



**Invisible to
Visible**
**Impact of eShift
Report on the
Quality of Shift
Handoff
Communications**

Introduction

- Quality patient care is our aim in health care
 - » **Patient safety**
 - Communication
 - Information Transfer @ transition points
- Shift handoffs amongst nursing staff are key transition points
- eShift Report process at Markham Stouffville Hospital
 - » **Impact on communication quality**
 - » **Impact on practice**

Background

Who are we?

- Markham Stouffville Hospital Corporation
- Two site, 256 bed, full-service community hospital in urban and rural settings – Markham & Uxbridge, Ontario
- Use Meditech NUR module for nursing and allied health clinical documentation

- Electronic Documentation (ED) since 2002
 - » Scope
 - » Methodologies
- ED evolution
 - » eKardex and eShift Report in 2005/2006

Context of eShift Report Within Nursing Documentation

	<i>Where</i>	<i>Content</i>
Planning Care	<u>eKardex</u> / Profile / Plan of Care	Directions
Documenting Care	Focus Notes + Intervention Screens	<u>Actual</u> Assessments / Actions / Evaluations
Continuity of Care	<u>Shift Report</u>	Summary of key problems & interventions Transfer of Accountability



- Part of Larger eKardex Project

- » Aim

- Organize the plan of care
- Standardize communications at shift handoffs

- Shift handoffs done using a variety of non-standardized methods

- Implementation

- Pilot
- Roll out

Process Intervention Screen

View History	Document Interv's	Document Now	Add Interv	Patient Notes	Enter Orders	View Protocol	Edit Text	>More	
Patient	AC000056/07	Pup, Med	Status	ADM IN	Room	INEMED			
Attend Dr	LAI	LAI, ELIZA	Admit	30/05/07	Bed	A			
Start Date	13/04/08	at 0000	End Date	13/04/08	at 2359	Age/Sex	48 F	Loc	INEMED
Include	A,D AS,CP,MO,PS 1:99 4L GRP INT			Med Edit		Unit#	000127		
				Acuity					
Interventions	Sts	Direction	Doc	Src	D	C/N	KI	Prt	
-Kardex / Pt Profile	A			PS	D				
-Shift Report	D		20d	PS					
===== INFECTION CONTROL =====									
-Admission, Multi-Resist Organisms (MRO)	A	.day of admission	58d	PS					
===== MEDICATION HISTORY =====									
-Medication History	A	.on admission	20d	PS	D				
(Pre MSH Admission-multiple med queries)									
-Medication History	A			PS	D				
(Pre MSH Admission-multiple med queries)									
===== ASSESSMENTS =====									
-Admission History	A		20d	PS					
-Assessment, Neurological	A	.admit/q shift	20d	PS					
-Assessment, Falls Risk	D	.admit/q Mon,Thurs	58d	PS					
-Assessment, Falls Risk	A	.q Tuesdays & prn		PS					
-Assessment, Cardiovascular	A	.admit/q shift	18d	PS					
-Assessment, Respiratory	D	.admit/TID	58d	PS					

Report Worksheet M

RUN DATE: RUN TIME: RUN USER:							PAGE 1
Room/ Bed	Patient	Age/Sex	Admit Date	Attending Doctor	IV Therapy	Rate	Type
	Reason for Visit: HEART FAILURE/SOB Updated Diagnosis: CHF +/- PNEUMONIA CODE STATUS: FULL CODE Activity Order: AAT Feeding: Partial assist				WT: TPR: Q 12 HR BP: Q 12 HRS PAIN: QS I&O: Last BM: DIET: Regular Adult 17/10/06 D SHIFT REPORT done on: 18/10/06 AT: 1205	NEURO: GLUM: TELEM? N	Saline lock
	NEURO RESP/CV GI/GU OTHER PLAN OTHER				A&Ox3. UP DOB W/ASSIST. AMB. W/WALKER OR ASSIST GEN WEAKNESS. MAE. LUNGS DIMINISHED W/SOME FAINT CRKLS. O2 SATS 94-95% ON 2LNC. SOB. INHALERS AT BS. VSS. NO ED EMA. PULSES OK. ABD WNL. NO BM. EATING BETTER. REG. DIET. FOLEY DRAINED CL YELLOW URINE. INR 2.6 TODAY. NEEDS 2MG COUMADIN TODAY. KEEP ON ABX'S. HOPEFULLY IMPROVES AND GO HOME IN A COUPLE OF DAYS. SENT MRSA SWABS TODAY. PT IS FROM ROUGH VALLEY.		
	Reason for Visit: ARRHYTHMIA Updated Diagnosis: CODE STATUS: FULL CODE Activity Order: AAT				WT: TPR: R BP: R PAIN: R I&O: Last BM: 14/10/06	NEURO: R GLUM: TELEM? Y	Saline lock
	NEURO CV IV SKIN GU PLAN				DIET: Regular Adult 14/10/06 B SHIFT REPORT done on: 18/10/06 AT: 1333 ALERT AND ORIENTATED AMBULATES BACK FROM ANGIO AT 1300 AT SOUTHLAKE. PT HAD ANGIO. NO BLOCKAGES NOTED. PT REFUSING TELEM WILL PAGE DR HACKER AND LET HIM KNOW. VSS SALINE LOCK RT GROIN ANGIO SITE. BANDAGE DRY UP TO WASHROOM TO VOID DC AM		

