# Transfer of Care Bundle: Standardizing Nurse-to-Nurse Communication

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# Objectives

- Discuss standardized communication's effect of patient safety
- Discuss the impact of applying research to nursing practice and patient safety

# Purpose

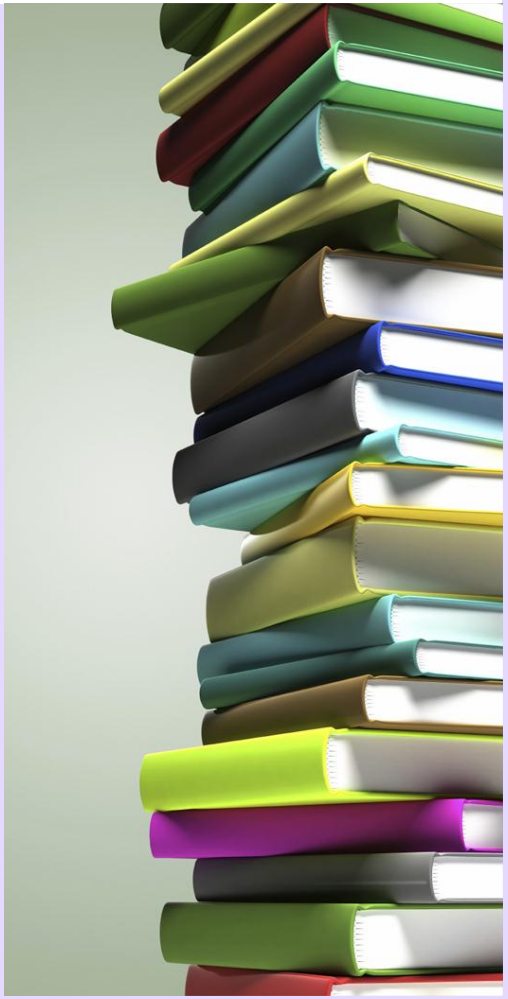
- Create a standardized process for safe patient handoff
- Create a tool to guide information shared during report

# Nurse-led Initiative

- Clinical Practice Council
  - Chief Nursing Officer tasked the CPC
  - System shared governance group
  - Staff nurses volunteered to participate in biweekly meetings
- Leadership support
  - Vice President of Patient Care Services
  - Research specialist
  - Director of Leadership Development

# Research Journey

- Assessing current practice
- Literature review and analysis
  - 180 Articles
- Biweekly meetings
  - 10 months
- Transformation
  - My way is the best way to
  - Pass Me Safelee is the best way



