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Situation-Background-Assessment-Recommendation During Hand-off in a Mental Health Nursing Unit

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Walden University
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Abstract

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Communication failures, especially inadequate hand-off communication, in U.S. hospitals has accounted for 30% of malpractice claims, resulting in 1,744 deaths over 5 years. This prompted the Joint Commission to recommend utilizing standardized communication tools to reduce the number of medical errors related to miscommunication. The Situation-Background-Assessment-Recommendation (SBAR) Communication Tool has been used to improve the effectiveness of communication among health care providers. The partner organization noted failures to communicate patient-care-related information between psychiatric mental health nurses (PMHN) during hand-off, given the absence of standardized communication. This project aimed to develop a program to educate PMHNs on the SBAR Communication Tool. Five experts used the Lynn model to evaluate the project's educational program, learning materials, and pre-and post-test. The experts determined that the educational program and related materials met the validation criteria. The theoretical framework applied to this project was Malcolm Knowles's adult learning theory. Five PMHN participants completed the educational activity. The pretest findings indicated that the PMHNs had insufficient knowledge of the course content, and the posttest data suggested that the educational activity met the lesson objectives and the PMHNs had increased knowledge and confidence in using the tool. The project has the potential to impact nursing practice given the improvement in communication during hand-off and reduce miscommunication patient care incidents.

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Dedication

This paper is lovingly dedicated to my family, who stood by me throughout this time, for giving me all the love, encouragement, support, and understanding during this journey. I am also dedicating this to my friends as they continue to provide me with the courage to persevere. Finally, this project is for my fellow Psychiatric Mental Health Nurses and Psychiatric Mental Health Nurse Practitioners for inspiring me with their resiliency and dedication to our practice.

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I would like to express my gratitude to Dr. Robert Anders, Dr. Amy Wilson, and Dr. Margaret Harvey for supporting me during this journey. I also would like to share my sincere appreciation to Shirlene Sulatan, CDR, USN, NC, for her wisdom, guidance, and endless encouragement during this academic journey. Also, my deepest gratitude to my family and friends who have helped me reach this point in my academic career; thank you, and I love you. And above all, I am grateful to the universe and the Almighty for making this possible.

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Section 1: Nature of the Project

The World Health Organization (WHO; 2019) defined patient safety as reducing the risk of unnecessary harm during health care provision. Patient safety is imperative to delivering effective, safe, and high-quality health care. But adverse and sentinel events can occur during medical care, causing unintended injury that requires further treatment (Patient Safety Network, 2019, para. 2). Further, a sentinel event can cause death, temporary or permanent harm, or disability to the patient (The Joint Commission, n.d.).

Poor communication was one of the leading causes of sentinel events reported to the Joint Commission between 2011 and 2013 (Nether, 2017). Poor communication is prevalent during hand-off and in fast-paced clinical settings such as emergency rooms, perioperative, and intensive care units (Müller et al., 2018). Poor communication is directly associated with surgical complications and malpractice suits across clinical settings (Agency for Healthcare Research and Quality [AHRQ], 2019a). The Harvard Public Health Review underlined the importance of effective communication in delivering quality patient care. They point to an increase in health care costs and adverse patient outcomes if the quality of communication is compromised (Ratna, 2019). Effective communication is described as comprehensive, encourages interdisciplinary collaboration, is bidirectional, and restricts the possibility of errors (Müller et al., 2018; Ratna, 2019).

A standardized communication tool, commonly known as the Situation, Background, Assessment, and Recommendation (SBAR) Communication Tool, has improved communication effectiveness between health care providers and promotes

patient safety (IHI, 2015; Müller et al., 2018). The SBAR Communication Tool has supported focus and ease of communication between registered nurses (RNs) during hand-over (Achrekar et al., 2016), reinforced communication clarity (Yu & Kang, 2017), and confidence among RNs (Uhm et al., 2019).

As seen in the RNs' view, patient safety pertains to protecting patients against harm from medication errors, insufficient staffing, poor hand-off, and injury because of the inefficient use of medical technology. The psychiatric mental health nurse (PMHN) is especially concerned for harm that patients inflict on themselves via suicide and damage to others through violence and aggression, which adds a layer of complexity (Slemon et al., 2017). Psychiatric mental health is dynamic and complex, presented by mental health diagnoses, substance use disorders, co-occurring medical disorders, and psychosocial needs. Given these complexities in psychiatric mental health, effective communication must be present during the hand-off between RNs. The positive impact of standardized hand-off communication in in-patient psychiatric settings includes improved patient and staff satisfaction (Abela-Dimech & Vuksic, 2018). As a social change issue, it is essential to support RNs to ensure their ability to deliver safe and quality care. One way to accomplish the changes is by designing a staff educational development curriculum that will provide instruction on using a standardized hand-off communication tool.

Problem Statement

Local Nursing Practice Problem

The Joint Commission (2017) defined hand-off or hand-over as a form of "transfer and acceptance of patient care responsibility achieved through effective

communication" (p. 1). The hand-off disseminates patient-specific information from one caregiver to the next to safeguard patient safety, continuity of care, and patient care responsibility (Greenberg, 2017). A Sentinel Event Alert published by The Joint Commission in 2017 on inadequate hand-off communication indicated the recommendation for a standardized communication tool, establishing the 2006 National Patient Safety Goal addressing hand-off communication. Utilizing a standardized communication tool became an accreditation standard in 2010, requiring health care facilities to use standardized communication tools during hand-off (The Joint Commission, 2017a). However, the partner organization's current practice does not support the accreditation standard mandated by the Joint Commission. The lack of compliance leads to a professional practice gap that was the focus of this doctoral project.

The Local Relevance of the Need to Address the Problem

The partner organization is a mental health nursing unit (MHNU) in the south-central United States. This MHNU provides treatment and rehabilitation services to veterans diagnosed with mental health disorders and substance use disorders. Hand-off communication between RNs specializing in psychiatric mental health nursing or PMHNs in this setting occurs three times per day during shift change, totaling 1,095 per year. The partner organization's clinical preceptor highlighted incident reports generated due to the current hand-off practice and found failures to communicate many patient care-related activities, such as diagnostic follow-up, meetings between families, treatment team, patient, and other essential patient information required to facilitate continuity of care. These communication failures resulted in patients missing necessary diagnostic

follow-up, care coordination, and opportunities related to psychosocial activities. The lack of a standardized hand-off communication tool between PMHNs has led to these failures to communicate essential patient care information. The identified professional practice gap is the lack of a standardized communication tool to share critical patient information during the hand-off between RNs at this MHNU. For this staff education activity, RN also refers to the PMHNs.

Project Significance for the Field of Nursing

Effective communication is the cornerstone in the provision of safe and quality health care. Communication breakdown between healthcare providers is associated with sentinel events and other adverse events within the health care setting, especially during hand-off communication (Rodziewicz et al.,2020; Tobiano et al.,2020). In nursing, hand-off communication is an essential function required to convey patient care information, healthcare status, and other pertinent information to ensure continuity of care. The application of the SBAR Communication Tool, a standardized communication tool, will support the need for effective hand-off communication between RNs during hand-off. Effective communication between nurses and other disciplines makes nurses the primary target audience for skills, knowledge, and additional patient safety-related competencies (Jeong & Kim, 2020). A staff education program on instructing nurses in utilizing the SBAR Communication Tool will provide the nurses with additional knowledge, skills, and proficiency in communicating vital patient information primarily during hand-off, which supports the delivery of safe, quality patient care.

Purpose Statement

The Gap-In-Practice

The accreditation standard set forth by the Joint Commission requires a standardized communication tool between health care providers during hand-off (Joint Commission on Accreditation of Healthcare Organizations, 2017). SBAR is a standardized communication tool endorsed by the Institute for Health Improvement (IHI), the Joint Commission, AHRQ, and the WHO to enhance the effectiveness of communication in health care (Shahid & Thomas, 2018). The absence of a standardized hand-off communication tool at the partner organization between RNs has led to failures in communicating essential patient care information. The lack of standardization during hand-off communication between RNS at the MHNU is the professional practice gap identified for this project.