Normalization

- Uptake of eShift Report process varied across nursing units
- Issues
 - » **Made visible what was underground before**
 - » **Debate - part of the chart or not?**
 - » **Content guidelines**

Two years later...

- Status

- » **Annual ED audit results**

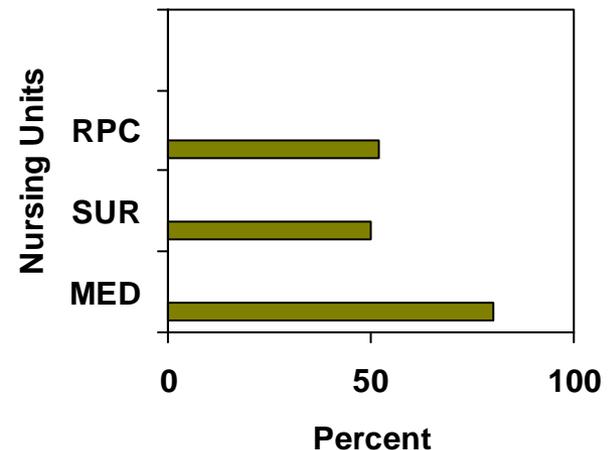
- 2006 vs 2007
- Focus on 'Rules' not content
- Consistent use of eshift reports significantly increasing
- Evidence of short cuts appearing
 - Use of "topic" (title) – slipping
 - Editing old vs creating new reports – increasing
 - Data in shift report not supported by actual documentation - increasing

A Closer Look at Shortcuts

Jan 2008

- **Looked at degree of support for eShift Report content in EHR documentation**
 - Of the 28 reports audited:
 - » **16 (57%) were supported by appropriate documentation in HER**
 - » **Of the 12 unsupported reports, 4 were missing notes, 9 were missing interventions, 5 were missing kardex entries & 0 were missing MAR documentation**

Supported eShift Reports
n = 28



N.SR.4 All information in shift report can be found elsewhere in ED

Anecdotal Feedback

- Quite positive – more & more disciplines / departments reading report
- Negative reports related to content of ‘actual’ documentation – missing information
- Time for more investigation

ED Revisited Workshops

Feb-Mar 2008

eShift Report survey

- n = 90
- Questionnaire
 - » Likes, dislikes of old paper/verbal & new electronic method
 - » Impact on
 - report content, completeness of clinical “picture” of the patient, streamlining, organization, legibility, professional content, accessibility
 - » Preference for
 - Report content and report structure
 - » Satisfaction

Staff Respondents

Years in Nursing

- Mean – 14

	Unit	n	Mean
RPC	1C	20	16
RPC	1E	19	15
SUR SS	2E	15	15
SUR	3C	18	12
MED	3E	18	14

Years in Specialty

- Mean - 8

	Unit	n	Mean
RPC	1C	17	11
RPC	1E	17	6
SUR SS	2E	12	13
SUR	3C	15	6
MED	3E	18	6

Comments RE Previous Methods

Liked

(62 comments)

- Overview All Pts (17)
- Verbal (12)
- Faster (8)
- Team (5)
- Enough space/detail (4)
- Don't like old method (4)
- Overview All / Team (4)
- Overview Pt (2)
- Don't need computer (2)
- Faster / Verbal (2)

Disliked

(70 Comments)

- Too much time (26)
- Poor legibility (4)
- Unnecessary info/too long (4)
- Missing info (4)
- Didn't dislike anything (3)
- Long, chatty group event (3)
- Poor legibility/lost report paper (3)
- Too much time/missing info (2)
- Paper not kept so no "proof" (2)
- Wait to get paper to write (2)
- Sloppy/disorganized (2)

Difference in Content?

Of 88 responses

- No (65)
- Yes (23)
 - » If yes, what?
 - Write less (5)
 - Less intrapersonal/family info (4)
 - More detail (2)

Better Clinical Picture of Patient?

Of 87 responses

- Yes (21)
- Slightly more (6)
- Same (26)
- Slightly less (12)
- No (22)

Comments with “Yes”

- Depends on nurse (3)
- Saved prior reports allow looking back (3)
- Titles (topics) enhance (2)
- Topic descriptor not available (2)
- Duplication (2)
- Unable to ask questions (2)
- Still need verbal for complicated pt (1)
- Consistent (1)
- Hard to see overview over 24 hrs (1)

Characteristics of eShift Report?

1 2 3 4 5
Not at all ↔ Extensive

	n	Mean
6-Better Clinical Picture	87	3.1
7-Streamlined	79	3.4
8-Organized	80	3.6
9-Legible	83	4.3
10-More professional content	82	3.5
11-More access to write	80	3.4
16-Satisfaction with eShift Report	46	3.5

Synopsis of Comments

<i>Issue</i>	<i>Like</i> n = 72 %	<i>Dislike</i> n = 58 %
Legibility	15	-
Content: streamlined / precise / concise vs. not enough info/detail/space	18	31
Overview of past	7	-
Duplication	-	7
Organized	6	-
Ability to edit	6	-
Report / worksheet combo	4	-
Speed: accessible/faster vs. slower waiting for/using computer	4	12

Preferred Content?

- Fairly even split between
 - » “problems & key interventions only”
- &
- » “systematic review of normals” & “problems and key interventions”

Preferred Structure?

- Fairly even split between:
 - » Existing semi-structured format (topic & free text)
- &
- » Unstructured free text format

Conclusions

- Overall, eShift Report works as well as old paper/verbal report methods but could benefit from improvement efforts
- Anecdotally, eShift Report negatively impacts shift teamwork on some units as it changes the shift handoff method from group format to individual format
- Computer availability is insufficient on some units during shift handoff times as a result of overlapping needs of off-going and on-coming staff

Recommendations

- Address lack of supporting documentation in the EHR for eShift Report content on short stay surgical and complex/rehab/palliative units.
- Review the number and placement of computers
- Review the shift handoff process on units reporting issues with negative team impact and increased report time.
- Continue using semi-structured format.
- Develop unit-specific guidelines for eShift Report content.

Structured Shift Report

NUR.MAS (A/TEST.5.61.MIS/371/) - GROSS,CHRISTA

Process Interventions

Current Date/Time GRC Intr: 0✓ of 30

Patient: AC000051/08 POTTER, HARRY Status: ADM IN Room: 3128
 Attend Dr: UHEP UHELAN, PATRICK Admit: 09/04/08 Bed: 0

Shift Report - SCN

13/04 1558 GRC AC000051/08 POTTER, HARRY

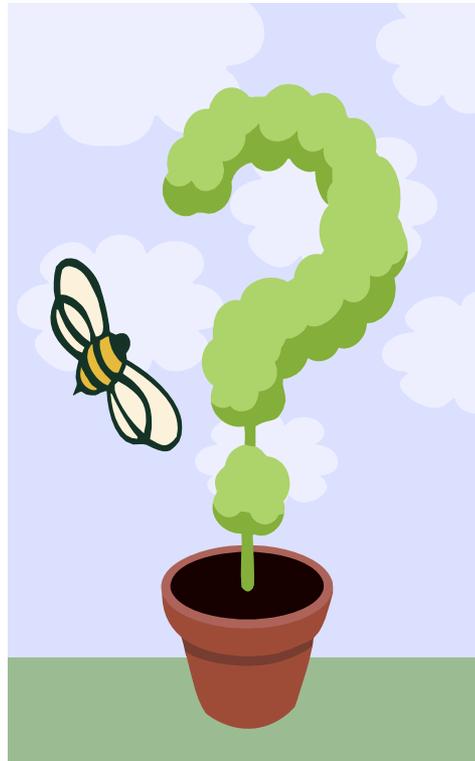
Report/Shift timeframe:

Issue(s)?	Describe (briefly)-	Add this to FN report?
TFI: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
IV: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
IV: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
Feeding: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
Last feed: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
Next feed: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
Formula: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
Parents: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
Next Med Due: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
Lab work due: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
Psychosocial: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
Other: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>
Other: <input type="checkbox"/>	- <input type="text"/>	<input type="checkbox"/>

In Conclusion

- eShift Report makes handoff communications more visible
 - » **Visibility sheds light on gaps and leads to improvements in communication tools and processes**
 - » **Supports the transfer of patient care accountability from one nurse to another**
 - » **Supports safe patient care**





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