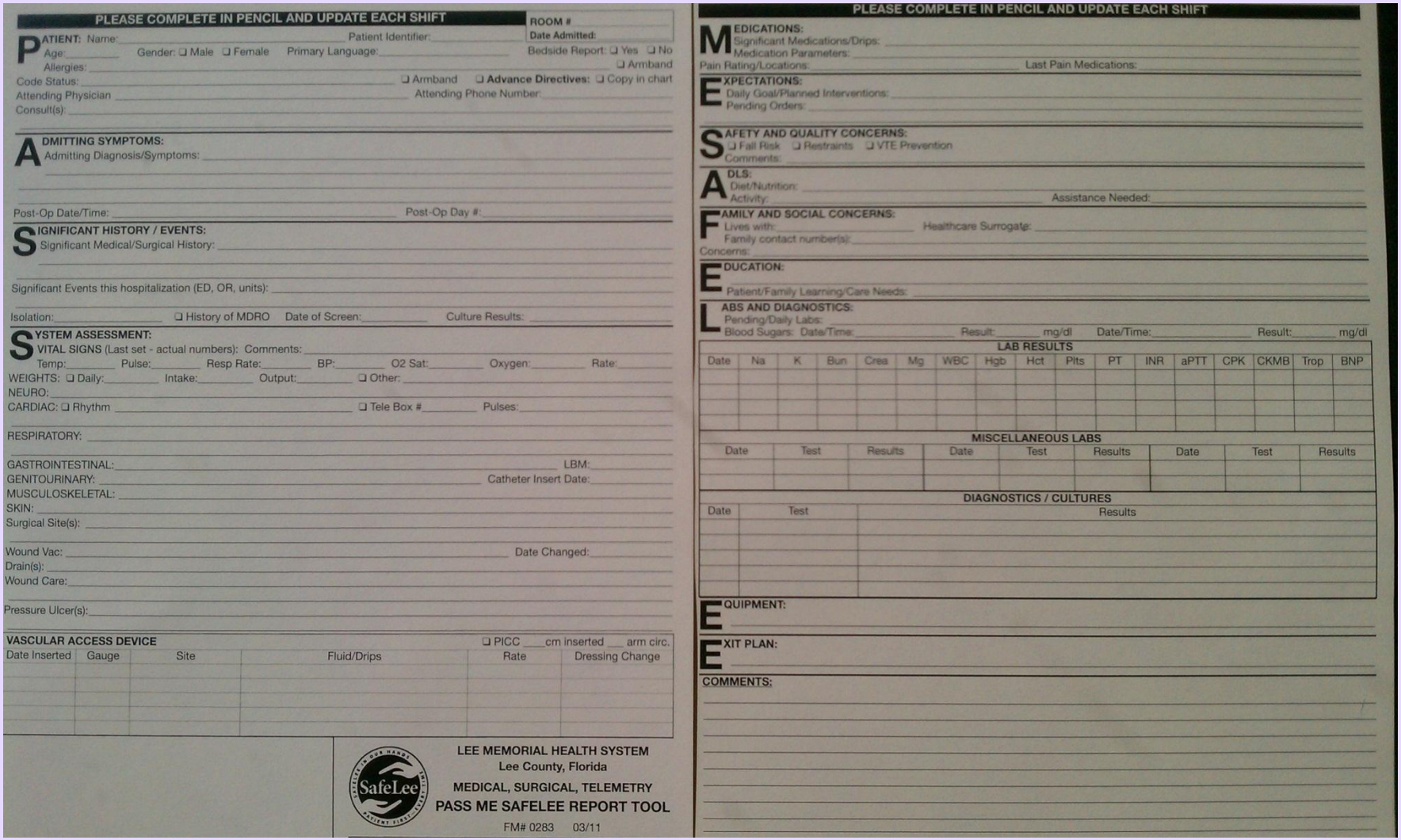
# The Transfer of Care Bundle

1. Before starting hand-off, assemble available tools, charts, computer information, and MARs.
2. Hand-off begins with introductions (include patient and family) and ends with the opportunity to ask questions.
3. Giver and receiver with all N2N hand-offs must use the acronym Pass Me Safelee.
4. Begin each step in the acronym with the trigger word
5. Vital signs-trends (ideal) or last set (second best) need to be included. This means the actual numbers are included.
6. Hand-off is a safe zone
7. Only essential patient and family information is to be included in the hand-off.
8. Hand-off communication should occur timely and punctually.
9. Hand-off communication will occur at the bedside
10. A safety check will always occur at this time. Safety checks will always occur, even if the patient opts out of bedside report.
11. Patients will be oriented with written and verbal instructions to unit rounding practices upon admission to the nursing unit and preferences determined.
12. In a N2N report involving patient transfers the standard is that there will be a verbal exchange of information between the direct caregivers using the Pass Me Safelee acronym..
13. Faxed reports are not acceptable.

# Acronym

| | | | |
|---|---|---|---|
| P | Patient | S | Safety and quality concerns |
| A | Admitting symptoms & diagnosis | A | Activities of Daily Living |
| S | Significant history | F | Family/Social Concerns |
| S | System assessment | E | Education |
| | | L | Labs & Diagnostics |
| M | Medications | E | Equipment |
| E | Expectations | E | Exit Plan |

# Pass Me Safelee Tool



PLEASE COMPLETE IN PENCIL AND UPDATE EACH SHIFT

ROOM #
Date Admitted:

**PATIENT:** Name: Patient Identifier:
Age: Gender: ❑ Male ❑ Female Primary Language: Bedside Report: ❑ Yes ❑ No
Allergies: ❑ Armband
Code Status: ❑ Armband ❑ **Advance Directives:** ❑ Copy in chart
Attending Physician Attending Phone Number:
Consult(s):

**ADMITTING SYMPTOMS:**
Admitting Diagnosis/Symptoms:

Post-Op Date/Time: Post-Op Day #:

**SIGNIFICANT HISTORY / EVENTS:**
Significant Medical/Surgical History:

Significant Events this hospitalization (ED, OR, units):

Isolation: ❑ History of MDRO Date of Screen: Culture Results:

