

Improving ED to 5C Communication

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ACKNOWLEDGMENTS

- ❖ Approval

This project was reviewed by the VA Portland Health Care System (VAPORHCS) Research and Development Service and determined to not be research

- ❖ Support

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BACKGROUND

Problem

- Currently no nurse to nurse handoff exists between ED and 5C nurses

Prevalence

- In the community and in the news mental health care (especially in the Veteran population) is a hot topic
- 1 in 8 ED visits involve a psychiatric emergency and those who come to the ED with psychiatric complaints have increased by more than 50% since 2006 (Zeller, 2016)
- A standardized nurse to nurse handoff has the potential to improve nursing practice

Significance

- Our evidence based project aims to implement a standardized, over the phone, verbal nurse to nurse handoff that will improve ED boarding times and nurse satisfaction in both ED and 5C RNs

PICO(T) QUESTION

“What are the effects on nurse satisfaction and ED boarding times (O) of implementing a standardized nursing handoff (I) between Emergency Department nurses and Psychiatric nurses (P) by September 2020 (T) compared to current practice (C)?

Evidence Retrieved

Research Evidence				
Non-experimental	Qualitative Study	Experimental	Systematic Reviews	Meta-analysis/ Meta-synthesis
2 (High)	4 (High; good)	2 (High; good)	0	4 (High; good)
Non-Research Evidence				
Expert Opinion	Organizational (QI/ financial data)	Clinical Practice Guidelines		
6 (Good)	2 (High; good)	2 (High; good)		

- Databases searched: CINAHL, PubMed, Medline (Ovid), PsychiatryOnline
- Key words used: “nursing report,” “handoff,” “Emergency Department (ED),” “Psychiatric (Psych),” “nurse to nurse”
- Limits used: Date (2007-Present)

Evidence Summary

CONCLUSION

EVIDENCE SHOWS THAT IMPLEMENTATION OF A VERBAL NURSE TO NURSE HANDOFF BETWEEN THE ED AND INPATIENT UNIT IMPROVES NURSE SATISFACTION AND ED BOARDING TIMES.

PICOT QUESTION

WHAT ARE THE EFFECTS ON NURSE SATISFACTION AND ED BOARDING TIMES (O) OF IMPLEMENTING A STANDARDIZED NURSING HANDOFF (I) BETWEEN EMERGENCY DEPARTMENT NURSES AND PSYCHIATRIC NURSES (P) BY SEPTEMBER 2020 (T) COMPARED TO CURRENT PRACTICE (C)?

ACTION PLAN



Gathered baseline data in the form of Emergency Department Integration Software (EDIS) board metrics dating from October 2018 through September 2019 (FY19)



Completed review of existing evidence on nurse to nurse handoff



Reached out to community stake holders for benchmarking



Submitted QA/QI form to the Institutional Review Board (IRB) and ensured our project was deemed “not research”



Administered a pre-questionnaire (developed by 9D nursing staff and approved by the Union) to some 5C staff



Gathered baseline data from the 5C staff questionnaires (11 questionnaires handed out, 9 completed and returned)

ACTION PLAN

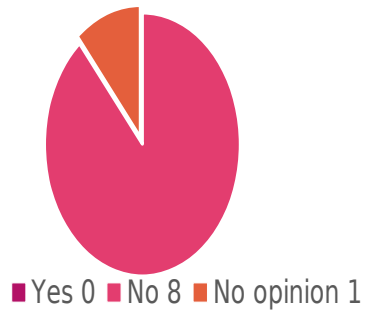
EDIS BOARD METRICS FROM FY19

(October 1, 2018- September 30, 2019):