Practice-Focused Questions

Question 1: Will evaluating the pre-developed staff education activity using the Lynn model meet validation criteria?

Question 2: After attending the education sessions regarding SBAR Communication Tool, will the PMHNs meet the learning outcome objectives?

The validation criteria ensure that the curriculum is suitable for instructing PMHNs on using the SBAR Communication Tool and meeting the following objectives: (a) to orient the PMHNs on the utilization of the SBAR Communication Tool during hand-off communication, (b) to enhance the knowledge of the PMHNs on the use of SBAR Communication Tool during hand-off, (c) to improve the confidence of the

PMHNs on the use of the SBAR Communication Tool during hand-off, (d) to bridge the gap created by the lack of standardization during hand-off communication, and (e) to improve the quality of communication between PMHNs during hand-off.

How the Project Addresses the Gap in Practice

The literature identified ineffective hand-off communication as a significant contributing factor to medical errors (IHI, 2016; Nether, 2017; Rodziewicz et al., 2020; Tobiano et al., 2020). Due to ineffective hand-off, the Joint Commission mandated the standardization of hand-off communication. The SBAR Communication Tool is a structured, standardized communication tool endorsed by regulatory, national, and international health care organizations (Shahid & Thomas, 2018). To address the identified gap in practice, I developed and implemented a staff education activity to instruct PMHNs on using the SBAR Communication Tool during hand-off.

Nature of the Doctoral Project

Sources of Evidence

The sources of evidence used to support this project included a literature search, professional organizational and academic websites, anecdotal reports from the clinical preceptor and PMHNs at the partner organization, and my professional experience. I conducted a literature search using the Walden University Library, Navy Medicine Electronic Library, and the Army Medicine Virtual Library. I used the CINAHL, Medline, ClinicalKey for Nursing, Ovid, PubMed, EBSCO, ProQuest, Academic Search Complete, and the Cochrane Systematic Review databases along with several regulatory and accreditation websites. The search terms used were *hand-off communication, SBAR,*

transfer of care, and *staff education*. The professional organizational and academic websites referenced included the AHRQ, IHI, the Joint Commission, Patient Safety Network, WHO, and the National Association of Medicine. The search terms used were *SBAR*, *hand-off*, *communication tool*, *patient safety*, *nursing communication, standardized communication*, *communication training,* and *healthcare quality*.

Approach Used for the Project

The first step in the Doctor of Nursing Practice (DNP) project was developing a staff education activity using the AHRQ course on TeamSTEPPS Fundamentals Course: Module 3. Communication (2019) and IHI SBAR Toolkit (2016). Additionally, the adult learning theory by Malcolm Knowles served as the theoretical foundation to instruct the PMHNs on the SBAR Communication Tool. The adult learning theory has four assumptions supporting adults' learning needs, focusing on motivation to learn, prior experiences, readiness to learn, and the situation that affects learning (Leigh et al., 2015). Next, five subject matter experts presented the proposed staff education activity for validation using the Lynn content validity model (Lynn, 1986). The validated staff education activity was composed of PowerPoint and oral presentations. Once the staff education activity was validated, I met with the PMHNs who completed pretesting based on the learning outcome objectives. After the pretest was completed, I delivered the staff education activity to the PMHNs. After the staff education activity, each PMHNs completed a posttest. I used descriptive statistics to analyze the pre- and post-test results.

Summary of Purpose

This staff education project served two purposes. The first was to evaluate the already created staff education activity instructing RNs on using SBAR Communication Tool during hand-off at the MHNU. Five subject matter experts validated the lesson plan using the Lynn model. The second purpose was for me to evaluate whether the PMHNs met the learning objectives via a pre-implementation and post-implementation test. The identified practice gap was the absence of a standardized communication tool between PMHNs during hand-off communication at the MHNU. This staff education activity provided instruction to PMHNs on using this standardized communication tool, closing the identified practice gap.

Significance

Poor communication has been identified as one of the leading causes of sentinel events and most prevalent during hand-off (Nether, 2017; Muller et al., 2018). The threat posed by poor communication to patient safety has led the Joint Commission to require the application of standardized communication tools during hand-off communication between healthcare providers (The Joint Commission, 2017b).

Stakeholders

The stakeholders involved in this project were the chief nurse, RNs at the MHNU or the PMHNs, nurse educators, and the quality and credentialing department. The nurse educators provided the sustainment and continued training to incoming RNs at the partner organization. The PMHNs at the MHNU were the key players or the participants in this project; they have adjusted their current practices to implement the SBAR

Communication Tool during hand-off. The chief nurse provided leadership support and encouragement during the project. She also ensured that recurrent education occurred and provided the required sustainment of the staff education project during transitions in nursing staff and leadership. Nursing leaders' engagement ensures sustainability (Usher et al., 2018), justifying the chief nurse's importance and the nurse educator's role in this project's success. Finally, the quality and credentialing department tracked the effects of the PMHNs use of the standardized communication tool during hand-off related to patient safety.

Potential Contribution to Nursing Practice

Nursing practice centers on patient safety, health promotion, and health education; essential to that focus is applying the nursing process in nursing care. The nursing process is a scientific process achieved via effective communication and an interpersonal environment (Kirca & Bademli, 2019). Communication between health care providers and RNs is essential to patient safety and must be timely and conducted effectively. Literature has suggested that SBAR is an effective tool in nurse-to-nurse communication during hand-off communication across different care settings (Abela-Dimech & Vuksic, 2018; Müller et al., 2018; Nagammal et al., 2016; Uhm et al., 2019). The staff education activity provided the PMHNs with the knowledge and competency to improve patient safety.

Potential Transferability to Similar Practice Area

Effective communication is essential across health care disciplines and within health care settings. The SBAR Communication Tool is validated and reliable (Shahid &

Thomas, 2018) and vital in communicating patient care information between health care providers during hand-off (Keebler et al., 2016). The potential transferability of the SBAR Communication Tool across health care settings and between members of the health care team is well documented (Muller et al.,2018; Shahid & Thomas, 2018) in addition to the application of SBAR between the emergency department and first responders such as paramedics (Shah et al., 2016). Other RNs and other health care disciplines can apply this project's findings in different health care settings to foster effective communication during hand-off.

Potential Social Change

The application of the SBAR Communication Tool supported the need for effective communication between health care providers during hand-off. A hand-off communication protocol improves the transfer of patient information (Keebler et al., 2016). The breakdown in communication between health care providers is associated with sentinel events and other adverse events in the health care setting (Joint Commission on Accreditation of Healthcare Organizations, 2017), but standardized communication tools facilitate the communication of essential patient care information during hand-off. The staff education project instructed the PMHNs on utilizing the SBAR Communication Tool during hand-off at the MHNU and promoted social change by improving nursing care quality. The staff education project provided the PMHNs with additional knowledge, skills, and proficiency in communicating vital patient information during hand-off. A standardized hand-off protocol also supported the delivery of quality patient care.

Summary

Poor communication is one of the common causes of sentinel events in health care settings. Specifically, poor communication during hand-off is a major contributing factor to medical errors (IHI, 2016; Nether, 2017; Rodziewicz et al., 2020; Tobiano et al., 2020). The impact of poor communication on patient safety triggered The Joint Commission (2017b) to require health care agencies to utilize standardized communication tools. The goal is to improve communication effectiveness between health care providers. Regulatory and accreditation agencies recommend the SBAR Communication Tool (Shahid & Thomas, 2018). It effectively enhances communications between providers (Achrekar et al., 2016; IHI, 2015; Uhm et al., 2019) and improves patient information (Keebler et al., 2016).

This staff education project instructed the PMHNs to utilize the SBAR Communication Tool and closed the gap during hand-off communication. The SBAR Communication Tool promoted ease and clarity of communication between nurses during hand-over (Achrekar et al., 2016; Yu & Kang, 2017) and increased confidence among nurses (Uhm et al., 2019). Hand-off communication is a clinical practice intrinsic to nursing. Nurses stand at the forefront of communicating patient information to other disciplines or the next shift. Providing the PMHNs with instructions on the application of SBAR will enhance their ability to provide effective communication during hand-off, ensuring safe patient care delivery.

Section 2: Background and Context

Poor communication is prevalent during hand-off and in fast-paced clinical settings (Müller et al., 2018), and it is one of the leading causes of sentinel events recorded by the Joint Commission Center for Transforming Healthcare (Nether, 2017). These events lead to an increase in health care costs and adverse patient outcomes (Ratna, 2019) as well as a rise in malpractice claims (AHRQ, 2019a). Despite the recommendation for using a standardized communication tool to address this concern, the current practice during hand-off at the partner organization's MHNU does not support standardized communication. The PMHNs do not have a standardized communication tool, leading to failures to communicate essential patient care information.

The first practice-focused question was: Will evaluating the pre-developed staff education activity using the Lynn model meet validation criteria? The second practice-focused question was, "Will the PMHNs meet the learning outcome objectives?" The staff education activity had the following objectives: (a) to orient the PMHNs on the utilization of the SBAR Communication Tool during hand-off communication, (b) to enhance the knowledge of the PMHNs on the use of SBAR Communication Tool during hand-off, (c) to improve the confidence of the PMHNs on the use of the SBAR Communication Tool during hand-off, (d) to bridge the gap created by the lack of standardization during hand-off communication, and (e) to improve the quality of communication between PMHNs during hand-off. Explained in Section 2 are the concepts and theories, the project's relevance to nursing, the local setting, and the roles of the DNP student and the project team.

Concepts, Models, and Theories

Theoretical Foundation of the Project

A theoretical framework provides program planners with a plan to conduct needs assessments, planning, and designing programs (Hodges & Videto, 2010). This staff education project used Knowles's adult learning theory (Clapper, 2010; Knowles et al., 2020). The PMHNs' demographics at the partner organization justified the application of Malcolm Knowles's adult learning or the theory of andragogy (see Figure 1), which focuses on the adult learner (Clapper, 2010). According to the theory, adult learners are self-directed, and they use the experience as a resource for learning fueled by social roles and developmental tasks (Clapper, 2010). Adult learners are also problem-centered, focusing on learning what is essential at a given moment (Clapper, 2010).

Figure 1

Malcom Knowles's Andragogical Model

Note. Adapted from "Adult Education Timeline," by orianemckee (https://www.timetoast.com/timelines/adult-education-timeline). In the public domain.

Synthesis of Theory

One of the priorities of a health care institution that focuses on patient safety is maintaining clinical currency and progressive staff education within its workforce. Staff education, clinical simulation, in-service education, and distance learning are all forms of staff education geared toward real-world clinical instructions and designed for the adult learner. Malcolm Knowles is known for his work on the difference between pre-adult learning and adult learning, capitalizing on the concept of andragogy. Knowles et al. (2020) described the adult learner stating the connections between social, personal, and professional life to the adult learners' readiness to learn. Further, those life experiences provide the underlying support and capabilities for purposeful learning. The adult learning theory has four assumptions that support adult learning needs: motivation to learn, prior experiences, readiness to learn, and the situation that affects learning (Leigh et al., 2015). This theory guided the development of teaching strategies for adult learners and a framework for other adult learners' theories (Mukhalalati & Taylor, 2019).

Key Terms

Andragogy: "The art and science of helping adults learning" (Clapper, 2010, p.7–8)

Hand-off/Hand-over: Transfer of patient care responsibility from one provider to another (Greenberg, 2017). It is a form of "transfer and acceptance of patient care responsibility achieved through effective communication" (The Joint Commission, 2017, p. 1).

IHI SBAR Toolkit: It is a component of the IHI patient safety tool kit that focuses on the SBAR Communication Tool (IHI, n.d.).

Psychiatric mental health nurse (PMHN): PMHN is a licensed RN specializing in mental health assessment, therapy, and patient assistance. PMHNs typically take care of patients with mental illnesses and substance use disorders (American Psychiatric Nurses Association, n.d.)

SBAR Communication Tool: Situation, Background, Assessment, and Recommendation, or SBAR, is a standardized communication tool (IHI, 2015).

TeamSTEPPS Fundamentals Course: It is a teamwork system developed jointly by the Department of Defense and the AHRQ to improve institutional collaboration and communication relating to patient safety (AHRQ, 2019b).

Relevance to Nursing Practice

History and Existing Scholarship Related to the Project

Ineffective hand-off communication has been a significant contributing factor to medical errors (IHI, 2016; Nether, 2017; Rodziewicz et al., 2020; Tobiano et al., 2020). The impact of poor communication in the delivery and quality of patient care has led to health care accreditation and inspection agencies mandating communication standardization between providers across the different health care settings. A hand-off communication protocol has improved the transfer of patient information and had positive effects on the patient, provider, and organizational outcomes (Keebler et al., 2016).

A standardized communication tool known as SBAR has been used to improve communication between health care providers (IHI, 2015). The SBAR Communication Tool is validated and reliable (Shahid & Thomas, 2018) and is used in communicating patient care information between healthcare providers during hand-off (Keebler et al., 2016). The SBAR Communication Tool is applicable across health care settings and between health care team members such as the emergency department and first responders (Muller et al., 2018; Shahid & Thomas, 2018; Shah et al., 2016). The SBAR Communication tool has supported focus and ease of communication between nurses during hand-over (Achrekar et al., 2016; Yu & Kang, 2017) and improved communication and confidence among nurses (Uhm et al., 2019). In a psychiatric setting, standardized hand-off communication has improved patient and staff satisfaction (Abela-Dimech & Vuksic, 2018).

Hand-off is an inherent practice among nurses during shift changes or patient transfers from one setting to another (Greenberg, 2017). The impact of ineffective communication during hand-off highlights the importance of using a standardized communication tool. Educating the PMHNs at the partner organization on using a standardized communication tool to improve communication during hand-off bridged the identified practice gap.

Current State of Nursing and Recommendations

Effective communication is the cornerstone of safe and quality health care and prevents sentinel events and other adverse events in the health care setting, especially during hand-off communication (Rodziewicz et al., 2020; Tobiano et al., 2020). Hand-off

communication is required to convey patient care information and other pertinent information to ensure continuity of care. In a study on handoff communication, 20% of events were due to no handoff communication between providers during patient transitions, and 16% omitted the patient's condition during handoff (Gardner, 2017).

Electronic health records and nurse-to-nurse communication tools during hand-off may decrease errors and improve patient care outcomes (Galatzan et al., 2018). Additionally, the following as standardized tools that are currently in use during hand-off communication include IPASS tool or the Illness severity, patient summary, action list, situation awareness, and contingency plans, synthesis by the receiver; the ISBAR or Identification, Situation, Background, Assessment and Recommendation, I PASS THE BATON, and I PUT PATIENTS FIRST (The Joint Commission, 2017b). Moreover, one tool specific to mental health is called the PSYCH (for psychiatric emergency room hand-off) and requires the following information: patient information, the situation leading to the hospital visit, nurse's assessment, clinical information, and hindrance to discharge.

Previous Strategies and Standards of Practice

Previously used strategies to mitigate issues arising from ineffective communication during hand-off are organization specific. Hand-off communication accounts for 10%–20% of the nurse's time per day, with the process remaining static and prone to errors (Galatzan et al., 2018). The quest for effective hand-off communication between nurses was fueled by mandates for the use of electronic health records and instituting standards to ensure patient safety (Galatzan et al., 2018). The 2017 Sentinel

Alert from the Joint Commission refers to the development of the National Patient Safety Goal. In 2006, they addressed standardization of hand-off communication and the eventual standard inspection item for health care organization accreditation adopted in 2010. The changes triggered by the Joint Commission's mandate regarding standardization of hand-off communication played a factor in the evolution of hand-off communication practices across health care settings.

How the Project Advances Nursing Practice

Nursing takes the lead in communicating patient information between peers across other disciplines and multiple settings. Effective communication is essential in healthcare, it provides safe, quality care (Vermeir, 2015), and improves healthcare providers' job satisfaction (Bello, 2017). The breakdown in communication between healthcare providers plays a role in sentinel and adverse events within the healthcare setting (Joint Commission on Accreditation of Healthcare Organizations, 2017). A meta-analysis by Keebler et al. (2016) established that hand-off communication protocol did improve the transfer of patient information and had positive effects on the patient, provider, and organizational outcomes. Sentinel Event Alert # 58 listed the following as contributing factors to the breakdown of hand-off communication: insufficient or misleading information, absence of safety culture, ineffective communication methods, lack of time, poor timing between sender and receiver, interruptions or distractions, lack of standardized procedures, and insufficient staffing (The Joint Commission, 2017b). Finally, this same publication offered SBAR communication as an evidence-based communication tool.

The application of the SBAR Communication Tool, a standardized communication tool, will support the need for effective communication between nurses during hand-off. It will also effectively boost the nursing field's contributions to patient safety. Staff education activities on applying the SBAR communication tool during hand-off will provide the RNs with additional knowledge, skills, and proficiency in communicating vital patient information. Finally, using evidence-based practice to fill the gap created by the lack of standardization in hand-off communication fulfills the 2001 Institute of Medicine publication's mandate, Crossing the Quality Chasm. It places the nursing profession at the center of the six aims for improving the healthcare system.

Local Background and Context

Summary of Local Evidence on the Relevance of the Problem

Hand-off communication between PMHNs at the partner organization occurs three times per day during shift change. The partner organization's clinical preceptor highlighted incident reports related to the current hand-off practice and found failures to communicate many patient care-related activities. These patient care-related activities include diagnostic follow-up, meetings between families, treatment team, patient, and other essential patient information required to facilitate continuity of care. These communication failures resulted in patients missing necessary diagnostic follow-up, missed care coordination, and opportunities related to psychosocial activities. A lack of a standardized hand-off communication tool between PMHNs leads to failures to communicate essential patient care information. The lack of a standardized communication tool to share critical patient information during the hand-off between

PMHNs at this MHNU was the identified professional practice gap and focus of this project.

Institutional and Local Context

Given the reported impact, the absence of a standardized communication tool during hand-off between PMHNs at the partner organization affected patient care delivery. Incident reports regarding the current hand-off practice found failures to communicate many patient care-related activities such as follow-up, meetings between families, treatment team, patient, and other essential patient information required to facilitate continuity of care. These communication failures resulted in patients missing necessary diagnostic follow-up, missed care coordination, and opportunities related to psychosocial activities.

The partner organization is in the south-central region of the United States; they provide treatment and rehabilitation services to veterans diagnosed with substance use and mental health disorders. Also, the partner organization delivers psychosocial rehabilitation, extended community living care, and compensated work-therapy transitional care. The dynamic nature of psychiatric mental health, complexities afforded by comorbid conditions, and the diversity in listed services at the partner organization require effective communication between PMHNs. According to Sentinel Event Alert # 58, approximately 4,000 hand-off communications occur within the hospital setting per day, intensifying the chances of communication gaps and possible errors (The Joint Commission, 2017b). This same publication also indicated that these failed communications were responsible at least in part for 1,744 deaths, $1.7 billion in

malpractice costs over the past five years, and that is 30 percent of malpractice claims in 2016 (The Joint Commission, 2017b).

The Joint Commission (2017b) has indicated that standardizing hand-off communication can mitigate ineffective communication methods, poor timing between sender and receiver, interruptions or distractions, and the absence of standardized procedures. The application of the SBAR Communication Tool, a standardized communication tool, supported the need for effective hand-off communication between RNs. Effective communication is required for nurses as they are responsible for communications between patients and other healthcare disciplines, between peers, across clinical settings. Effective communication between nurses and other disciplines makes nurses the primary target audience for skills, knowledge, and additional patient safety-related competencies (Jeong & Kim, 2020). The use of educational programs to instruct nurses on applying standardized communication tools was proven effective based on the article by Simamora and Fathi (2019) on a quasi-experimental study on the influence of training hand-off communication tools such as SBAR among nurses. They also recommended educational training programs to instruct nurses on communicating effectively during transfers of care. Developing an educational program on applying a standardized communication tool such as the SBAR will narrow the practice gap. It will also improve communication and prevent errors caused by ineffective communication (Jeong & Kim, 2020b; Keebler et al., 2016; Uhm et al., 2019; Usher et al., 2018a).

Applicable State or Federal Context

Clinicians, healthcare organizations, regulators, and policymakers have the responsibility to design programs and measures to improve the United States' healthcare system according to the Crossing the Quality Chasm: A New Health System for the 21st Century (2002). In 2009, the Centers for Medicare & Medicaid Services condemned the impact of preventable medical errors by providing healthcare organizations incentives to improve care quality. It also encouraged states to prohibit payments for preventable error-related care. Additionally, Centers for Medicare & Medicaid Services in 2011 published the preventable provider conditions as authorized by section 2702 of the Affordable Care Act (Centers for Medicare & Medicaid Services, n.d.). The rule prohibits federal payments to states under section 1903 of the Social Security Act for any amounts applied to provide medical assistance for healthcare-acquired conditions. Providing incentives towards quality improvement at the provider level and cost savings for states requires states to reduce payments for hospital-related errors. The Joint Commission (2017b), given the impact of medical errors, safety concerns, questions on the quality of care, adopted hand-off communication standardization within the healthcare setting. Sentinel Event Alert #58, published in 2017, highlighted the steps for healthcare organizations to meet the accreditation standards by applying evidence-based tools such as the SBAR communication tool.

Role of the DNP Student

Professional Context and Relationship

As an adult psychiatric mental health practitioner, my professional role is working for a military medical readiness agency and as a DNP student at the partner organization. My professional responsibilities include developing and implementing mental health treatment policies and providing consultative services to senior leadership on mental health-related issues, concerns, and policies. My relationship with this project germinated from the practicum rotation at the partner organization as a DNP student. Collaboration with the clinical preceptor and my interest in patient safety has led to a closer look at the partner organization's nursing processes. The inquiry led to the clinical preceptor sharing incident reports from the current hand-off practice and found failures to communicate many patient care-related activities. Having prior knowledge of national patient safety goals and national accreditation standards, my initial question was on the processes involved during the hand-off communication.

Doctoral-prepared advanced practicing nurses have the education, knowledge on policy, and healthcare processes to lead and affect change within the healthcare setting (Sherrod & Goda, 2016). My role was to translate the available evidence into practice and provide the PMHNs with an educational program focused on standardized hand-off communication. The result of the staff education program has the potential to impact patient safety, improve communication and job satisfaction among PMHNs.

Role in the Doctoral Project

I am a DNP student on a practicum rotation at the partner organization with a clinical preceptor on site. However, for this project, my role was to develop a staff education activity to instruct PMHNs on using the SBAR Communication Tool during hand-off. As the project developer, I reviewed the available literature and evidence-based information regarding the significance of implementing an educational activity to address the issue of the lack of a standardized communication tool during hand-off among PMHNs at the partner organization. Additionally, I was responsible for ensuring that a panel of subject matter experts validated the staff education activity. The panel consisted of five subject matter experts in psychiatric mental health nursing and in using the Lynn model. Once the expert panel validated the staff education activity, I presented the instructional materials in oral and written format to the PMHNs. The adult learning theory by Knowles (Knowles et al., 2020) guided the educational program. I also administered a pre-and post-test to evaluate the PMHNs' knowledge acquisition.

Motivation

The motivations for this project were the PMHNs and the patients at the partner organization. As a doctoral-prepared advanced practicing nurse, I am responsible for bridging identified gaps in practice and providing standardization in care delivery by implementing EBP within nursing and across other disciplines. The patients at the project site are military veterans diagnosed with mental health and substance use disorders. Caring for the vulnerable population such as children, the elderly, and the mentally ill is a charge I take seriously as a PMHNP. As an active-duty military member, caring for our

veterans and sharing the same experiences provide a perspective that a civilian healthcare provider will never have.

Potential Biases

The following steps were implemented to address potential biases during this project; first, before the project's culmination, the partner organization representative signed a site approval form for the staff education doctoral project. The partner organization and Walden University did not require an Institutional Review Board (IRB) approval. The participants were provided copies of the Consent Form for Anonymous Questionnaires as needed. The five subject matter experts who validated the staff education activity using the Lynn model were voluntary participants. The participants were handed brown envelopes containing the pre- and post-tests. Each pair of pre- and post-test were assigned a four-number code to ensure that it belonged to the same participant. The participants were instructed to drop the brown envelopes in a box located in one of the offices after the project completion. All course materials and project information were stored in a secured location, to which I only had access.

Role of the Project Team

The site for the doctoral project was the MHNU at the partner organization. The identified stakeholders are the PMHNs, nurse educators, nursing leadership-chief nurse, and the quality assurance nurse. A panel of experts in psychiatric mental health and nursing education, chief nurse, and nurse educators. Other team members included the staff who will participate in the staff education activity and are all PMHNs. I will provide leadership during this project, with mentorship from the clinical preceptor and several

PMHN educators. The PMHN educators served as subject matter experts and validated the education activity using the Lynn model.

Project Presentation to the Team

The project team was composed of PMHN educators who served as subject matter experts and evaluated the course curriculum. They ensured that the staff education activity was clear, comprehensive, and included required information to use the SBAR Communication Tool. As recommended by the Lynn model, a minimum of five validators was required to ensure the appropriate level of control and avoid chance agreement. The Lynn model was used as a framework to validate and evaluate the staff education project (Appendix B). I created a lesson plan (Appendix A) composed of PowerPoint presentations from AHRQ (2019a) and the IHI. The expert panel also had copies of the pre- and post-test (Appendix C). The staff education activity was presented to the PMHNs upon validation and the pretest was administered. After the staff education activity implementation, I administered the posttests to the PMHNs. The pre- and post-test will gauge whether the program objectives have been reached (Appendix C). The course instruction occurred during the monthly in-service training, and the entire project was completed over 4 weeks.

Use of Contextual Insight of Team and Timeline

The timeline to complete the evaluation process for the course curriculum was two weeks. During the evaluation process, the expert panel validated the content of the staff education curriculum. They provided contextual, literacy, and language-relevant

insights related to the course instruction. The staff education evaluation/validation, presentation/teaching, and evaluation occurred over four weeks.

Summary

Doctoral-prepared advanced practice nurses provide leadership in standardizing care across nursing by implementing EBP into the healthcare setting. Pursuing improved patient experience, reducing healthcare costs, and overall healthcare quality calls for bridging professional and practice gaps. The development of staff education programs/courses are platforms for the doctoral-prepared advanced practice nurse to elevate nursing's role in delivering quality care. The staff education activity provided the PMHNs at the partner organization with a validated course instruction on applying an evidence-based communication tool (SBAR) during hand-off communication, a critical transition point during patient care. The standardization of hand-off communication using the SBAR communication tool provided the nurses with confidence, knowledge, skills, and proficiency to communicate effectively during hand-off communication. My role as project developer, the project team, and the expert panel were reviewed and defined.

Section 3: Collection and Analysis of Evidence

The Joint Commission (2017) highlighted the detrimental effects of inadequate communication on health care delivery, leading to the recommendation of applying standardized communication tools during communication between health care providers. In 2006, the National Patient Safety Goal addressed hand-off communication which, in 2010, evolved into an accreditation standard (The Joint Commission, 2017b). The current practice at the partner organization's MHNU did not support standardized communication. The lack of standardized communication tools has led to failures in communicating essential patient care information during hand-off between PMHNs. This DNP project focused on this identified practice gap through a staff education activity regarding the SBAR Communication Tool during hand-off between PMHNs. The expert panel completed a content review using the Lynn model, and the project coordinator collected and analyzed data by conducting a pre- and post-test. This section discusses the collection and analysis of evidence, the practice-focused question, and the synthesis of procedures.

Practice-Focused Questions

The hand-off is an essential function of nursing and involves transferring patient care responsibility; effective communication is critical during this process to safeguard patient safety and ensure continuity of care (Greenberg, 2017; The Joint Commission, 2017, p. 1). The gap in practice at the partner organization's MHNU was the lack of a standardized communication tool during hand-off communication between PMHNs. The practice-focused questions for this DNP project were as follows:

1. Will evaluating the staff education activity using the Lynn model meet evaluation criteria?
2. After attending the education sessions regarding SBAR Communication Tool, will the RNs meet the learning outcome objectives?

The DNP project aimed to develop a staff education activity to educate PMHNs on using the SBAR Communication Tool. The SBAR Communication Tool is an evidence-based, standardized communication tool recommended by the accreditation agencies such as the Joint Commission (The Joint Commission, 2017a). The project's first phase included evaluating the created staff education activity instructing PMHNs on using the SBAR Communication Tool during hand-off. A panel of five subject matter experts validated the lesson plan using the Lynn model. There were two components to the lesson plan: First, AHRQ's (2019b) Module 3 on communication, which describes the SBAR Communication Tool, and an instructional video on its application. The second component is the IHI SBAR Toolkit (2016), which describes the IHI patient safety tool kit focusing on the SBAR Communication Tool. The validation result guided reviewing and updating the course instruction. The second phase started after the staff education activity was validated; it included participants completing the pretest; shortly after, I provided the staff education activity to the participants. The third phase culminated with the participants completing the posttest. I then collected and analyzed the pre- and post-test results.

Operational Definitions

Hand-off/Hand-over: The transfer of patient care responsibility from one provider to another (Greenberg, 2017). It is a form of "transfer and acceptance of patient care responsibility achieved through effective communication" (The Joint Commission, 2017, p. 1).

IHI SBAR Toolkit (2016): A component of the IHI patient safety tool kit that focuses on the SBAR Communication Tool (IHI, n.d.)

Psychiatric mental health nurse (PMHN): PMHN is a licensed nurse specializing in mental health assessment, therapy, and patient assistance. PMHNs typically take care of patients with mental illnesses and substance use disorders (American Psychiatric Nurses Association, n.d.)

Staff education: Educational activities such as in-service training, continuing education sessions, or instructional sessions developed to increase the knowledge and skills of healthcare professionals in the delivery of patient care and improve patient care outcomes (Jeffery, 2015; Price et al., 2008).

TeamSTEPPS Fundamentals Course: A teamwork system developed jointly by the Department of Defense and the AHRQ to improve institutional collaboration and communication relating to patient safety (AHRQ, 2019b).

Sources of Evidence

The sources of evidence used for this doctoral project included a literature search, a review of professional organizational and academic websites, my professional experience, and anecdotal reports from the clinical preceptor and the PMHNs at the

partner organization. I visited the following sites: Walden University Library, Navy Medicine Electronic Library, and the Army Medicine Virtual Library to complete the literature search. I also used following databases: CINAHL, Medline, ClinicalKey for Nursing, Ovid, PubMed, EBSCO, ProQuest, Academic Search Complete, and the Cochrane Systematic Review. The professional organizational and academic websites referenced included the AHRQ, IHI, the Joint Commission, Patient Safety Network, WHO, and the National Association of Medicine.

