and 14 minutes, with a mean of 4 minutes. Within three months of implementation, urgent care nurses had 100% compliance using the transfer note. Over this time, over 17 hours of telephone time was saved based off the initial data prior to implementation. When staff satisfaction and work flow perception was reassessed, all areas showed a positive improvement.

Discussion

Utilizing the available resources, the Urgent Care Unit Practice Council was able to develop a simple and intuitive electronic transfer note. Pull down menus are available for information such as the fall risk assessment and mode of transportation to the emergency department. Minimal free text is required by the transferring nurse to assure a timely transfer of the patient. Transferring nurses have the ability to ask for a return phone call from the accepting nurse in order to assure all questions have been answered and all pertinent information has been reported. Since implementation, the health system developed a similar transfer note for patients being admitted for inpatient care, and has shown positive outcomes for workflow in all areas.

Resources

1. AHRQ. (N.D). *Patient safety primers: handoffs and signoffs*. Retrieved from: <http://www.psnet.ahrq.gov/primer.aspx?primerID=9>
2. ED Quality Solutions. (2005). *ED quality news: 2006 national patient safety goals*. Retrieved from: http://www.edqual.com/emergency_medicine_news/ed_news_2006_jcaho_patient_safteygoals.htm
3. Kripalani, S. (2011). 100 What have we learned about safe inpatient handoffs? Web M&M: *Morbidity & Mortality on the Web*. Retrieved from: <http://webmm.ahrq.gov/perspective.aspx?perspectiveID=100>