Implementing Bedside Handoff Using a Change Model

**The Problem**
In a review of the literature, nursing handoffs at the bedside facilitate improvement in three areas: patient satisfaction, nurse satisfaction, and patient outcomes. The handoff used on a 36 bed Medical-Surgical unit at BIDMC was a scattered, somewhat more subjective report instead of being focused on key points that would affect the patient’s outcome in a positive way. A previous attempt at bedside handoff on this unit failed. It was hypothesized that because front line nurses were not involved in the development of this process they became dissatisfied and non-compliant.

**Aim/Goal**
Enlist and engage bedside nurses to develop and implement a standardized more pertinent bedside handoff that will be performed during every shift change in order to improve nurse compliance, satisfaction, prevent harm to patients, facilitate valuable communication between nurses and patients and increase patient satisfaction.

**Intervention**
- Using Kotter’s 8 Step Change Model, we gathered a core group of bedside nurses who became our guiding coalition.
  - Designed and implemented a standard method for bedside handoff utilizing an electronic nursing Kardex
  - Created a new acronym they invented called SIP (Situation, Intervention, and Plan) which was discussed in front of the patient as a means to design a plan for the patient over the next shift.
- Designed a handout for patients to describe the bedside handoff process.
- A template describing the process was also designed for the nurses to utilize.
- Used the Daily Management System to identify barriers in real time that needed to be addressed, helping the process move forward and become successful.

**The Team**
Alison Small, RN, MSN, Nurse Manager, CC6
Diana Gist, RN, MSN, Administrative Clinical Supervisor
Danielle Souza, RN, BSN, CN IV, CC6 Clinical Advisor
Kerri Cellucci, RN, BSN, CN III, CC6 Nurse Educator
Ashley Mirabassi, RN, BSN, CN III, CC6 Clinical nurse
Stephanie Tinkham, RN, BSN, CN III, CC6 Clinical nurse
Kelly Parziale, RN, BSN, CN III, CC6 Resource Nurse
Alex Covelle, RN, BSN, CN II, CC6 Clinical nurse
Cory Porter, RN, BSN, CNII, CC6 Clinical nurse

**The Results/Progress to Date**
Using Kotter’s Eight Step Change Model

1. Create a Sense of Urgency
2. Forms a Guiding Coalition
3. Create a Vision
4. Communicate the Vision
5. Empower others to Act on the Vision
6. Create Quick Wins
7. Build on the Change
8. Institutionalize the Change

Three months post intervention.

**Patient Satisfaction**

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**Nurses Noting Hand Off as Efficient**

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**Lessons Learned**
- Nurses have better “buy-in” when they develop and design the innovation themselves. – They relate more to those who work along- side them, listening to suggestions with a more open mind.
- Nurses must be coached to perform handoff in a systematic way ~ Coaching, patience, commitment and praise by the guiding team is what has helped us sustain this process.
- Use of the Daily Management System helps to call out the barriers that are encountered when implementing change and address them in real time.
- Staff who demonstrates empathy during the Bedside Handoff process, experience more of a partnership in care with their patients.

**Next Steps/What Should Happen Next**
- Continue perfecting process using DMS
- Implement suggestions from PFAC members
- Incorporate empathy awareness with bedside handoff education.
- Present our Bedside handoff project at PCS forums, in order to spark an interest for other potential units.

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