Evidence Generated for the Doctoral Project

Participants

The PMHNs at the partner organization were the identified participants for this doctoral project. There were five PMHNs at the selected site, and they were selected based on their specialty in psychiatric mental health nursing and current job description. They have verbalized willingness to participate and to help improve the standard of practice within their care setting. I conducted the staff educational instruction using Module 3 of AHRQ's TeamSTEPPS Fundamentals (AHRQ, 2019b) and the IHI SBAR Toolkit (2016). Five subject matter experts validated the staff education activity using the Lynn model. The subject matter experts were selected based on their psychiatric mental health and nursing education background, and they all hold master's degrees in nursing. I provided leadership and served as the project coordinator for this doctoral project.

Procedure

The DNP project's first step was to develop the staff education program to teach PMHNs on using the SBAR Communication Tool during hand-off. Next, I presented the

lesson plan to the expert panel by contacting the expert panel directly to provide the learning materials and the educational program. They were also provided with the evaluation protocols and directions. The expert panel assessed the objectives and learning activities to ensure validity and alignment with the educational program using the Lynn model. The expert panel used a four-point Likert scale for the review to add the reliability of scoring and avoid neutral responses. The four-point ordinal rating scale to score the staff education activity was 1= not relevant, 2= unable to access relevance without revising the activity, 3= relevant but need minor alterations, 4= very relevant.

The content validity indicator (CVI) was established based on the response from the expert reviewers. The CVI is the proportion of items that received a rating of 3 or 4 by the experts (Lynn, 1986). Table 1 shows the proportion of five experts whose endorsement is critical in establishing content validity beyond the .05 level of significance. A CVI of .80 or higher for three or more experts will signal content validity (Lynn, 1986).

Table 1

Lynn's Model

Number of Experts	Number of experts endorsing the item or instrument as content valid			
	2	3	4	5
2	1.00			
3	0.67	1.00		
4	0.50	0.75	1.00	
5	0.40	0.60	0.80	1.00

The staff education instruction occurred at the partner organization's MHNU. The learning objectives for the staff education instruction were as follows: (a) to orient the

PMHNs on the use of SBAR Communication Tool (b) to teach the PMHNs on how to use the SBAR Communication Tool during hand-off, (c) improve the PMHNs confidence in using the SBAR Communication Tool during hand-off, (d) to bridge the gap created by the lack of standardization during hand-off communication, and (e) to help improve the quality of communication between PMHNs during hand-off. The staff education instruction focused on the participants or the PMHNs at the partner organization's MHNU. Once the staff education course was validated, the PMHNs completed a pretest, and then the course instruction was delivered. Malcolm Knowles's adult learning theory (Knowles et al., 2020) guided the teaching of this staff education activity. After the staff education activity, the PMHNs completed the posttest, which I then collected, analyzed, and interpreted using descriptive analysis to assess statistical significance.

Protections

I went through considerable effort to ensure the ethical protection of the project participants by obtaining written permission from Walden University's IRB and the partner organization before the implementation. Given that the DNP project was on staff education, Walden University and the partner organization instead required a signed Site Approval Form for Staff Education Doctoral Project, which I obtained. All participation in the DNP project was voluntary, including the subject matter expert panel, participation in the staff education program, validation, and the pre- and post-testing. All participants were given the freedom to remove themselves from the project anytime, and no member of the project team was given any form of remuneration. All participants agreed to confidentiality during the project. All participants received a brown envelope with a

similar four-digit code for the pretest and the posttest; allowing me to match the pre- and post-test and assess for knowledge acquisition and maintain confidentiality. Project materials and all documents related to the project remained on-site and locked, requiring two authentication codes. Electronic materials were all password protected. I did not mention the partner organization's name during the scholarly report to maintain confidentiality.

Analysis and Synthesis

A panel of five experts in psychiatric mental health and nursing education completed an analysis of the staff education activity using the Lynn model. A CVI of 0.80 was sought; if this were not met, the staff education activity would have been re-evaluated and updated to ensure that all criteria were met. The participants were asked to complete a pre-staff education activity test to identify prior knowledge. I then conducted an evidence-based PowerPoint staff education program using Knowles's Adult Learning Theory. After completing the staff education program, the participants were asked to accomplish the same exam, labeled post-staff education activity, to identify knowledge acquisition.

I used the data collected from the subject matter experts following the validation of the staff education activity to identify the CVI of the educational material. The overall validity of the staff education program was calculated using Lynn's model. The pre- and post-tests were evaluated using descriptive statistical analysis to assess whether knowledge acquisition occurred. The pre- and post-test was based on the staff education

program's learning objectives. Descriptive statistics described the staff development activity's formative and summative evaluation assessment.

Summary

This DNP project aimed to develop a staff education activity that will provide instruction to the PMHNs on using the SBAR Communication Tool during hand-off. The content validation process was based on the Lynn model and was completed by experts in psychiatric mental health and nursing education. The staff education program used Knowles's Adult Learning Theory as the theoretical framework during the provision of the course instruction. The confidentiality of the program participants and the team were maintained, and generated data were secured. The project used descriptive statistical analysis and summative evaluation to describe the achievement of the staff education activity.

Section 4: Findings and Recommendations

The partner organization did not have a standardized communication tool between PMHNs during hand-off and failed to meet the standards set forth by the Joint Commission. The absence of a standardized hand-off communication tool has led essential patient care information not being communicated such as diagnostic follow-up, meetings between families, treatment team, patient, and other critical patient information required to facilitate continuity of care. These communication failures resulted in patients missing necessary diagnostic follow-up, care coordination, and opportunities related to psychosocial activities. I identified this practice gap and created the following practice-focused questions to address it: Will the pre-developed staff education activity using the Lynn model meet validation criteria? After attending the education sessions regarding SBAR Communication Tool, will the PMHNs meet the learning outcome objectives?

The evaluation was completed by a panel of five subject matter experts using the Lynn model. Malcolm Knowles's adult learning theory or theory of andragogy served as the theoretical background for the staff education activity. The sources of evidence used to support this DNP project included a literature search, professional websites, my professional experience, and information from subject matter experts. Evidence-based practices suggested that the SBAR Communication Tool improved the efficacy of communication between health care providers promoting patient safety; it also supported focus and ease of communication between RNs during hand-off, reinforced communication clarity, and improved confidence among RNs (Achrekar et al., 2016; IHI 2015; Müller et al., 2018). Evidence-based practices also suggested increased staff and

patient satisfaction using a standardized hand-off communication tool in the in-patient psychiatric setting (Abela-Dimech & Vuksic, 2018).

Findings and Implications

A panel of five subject matter experts evaluated the staff education activity. The five subject matter experts were PMHN educators who have been providing staff education for over 3 to 5 years and all have a master's degree. I reached out to each participant individually to discuss the program objectives and reviewed the program evaluation form and the scoring process to ensure understanding. The project materials were then sent to the subject matter experts to ensure validity and alignment with the staff education activity. Over 7 days, the expert panel reviewed the materials independently and scored the contents of the educational program.

Staff Education Activity Evaluation

The expert panel used a 4-point Likert scale to rate the staff education activity. The question focused on the relevancy of the staff education contents, introduction, background, and correlation to the lesson objectives: How relevant is the objective for the staff education activity? The objectives were as follows:

1. To orient the PMHNs on the utilization of the SBAR Communication Tool during hand-off.
2. To enhance the knowledge of the PMHNs on the use of the SBAR Communication Tool during hand-off.
3. To improve the confidence of the PMHNs on the use of the SBAR Communication Tool during hand-off.

4. To bridge the gap created by the lack of standardization during hand-off communication.
5. To improve the quality of communication between PMHNs during hand-off.

Once all evaluation forms were collected, reviewed for completeness, and analyzed, the content evaluators indicated a successful validation with a CVI of 0.80 on all queries and content areas according to Lynn's model, as listed in Table 2. The Likert scale results indicated that the subject matter expert panel had confidence in the staff education activity, including all the learning materials and the pre- and post-test.

Table 2

Evaluation of the Staff Education Course (N = 5)

Objectives	CVI	Other comments
Objective 1: To orient PMHNs on the utilization of the SBAR Communication Tool during handoff.	1.00/1.00	
Objective 2: To enhance the knowledge of the PMHNs on the use of the SBAR Communication Tool during handoff.	1.00/1.00	
Objective 3: To improve confidence of the PMHNs on the use of the SBAR Communication Tool during handoff.	1.00/1.00	
Objective 4: To bridge the gap created by the lack of standardization during hand-off communication.	1.00/1.00	
Objective 5: To improve the quality of communication between PMHNs during handoff.	1.00/1.00	Relevant, clear, and succinct
Overall rating	1.00/1.00	

Note. Evaluators were asked to consider how relevant the objective is for the education activity.

The implication resulting from this DNP project includes a validated staff education program to instruct PMHNs on using the SBAR Communication during hand-off. The standardization of communication during hand-off between PMHNs ensures the transfer of vital patient-care information and improves patient and staff satisfaction (Abela-Dimech & Vuksic, 2018). The importance of effective communication between

nurses makes them the primary focus for competencies targeting skills, knowledge, and other patient safety-related courses (Jeong & Kim, 2020). This staff education program developed a validated staff education program that provided instructions to PMHNs on using the standardized SBAR Communication Tool, giving the participants the skills and proficiency they need to effectively communicate essential patient care-related information during hand-off.

Staff Education

I distributed the Walden University-required consent form for anonymous questionnaires to the participating PMHNs. Five participants took part in the staff education activity. Before the education session, the participants received a brown envelope containing the pre- and post- staff education questionnaire. The questionnaires were assigned a four-digit code to keep track of the test questions while preserving participant confidentiality. After completing staff education, the participants also received instructions to leave the brown envelopes in a sealed box located in one of the offices. The pre- and post-staff education questionnaire (see Appendix C) is comprised of questions surrounding lesson objectives, orientation to the SBAR Communication Tool, level of knowledge and improvement in confidence in using the SBAR Communication Tool, degree of expertise in the gap in practice, and the rate of agreement in the improvement of hand-off communication.

The pre-staff education analysis (see Table 3) identified a mean between 2.8 and 3.4, with a mode of 3, indicating that the PMHNs have insufficient knowledge of the SBAR Communication Tool, a gap in practice, and a low agreement rate in the

improvement of communication during handoff. Results for Objective 1 identified a mean of 3.2 and a mode of 3, indicating that the PMHNs were somewhat oriented to the SBAR Communication Tool before the staff education activity. Results for Objective 2 identified a mean of 3.2 and a mode of 3, which suggested that the PMHNs had low levels of knowledge on using the SBAR Communication Tool. Results for Objective 3 resulted in a mean of 2.8 with a mode of 3 and had the highest standard deviation at .8944, suggesting that the PMHNs had no confidence in using the SBAR Communication Tool before the staff education activity. Results for Objective 4 were a mean of 3.4 with a mode of 4; this suggests that the PMHNs did not know the gap in practice before the staff education activity. Finally, results for Objective 5 included a mean of 3 and a mode of 3, suggesting that the PMHNs somewhat disagree that there is improvement in their communication during hand-off.

The post-education data indicates that the staff education intervention met the lesson objectives. The post-staff education analysis (see Table 3) identified a mean ranging from 1 and 1.2, with a mode of 1 for most items. Objective 5 presented with the most difference in the standard deviation indicating that the PMHNs felt that the SBAR Communication Tool had improved their communication during hand-off. The posttest results also showed that the PMHNs felt knowledgeable about the SBAR Communication Tool, the gap in practice, increased confidence in using the SBAR Communication Tool, and increased communication during hand-off after the staff education intervention.

Table 3

Descriptive Analysis of Educational Activity

Objective evaluation	Pretest mean	Posttest mean	Pretest median	Posttest median	Pretest mode	Posttest mode	Pretest *SD*	Posttest *SD*
Objective 1: To orient PMHNs on the utilization of the SBAR Communication Tool during handoff.	3.2	1	3	1	3	1	0.8367	0
Objective 2: To enhance the knowledge of the PMHNs on the use of the SBAR Communication Tool during handoff.	3.2	1	3	1	3	1	0.4472	0
Objective 3: To improve confidence of the PMHNs on the use of the SBAR Communication Tool during handoff.	2.8	1	3	1	3	1	0.4472	0
Objective 4: To bridge the gap created by the lack of standardization during hand-off communication.	3.4	1	4	1	4	1	0.8944	0
Objective 5: To improve the quality of communication between PMHNs during handoff.	3	1.2	3	1	3	1	0.7071	0.4472

Note. Participants were asked “Please rate your degree of orientation regarding the elements of the SBAR Communication Tool. Please mark the circle that corresponds to your answer.”

Based on these results, the staff education intervention effectively improved the PMHNs knowledge and confidence in using the SBAR Communication Tool. The participants provided feedback that the SBAR Communication Tool will ensure that required patient-care-related information is communicated to the next shift. They also stated that the staff education program should be added to the new employee orientation program.

Table 4

Staff Education Activity Results

	PMHN 1	PMHN 2	PMHN 3	PMHN 4	PMHN 5
Please rate your degree of orientation regarding the elements of the SBAR Communication Tool. Please mark the circle that corresponds to your answer.					
Pre	Not oriented	Somewhat not oriented	Somewhat not oriented	Somewhat oriented	Not oriented
Post	Oriented	Oriented	Oriented	Oriented	Oriented
Please rate your level of knowledge regarding the use of the SBAR Communication Tool. Please mark the circle that corresponds to your answer.					
Pre	Low level of knowledge	Low level of knowledge	Low level of knowledge	Low level of knowledge	No level of knowledge
Post	High level of knowledge	High level of knowledge	High level of knowledge	High level of knowledge	High level of knowledge
Please rate your agreement that the staff education activity helped improve your confidence to use the SBAR Communication Tool during handoff.					
Pre	Somewhat agree	Somewhat disagree	Somewhat disagree	Somewhat disagree	Somewhat disagree
Post	Agree	Agree	Agree	Agree	Agree
Please rate your degree of knowledge with the gap in current practice surrounding hand-off communication.					
Pre	No knowledge	No knowledge	Somewhat non-knowledgeable	Somewhat knowledgeable	No knowledge
Post	Knowledgeable	Knowledgeable	Knowledgeable	Knowledgeable	Knowledgeable
Please rate your agreement regarding the improvement in the quality of your communication during handoff.					
Pre	Somewhat agree	Somewhat disagree	Somewhat disagree	Disagree	Somewhat disagree
Post	Agree	Agree	Somewhat agree	Agree	Agree

Recommendations

According to the staff education evaluation, the subject matter expert panel indicated that the course curriculum composed of the AHRQ's Module #3 on Communication and IHI's SBAR Tool Kit effectively instructs PMHNs using the SBAR Communication Tool during hand-off. The PMHNs agreed that the staff education activity provided them with the critical elements of the SBAR Communication Tool, instruction on its application during hand-off, improved their confidence, increased their knowledge on the gap in practice, and improved quality of communication during hand-off. The standardization of hand-off communication using the SBAR Communication Tool thus bridged the practice gap for the PMHNs at the partner organization. All new PMHNs hired in the unit should complete the staff education activity during their orientation period and all staff annually during the facility's annual skills fair.

