Ineffective handoffs contribute to gaps in patient care and medication errors, which jeopardize patient safety and lead to poor-quality care. The project aims are to develop and implement a standardized handoff process using an electronic medical record (EMR)-based tool to ensure optimal communication of treatment-related information for patients receiving cancer treatment between oncology nurses” Pandya et al (2019).

Abstract:

PURPOSE: Ineffective handoffs contribute to gaps in patient care and medication errors, which jeopardize patient safety and lead to poor-quality care. The project aims are to develop and implement a standardized handoff process using an electronic medical record (EMR)-based tool to ensure optimal communication of treatment-related information for patients receiving cancer treatment between oncology nurses.

METHODS: A multidisciplinary team convened to develop a standard and safe treatment handoff process. The intervention was developed over a series of phases using Plan-Do-Study-Act methodology, including current workflow process mapping; identifying gaps, limitations, and potential causes of ineffective handoffs; and prioritizing these using a Pareto chart. An EMR-based tool incorporating a standardized treatment handoff process was developed. Study outcomes included proportion of handoff-related medication errors, tool
utilization, handoff completion, patient waiting time, and nurse satisfaction with tool. All outcomes were evaluated before and after the intervention over a 1-year period.

RESULTS: The proportion of medication errors as a result of ineffective handoffs was reduced from 10 of 17 (60%) pre-intervention to 11 of 34 (32%) postintervention ( P = .07). The EMR-based handoff tool was used in 9,274 of 10,910 (85%) patient treatment visits, and the handoff completion rate increased from 32% pre-intervention to 86% postintervention. Patient waiting time showed an average reduction of 2 minutes/patient/month. A majority of nurses reported that the new tool conveyed necessary information (85% of nurses) and was effective in preventing errors (81% of nurses).

CONCLUSION: Multidisciplinary stakeholders guided the development and implementation of a standard handoff process and an EMR-based tool to optimize communication between nurses during patient transition. The intervention was associated with a reduction in the proportion of medication errors as the result of ineffective handoffs. In addition, the intervention improved communication between nurses.

You may also be interested in...

Enteral pumps transmit pump volume details to an electronic medical record
Electronic trigger tool to optimise intravenous to oral antibiotic switch
PICC care improves following the introduction of a mandatory electronic communication tool

Reference: