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The Role of Electronic Health Records in Structuring Handoff Communication and Maintaining Situation Awareness among Nurses during Handoff

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#### **HANDOFF**



 The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional on a temporary or permanent basis.

(Australian Commission on Safety & Quality, 2010)

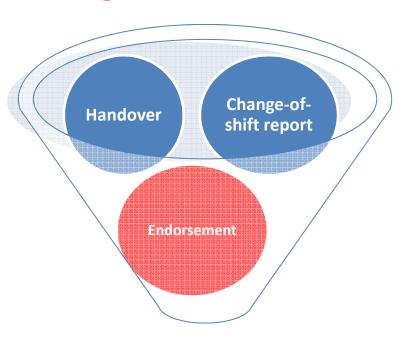
#### **SITUATION AWARENESS**

 A common understanding of patient's condition that enable the nurse to assume patient care effectively



# HANDOFF INTERCHANGEABLE TERMS





#### STATEMENT OF PROBLEM

- Studies in Western countries have shown that communication gaps during handoff greatly increase the risk to patient safety
- 80% of serious medical errors in the United States are attributed to breakdown in communication during handoff.

#### **CONT. STATEMENT OF PROBLEM**

 It is not known how nurses in Oman utilize the EHRs to facilitate consistent information exchange during handoff in the absence of handoff policy.

Al-Shifa 3 Plus

#### **AIMS OF THE STUDY**

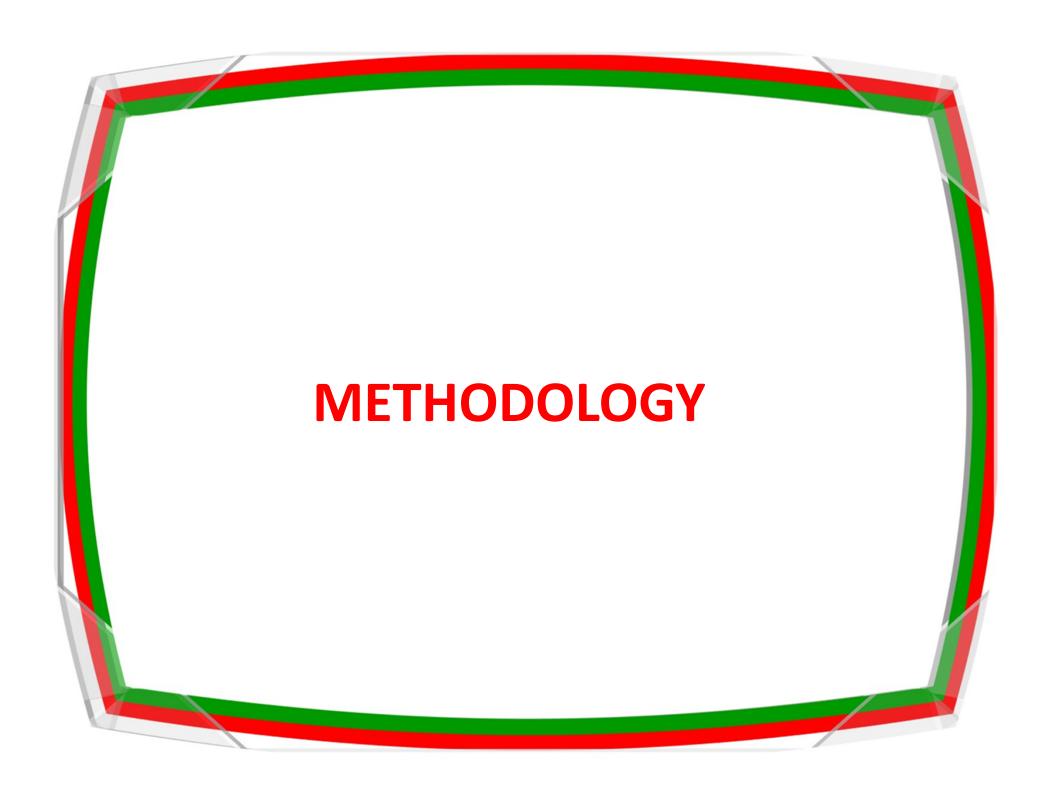
- 1. Assess the nurses' satisfaction with the usefulness and ease of use of the EHR (Al-Shifa).
- 2. Explore the content and the context of nursing handoff in Oman.
- 3. Identifies the artifacts that the nurses use during handoff.
- 4. Explore the strengths and weaknesses of the EHR in supporting quality handoff report.

**RQ1.** How satisfied are nurses with the usefulness and ease of use of the EHR in structuring handoff communication and promoting effective and efficient transition of patient care during handoff?

# RQ2. What is the content and the context of nursing handoff in Oman?

RQ3. What artifacts the nurses in Oman use to convey information between shifts? how these artifacts are the integrated into handoff reports?

RQ4. What the are strengths and the weaknesses of the EHR (Alshifa) in supporting quality nursing handoff?



#### **SETTING**

 Took place at the Royal Hospital, a tertiary-teaching hospital located in Muscat, the capital of the Sultanate

of Oman

 Middle-Easte population o 42.2% are no

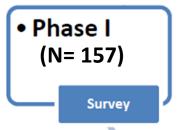
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#### **RESEARCH DESIGN**

A mixed-method, quantitative & qualitative approaches



#### **SURVEY QUESTIONNAIRE**

- 1) Perceived usefulness (PU) and the Perceived ease of use (PEU) of the EHR during handoff
- 2) Process and practice of nursing handoff,
- 3) Perceived quality of nursing handoff,
- 4) Design of the EHR,
- 5) Nurses' demographic information.

#### DATA COLLECTION PROCEDURE

- 300 survey questionnaires were handed to the Education and Training Department at the Royal Hospital
- Flyers explaining the scope, aims and the procedures of the study were also posted at the respective units

#### **CONT. DATA COLLECTION PROCEDURE**

- Participants were given one month to complete the survey, Sept 26, 2011 to Oct 27, 2011
- Participants were instructed to dropped-off completed surveys at the Education & Training Department
- 60.6 % response rate was yielded (n=157 of the target population 259)

# QUALITATIVE DATA COLLECTION PROCEDURE

 Variety of data collection methods were used to collect in-depth information surrounding nursing handoff







Semi-structured interviews

Participant observation

**Artifact analysis** 

#### **SEMI-STRUCTURED INTERVIEWS**

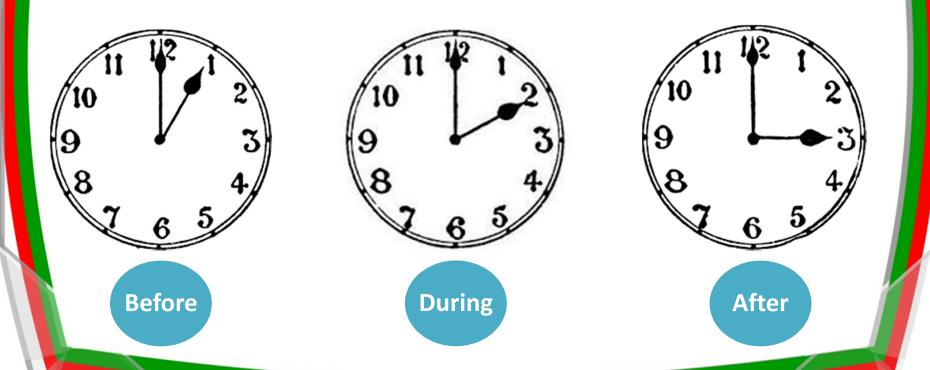
- 14 nurses was randomly selected from a pool of 20 nurses who self-selected to participate in Phase II
- Each participant was interviewed twice.
- Interviews took place in a private room and were recorded using a digital voice recorder

#### CONT. SEMI-STRUCTURED INTERVIEWS

- Interview guide was used to provide a consistent framework pertaining to handoff processes & practices
- Interviews were transcribed within two weeks of the interview, & a member-check interview with the participants was conducted to confirm the findings and interpretations

#### **PARTICIPANT OBSERVATION**

 20-handoff reports were observed involving 162 nurses & 382 patients



#### **DATA ANALYSIS**

IBM SPSS version 19 was used to analyze descriptive and frequency statistics



 NVivo was used to organize and analyze Qualitative data





RQ1. assessed the nurses' satisfaction with the PU & EOU of the EHR in structuring handoff communication & promoting effective and efficient transition of patient care during handoff

# Demographic characteristics of the survey respondents (N =157)

| Variables                                       | Frequency | Percent |
|---|-----------|---------|
| Gender  |           |         |
| Male  | 16        | 10.2    |
| Female  | 141       | 89.8    |
| Nationality                                     |           |         |
| Omani   | 71        | 45.2    |
| Non-Omani                                       | 86        | 54.8    |
| Level of Education                              |           |         |
| Basic Nursing Diploma                           | 119       | 75.8    |
| Post-Basic Diploma                              | 18        | 11.5    |
| Bachelor of Science in nursing                  | 20        | 12.7    |
| Studied handoff in nursing program              |           |         |
| Yes   | 126       | 80.3    |
| No  | 31        | 19.7    |
| Received in-service training on nursing handoff |           |         |
| Yes   | 68        | 43.3    |
| No  | 89        | 56.7    |

#### **RQ1** Results

 The nurses had positive perceptions about the PU and the PEU of the EHR in structuring handoff communication and promoting effective and efficient transition of patient care during handoff as evidenced by significant correlations

# RQ 2. Explored the content and the context of nursing handoff in Oman

#### **RESEARCH QUESTION 2**

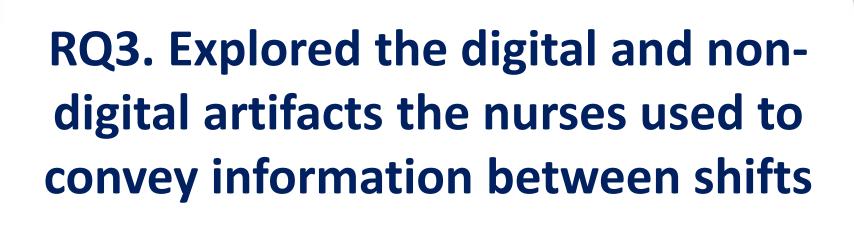
- The nurses worked three shifts a day, with 30 minutes shift interlapse allocated for handoff.
- Followed a "Block system" duty roster, where team of nurses work with the same nurses for 2 to 3 months
- All Handoffs took place in a private room
- All handoff report were delivered on one-togroup

#### **CONT. RESEARCH QUESTION 2**

- None of the participants reported having a written handoff policy
- None of the participants used the SBAR handoff communication format
- Information communicated during handoff stratified into two main categories: "Unit Routines" and "Patient care-related information."

#### **CONT. RESEARCH QUESTION 2**

- Length of the handoff report varied across shifts and units, ranging from 17 minutes to 90 minutes per shift.
- Factors determine the length of the handoff report :
  - -number of patients admitted in the unit,
  - -the severity of patient condition,
  - whether the nurses took care of the patient recently or not.











#### RESEARCH QUESTION 3











#### **RQ4 STRENGTHS OF AL-SHIFA**

- All the interviewed nurses (N = 14) perceived Al-Shifa to be primary artifact they use to facilitate electronic documentation, promote effective and accurate communication among the nurses during the transition of care
- Reading directly from the EHR during handoff minimized the reliance on nurses' internal cognition
- system highlighted the abnormal laboratory values in different colors
- system "flags" allergies the patient has as well as any hospital born infections

#### **CONT. RQ4 WEAKNESS OF AL-SHIFA**

- •90.4 % (N = 142) suggested having a specific module within the EHR designated for handoff communication:-
  - enable the nurses to import up-to-date patient's information directly from the EHR
  - provide a structured format that standardize the content of the shift report.
  - enable the nurses to add personalized remarks for each patient.

#### **LIMITATIONS**

 Findings are somewhat limited because of the exploratory nature of the study as well as the nonprobability sampling method employed.

### RECOMMENDATIONS FOR FURTHER STUDY

- A study should be conducted regarding the integration of aspects of the SBAR tool into the EHRs interface.
- A study should be conducted to examine the role of EHR in structuring handoff report and ensuring the continuity of care during patient's transfer.

# CONT.... RECOMMENDATIONS FOR FURTHER STUDY

 A study should be conducted to examine the use of EHR at the point of care and the extent of patient involvement during handoff and its impact on the accuracy of the information exchanged during handoff and the overall quality of the handoff reports.