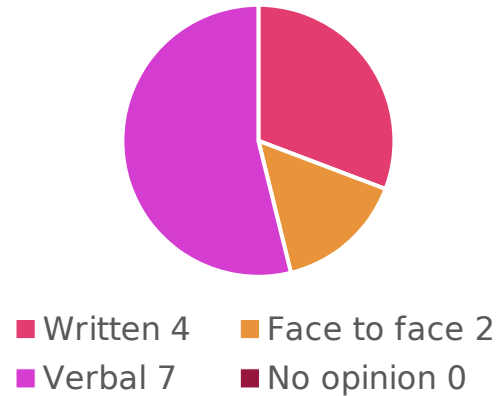
- In FY19 1,993 acute psych patients presented to ED for treatment, 487 of these patients were admitted to the acute inpatient psych ward
- Thus, there was a 24% admission rate of acute mental health patients presenting to the Emergency Department
- Of the 487 Acute Psych admissions, 153 of those patients were in the Emergency Department greater than 6 hours (31%)
- The cost per patient boarding in the emergency department is \$2,264 (Nicks & Manthy, 2012). Therefore, the estimated cost to the VA for boarding acute mental health patients in the Emergency Department was \$346,392 in FY19
- Longest boarding time of an acute mental health patient in the Emergency Department was 79 hours

Results from Questionnaire on 5C

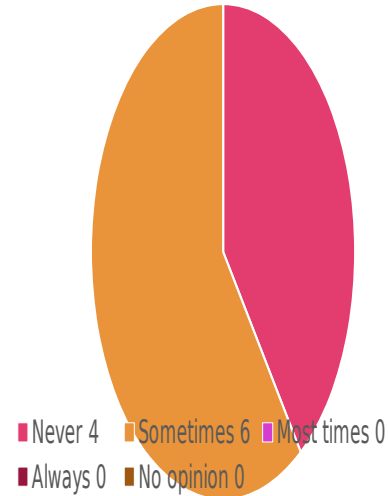
Satisfied with handoff process (n=9)



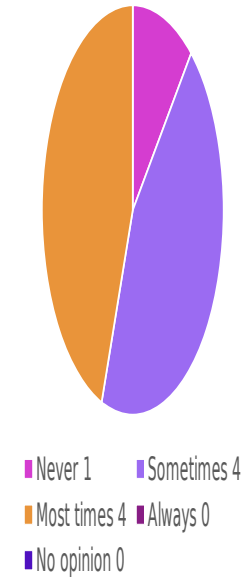
Optimal handoff would be (n=9)



During admission do you have enough info to safely assume care (n=9)



How often do you need more information from the ED after transfer (n=9)



RECOMMENDATIONS AND NEXT STEPS

Once safe and appropriate, we plan to:

- ❖ Administer questionnaires to remainder of 5C and ED nursing staff
- ❖ Implement a standardized, verbal (over the phone) nursing handoff between our units
- ❖ Look at EDIS board for any improvements in boarding times
- ❖ Calculate return on investment, costs and benefits of change after implementing a nurse to nurse handoff

CHALLENGES AND LIMITATIONS

- ❖ Nursing cultures on our individual units that are resistant to change
- ❖ Getting those “innovators” and “early adopters” to help motivate other staff
- ❖ Mentor change 2 months into project
- ❖ Conflicting work schedules on different units
- ❖ COVID-19
- ❖ Burnout (staff currently feeling overwhelmed by unit acuity and frequent policy changes)

CONCLUSION

A review of the existing evidence supports implementation of a standardized, verbal nurse to nurse handoff between the Emergency Department and Acute Inpatient Psychiatry. Our project has the potential to increase nurse satisfaction and lower ED boarding times by improving communication between ED and Psychiatric nurses.