**SYSTEM ASSESSMENT:**
VITAL SIGNS (Last set - actual numbers): Comments:
Temp: Pulse: Resp Rate: BP: O2 Sat: Oxygen: Rate:
WEIGHTS: ❑ Daily: Intake: Output: ❑ Other:
NEURO:
CARDIAC: ❑ Rhythm ❑ Tele Box # Pulses:
RESPIRATORY:
GASTROINTESTINAL: LBM:
GENITOURINARY: Catheter Insert Date:
MUSCULOSKELETAL:
SKIN:
Surgical Site(s):
Wound Vac: Date Changed:
Drain(s):
Wound Care:
Pressure Ulcer(s):

**VASCULAR ACCESS DEVICE** ❑ PICC ___cm inserted ___ arm circ.

| Date Inserted | Gauge | Site | Fluid/Drips | Rate | Dressing Change |
|---|---|---|---|---|---|
| | | | | | |

LEE MEMORIAL HEALTH SYSTEM
Lee County, Florida
MEDICAL, SURGICAL, TELEMETRY
PASS ME SAFELEE REPORT TOOL
FM# 0283 03/11

PLEASE COMPLETE IN PENCIL AND UPDATE EACH SHIFT

**MEDICATIONS:**
Significant Medications/Drips:
Medication Parameters:
Pain Rating/Locations: Last Pain Medications:

**EXPECTATIONS:**
Daily Goal/Planned Interventions:
Pending Orders:

**SAFETY AND QUALITY CONCERNS:**
❑ Fall Risk ❑ Restraints ❑ VTE Prevention
Comments:

**ADLS:**
Diet/Nutrition:
Activity: Assistance Needed:

**FAMILY AND SOCIAL CONCERNS:**
Lives with: Healthcare Surrogate:
Family contact number(s):
Concerns:

**EDUCATION:**
Patient/Family Learning/Care Needs:

**LABS AND DIAGNOSTICS:**
Pending/Daily Labs:
Blood Sugars: Date/Time: Result: mg/dl Date/Time: Result: mg/dl

**LAB RESULTS**

| Date | Na | K | Bun | Crea | Mg | WBC | Hgb | Hct | Plts | PT | INR | aPTT | CPK | CKMB | Trop | BNP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

**MISCELLANEOUS LABS**

| Date | Test | Results | Date | Test | Results | Date | Test | Results |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

**DIAGNOSTICS / CULTURES**

| Date | Test | Results |
|---|---|---|
| | | |
| | | |
| | | |

**EQUIPMENT:**

**EXIT PLAN:**

**COMMENTS:**

# Measurements

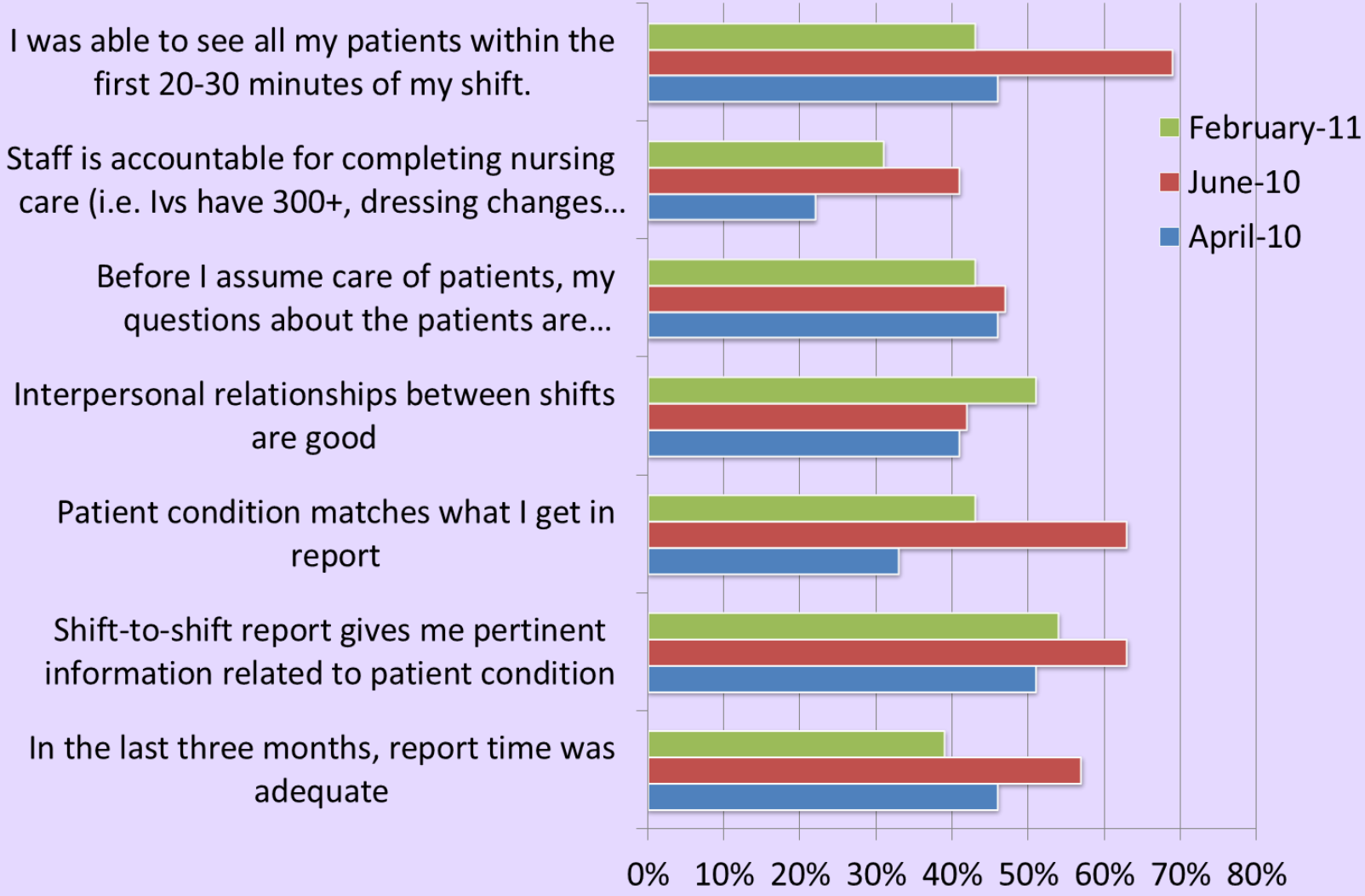
- Scorecards
  - Patient Satisfaction Scores
  - Nursing staff report satisfaction surveys
- Anecdotal reports

