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Implementation of an Electronic Handover Tool: Learning From Program Evaluation

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Communication handover, known by many names in the literature, is a source of potential error and risk to patient safety (Joint Commission Resources, 2015). One of the National Patient Safety Goals (NPSG) is to improve the effectiveness of communication among caregivers (Joint Commission, 2017). The literature reports multiple types of electronic-based tools used to reduce errors and mitigate risks to patient safety (Hunt & Staggers, 2011). The implementation of these tools has achieved varying degrees of success using multiple methods of education and training. Barriers to successful implementation have included inability of tools to update information in a timely manner, persistent inaccuracies, clinician resistance to change, duplication of work, lack of training, and lack of integration with the EHR (Davis et al., 2015). Evaluation of programs, such as implementation of an electronic tool, informs of success and opportunities for improvement in future endeavors (Dickerson & Lubejko, 2016). A large West Michigan Regional Health System (RHS) implemented a new Electronic Health Record (EHR) containing an embedded tool called Professional Exchange Report (PER) to support the practice of nurse bedside communication handover. There was inconsistency in the practice of bedside report and use of the EHR during report by nurses. Staff nurses also relied heavily on a structured paper based report form to both organize their workload and give report. The RHS planned the use of a bundle of educational interventions to implement the new tool and report structure including communications, video demonstration, in-seat training and at the elbow support during the go-live. The purpose of the project was to systematically evaluate the implementation of PER using evidence based methodology, an implementation model for change management, and theoretical framework for process evaluation. Evaluation was based on collection of data and evidence through interviews, pre- and post-implementation surveys, observations of the report process, and review of documents related to planning, implementing and evaluating the program. Determination was made if any changes, even incremental, occurred in length of report, perceptions of the process, or consistency of practice. The objectives of the project were to determine how the RHS planned, implemented, and evaluated its program and what impact was made by the process change. Implications for implementation include key stakeholder involvement throughout the process, use of change management model, and ongoing communication and support for all affected. The use of a theoretical framework, such as the Consolidated Framework for Implementation Research has broad application including program evaluation (Nilsen, 2015).

Title:

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Keywords:

Electronic Bedside Handover, Nursing and Program Evaluation

References:

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Abstract Summary:

This session will describe key learning from the implementation of an electronic tool to support bedside communication handover. Program evaluation and quality improvement methods will summarize strengths and opportunities for improvement in implementation efforts. Implications for practice both locally and globally will also be discussed.

Content Outline:

I. Introduction and background

A. Significance of problem (i.e. patient safety, communication failures)

B. Issue within organizations globally (i.e. worldwide initiatives)

C. One organizations intervention (implementation of electronic bedside tool)

II. Program Evaluation

A. What is it? (i.e. formative and summative)

B. Why is it important?

C. How evaluation was completed

D. Results

III. Implications for practice

A. Learnings

B. Local recommendations (i.e. inform future roll-out)

C. Global recommendations (i.e. inform other organizations using tool, best practices for implementation/change management)

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