QUESTIONS & DISCUSSION



REFERENCES

- Bakon, S., Wirihana, L., Christensen, M., & Craft, J. (2017). Nursing handovers: An integrative review of the differed models and processes available. *International Journal of Nursing Practice*, 23(2).
- Bresler, M. J., & Pimentel, L. (2017). Psych patients awaiting transfer from ED are high legal risks. *ED Legal Letter*, 28(7), 9-10.
- Budnick, N. (2020, Jan 17, 2020). Unity center in 'crisis,' patients in recliners for days. *Portland Tribune*.
- Clarke, D., Werestiuk, K., Schoffner, A., Gerard, J., Swan, K., Jackson, B., et al. (2012). Achieving the 'perfect handoff' in patient transfers; building teamwork and trust. *Journal of Nursing Management*, 20(5), 592-598.
- Curtin, L. (2019). Problem of psychiatric patient ED boarding. *American Nurse Today*, 14(7), 40.
- Demiray, A., Kececi, A., Acil, A., & Ilaslan, N. (2018). A tool for evaluation of nurses handover: Validity and reliability study of the handover evaluation scale. *International Journal of Nursing Science*, 8(5), 93-97.
- Dingley, C., Daugherty, K., Derieg, M. K., & Persing, R. (2020). Improving patient safety through provider communication strategy enhancements. Denver, CO: Denver Health Medical Center.
- Dombagolla, M. H. K., Kant, J. A., Lai, F. W. Y., Andreas, H., & Taylor, D. (2019). Barriers to providing optimal management of psychiatric patients in the emergency department (psychiatric patient management). *Australasian Emergency Care*, 22(1), 8-12.

REFERENCES CONTINUED

Emergency Nurses Association. (2017). Position statement: Crowding, boarding, and patient throughput.

Kerr, D., Klim, S., Kelly, A., & McCann, T. (2016). Impact of a modified nursing handover model for improving nursing care and documentation in the emergency department: A pre- and post-implementation study. *International Journal of Nursing Practice*, 22(1), 89-97.

Mariano, M. T., Brooks, V., & DiGiacomo, M. (2016). PSYCH: A mnemonic to help psychiatric residents decrease patient handoff communication errors. *The Joint Commission Journal on Quality and Patient Safety*, 42(7), 316-320.

Montoya, A., San, L., Oliveres, J. M., Perez-Sola, V., Casillas, M., Lopez-Carrero, C., et al. (2008). Clinical characteristics of agitated psychotic patients treated with an oral antipsychotic attended in the emergency room setting: NATURA study. *International Journal of Psychiatry in Clinical Practice*, 12(2), 127-133.

Montoya, A., Valladares, A., Lizan, L., San, L., Escobar, R., & Paz, S. (2011). Validation of the excited component of the positive and negative syndrome scale (PANSS-EC) in a naturalistic sample of 278 patients with acute psychosis and agitation in a psychiatric emergency room. *Health & Quality of Life Outcomes*, 9(1), 1-11.

Nicks, B. A., & Manthey, D. M. (2012). The impact of psychiatric patient boarding in emergency departments. *Emergency medicine international*, 2012, 360308.

Peltzer-Jones, J., Nordstrom, K., Currier, G., Berlin, J. S., Singh, C., & Schneider, S. (2019). A research agenda for assessment and management of psychosis in emergency department patients. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*, 20(2), 403-408.

REFERENCES CONTINUED

Simpson, S. A., Pidgeon, M., & Nordstrom, K. (2017). Using the behavioral activity rating scale as a vital sign in the psychiatric emergency service. Semantic Scholar.

Stone, Elizabeth & Winger, Justin. (2017). Position statement; crowding, boarding, and patient throughput. Emergency Nurses Association,

Strout, T. D. S. (2011). Development of an agitation rating scale for use with acute presentation behavioral management patients. Unpublished Doctor of Philosophy, Boston College.

The Joint Commission. (2017). Inadequate hand-off communication. Sentinel Event Alert, (58) unknown. Positive and negative syndrome scale (PANSS) rating criteria: General rating instructions.

Weiss, A.J., Barrett, M.L., Heslin, K.C. Stocks, C. (2016). Trends in emergency department visits involving mental and substance use disorders, 2006-2013. HCUP Statistical Brief #216. Agency for Healthcare Research and Quality.

Zeller, S. (2016). What psychiatrists need to know: Patients in the emergency department. *Psychiatric Times*, 35(8).

Zeller, S., & Citrome, L. (2016). Managing agitation associated with schizophrenia and bipolar disorder in the emergency setting. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*, 17(2), 165-172.