# Scorecard

| Patient Satisfaction - Press Ganey | Unit Goal - Baseline 4th Q FY 2011 | Oct-10 | Nov-10 | Dec-10 | 1st Q | Jan-11 | Feb-11 | Mar-11 | 2nd Q | Apr-11 | May-11 | Jun-11 | 3rd Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Friendliness/courtesy of nurses - Percentile Ranking | Continuous Improvement | | | | | | | | | | | | |
| Friendliness/courtesy of nurses - Raw Score | | | | | | | | | | | | | |
| Nurse kept you informed - Percentile Ranking | | | | | | | | | | | | | |
| Nurse kept you informed - Raw Score | | | | | | | | | | | | | |
| Staff include you in decisions re:trtmnt -Percentile Ranking | | | | | | | | | | | | | |
| Staff include you in decisions re:trtmnt- Raw Score | | | | | | | | | | | | | |
| Staff worked together to care for you - Percentile Ranking | | | | | | | | | | | | | |
| Staff worked together to care for you - Raw Score | | | | | | | | | | | | | |
| Likelihood to Recommend - Percentile Ranking | | | | | | | | | | | | | |
| Likelihood to Recommend - Raw Score | | | | | | | | | | | | | |

| Patient Satisfaction - HCAHPS | *Unit Goal* | Oct-10 | Nov-10 | Dec-10 | 1st Q | Jan-11 | Feb-11 |
|---|---|---|---|---|---|---|---|
| Recommend this hospital- Top Box | | | | | | | |
| Communication with Nurses - Top Box | | | | | | | |
| Response of Hospital Staff - Top Box | | | | | | | |
| Nurse treat with courtesy/respect | | | | | | | |
| Nurse listen carefully to you | | | | | | | |
| Nurse explains in a way you understand | | | | | | | |
| How often is pain controlled | | | | | | | |
| Told you what medicine was for | | | | | | | |
| Staff describe medicine side effects | | | | | | | |
| *n=* | | | | | | | |

# Satisfaction Survey



# “Good Catch” Stories

- Good catch and near misses
- Nursing staff reports:
  - Feel better prepared to accept transfer of care
  - Report has added value to practice
  - Leaving work on time and more confident
  - Enhanced patient experience “nothing about me without me”

# EBP Journey

- 2009
  - Literature review and analysis
- 2010-Implementation Year
  - The Transfer of Care Bundle
  - Pass Me Safelee acronym and tool
- 2011-Sustaining Year
  - CNA standardized report
- 2012
  - Charge Nurse standardized report