Contribution of the Doctoral Project Team

The doctorally-prepared nurse plays a critical role in the rapidly evolving health care system and increasingly diverse patient population. DNP projects hinge on applying theories to execute and implement research into practice (DNP Essentials, 2006). This project synthesized the evidence behind standardized hand-off communication and provided instruction on using the SBAR Communication Tool during hand-off using Malcolm Knowles's adult learning theory. This DNP project significantly affects health care delivery, impacting the patient, staff, and systems within the partner organization. On a more granular level, the result of this DNP project provided the PMHNs with the

essential tool to communicate patient-care-related information effectively during hand-off.

The project team played a crucial role in developing, evaluating, and implementing the staff education activity. I was responsible for developing and implementing the project. The partner organization's nursing leadership team composed of the chief nurse, nurse educators, and my preceptor supported problem identification and provided ongoing support throughout the project. The panel of subject matter experts reviewed and validated the staff educational activity, the lesson plan, and the pre- and post- education activity tests. The partner organization's nursing leadership team was also instrumental in facilitating discussion with the organization's executive leadership team to ensure the sustainment of the staff education course with planned implementation across other units.

Strengths and Limitations of the Project

The strength of this staff education doctoral project included the evidence supporting the SBAR Communication Tool, the demonstrated efficacy of the AHRQ's Module #3 on Communication, and IHI's SBAR Tool Kit. Another strength is the collaboration and expertise provided by the course validators in psychiatric mental health and nursing education. The voluntary participation of these subject matter experts strengthened this staff education project by having a mutual goal of ensuring that the PMHNs received a validated course to remove the practice gap created by the lack of a standardized communication tool during hand-off. The staff education project also

provided the PMHNs with an evidence-based communication tool to guarantee effective communication of patient-care-related information during hand-off.

This project's limitations include the small number of PMHNs who participated in the staff education project. The sample size was five, but the unit only had five PMHNs during the execution of the project. There is an ongoing discussion between nursing and executive leadership to implement the staff education activity across other units in the facility.

Section 5: Dissemination Plan

I presented the result of the staff education project to the nursing leadership and the executive staff at the partner organization. There was support to disseminate the use of the staff education program across other units in the facility. The facility will require a staff education program for all RNs. The facility will add the staff education activity to the onboarding curriculum and the annual competency. Finally, there is current discussion on developing an electronic version of the SBAR Communication Tool as part of the unit hand-off between other healthcare providers.

Analysis of Self

Nurse scholars in health care settings play an essential role in advancing nursing science by applying evidence-based practice and improving patient outcomes (Birkhoff et al., 2020). The DNP-prepared advanced practice nurse contributes to the rapidly changing healthcare system and the increasingly diverse patient population by focusing on clinical practice and improving patient outcomes by translating science into practice (Smith et al., 2021). My involvement in this staff education project allowed me to reflect on my contributions to patient care, the health care system, and the nursing profession as a doctorally-prepared PMHN. As the project lead and coordinator for the staff education project, I expanded my skills and abilities to educate and empower my fellow nurses to apply evidence-based practices. I also realized my capabilities to conduct the appropriate review of evidence to design a project that will mitigate the identified gap in practice and the trust that was given to me by the partner organization and the school to develop a product that is not only effective but also sustainable.

The participants in this project had personal and professional constraints, such as work schedules and other competing priorities; however, I executed the staff education project with open communication, mutual respect, and understanding. The outstanding teamwork made it possible for me to work with the participants and stakeholders, gaining leadership's confidence. This staff education project overall impacted my journey as a scholar, leader, and change agent in this rapidly evolving health care system.

Summary

Reducing the risk of unnecessary harm is the hallmark of safe, effective, and high-quality health care (WHO, 2019). Effective communication is a crucial component in reducing risk and unnecessary harm. Communication breakdown between health care providers contributes to sentinel events during hand-off communication (Rodziewicz et al., 2020; Tobiano et al., 2020). Hand-off communication is a crucial part of patient care and a critical component of the nursing function, requiring precision and accuracy (Demiray et al., 2018). Standardizing communication during hand-off between PMHRNs ensures the transfer of vital patient-care information to the next shift. It also serves as a benchmark for accreditation bodies to scrutinize adverse events in organizations and develop standards of practice. A standardized communication tool is essential in the effective communication of patient care information in the health care setting. The SBAR Communication Tool is an instrument for nurses to communicate all patient care-related information during hand-off.

This DNP project explored if a staff education activity focused on instructing PMHNs on using the SBAR Communication Tool would meet the validation criteria

using Lynn's model, and if the PMHNs would meet the learning objectives and outcomes after attending the staff education activity regarding using the SBAR Communication Tool. Five subject matter experts validated the staff education activity using Lynn's model. The PMHNs who participated in the staff education activity met the learning objectives, and knowledge acquisition was noted in the SBAR Communication Tool. The project can positively impact hand-off communication and transfer of patient-care-related information between RNs across health care settings. The project also allowed me to exponentially grow and develop as a nurse, leader, educator, and scholar.

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Appendix A: Lesson Plan for Staff Education

<table>
<tr><th colspan="4">Staff Education Project for SBAR Communication Tool</th></tr>
<tr><td colspan="4">Goal: To increase the PMHNs knowledge on how to use the SBAR Communication Tool during handoff.</td></tr>
<tr><th>Objectives</th><th>Methods/Strategies</th><th>Timeframe</th><th>Outcome Measurement</th></tr>
<tr><td>1. To orient the PMHNs on the utilization of the SBAR Communication Tool during hand-off.</td><td rowspan="5">Share the full explanation of the identified gap in the practice.

Summative evaluation using pre and post questionnaire

Instructional tools: PowerPoint slides with video and oral presentation. AHRQ Module #3 Communication/IHI SBAR Tool Kit

Evaluation method: Descriptive statistics</td><td rowspan="5">Two weeks of Instruction</td><td rowspan="5">Improved knowledge via post-test.</td></tr>
<tr><td>2. To enhance the knowledge of the PMHNs on the use of the SBAR Communication Tool during hand-off</td></tr>
<tr><td>3. To improve the confidence of the PMHNs on the use of the SBAR Communication Tool during hand-off.</td></tr>
<tr><td>4. To bridge the gap created by the lack of standardization during hand-off communication.</td></tr>
<tr><td>5. To improve the quality of communication between PMHNs during hand-off.</td></tr>
</table>

Appendix B: Lynn's Assessment for the Staff Education Project

Objective 1. To orient the PMHNs on the utilization of the SBAR Communication Tool during hand-off. How relevant is the objective for the staff education activity?

- 1 = not relevant
- 2 = unable to assess relevance without item revision
- 3 = relevant but needs minor alterations
- 4 = very relevant and succinct

Objective 2. To enhance the knowledge of the PMHNs on the use of the SBAR Communication Tool during hand-off. How relevant is the objective for the staff education activity?

- 1 = not relevant
- 2 = unable to assess relevance without item revision
- 3 = relevant but needs minor alterations
- 4 = very relevant and succinct

Objective 3. To improve the confidence of the PMHNs on the use of the SBAR Communication Tool during hand-off. How relevant is the objective for the staff education activity?

- 1 = not relevant
- 2 = unable to assess relevance without item revision
- 3 = relevant but needs minor alterations
- 4 = very relevant and succinct

Objective 4. To bridge the gap created by the lack of standardization during hand-off communication. How relevant is the objective for the staff education activity?

- 1 = not relevant

- 2 = unable to assess relevance without item revision
- 3 = relevant but needs minor alterations
- 4 = very relevant and succinct

Objective 5. To improve the quality of communication between PMHNs during hand-off.

How relevant is the objective for the staff education activity?

- 1 = not relevant
- 2 = unable to assess relevance without item revision
- 3 = relevant but needs minor alterations
- 4 = very relevant and succinct

Appendix C: Staff Education Activity Pre- and Post-Evaluation Questionnaire

Lesson Objective 1: To orient the PMHNs on the utilization of the SBAR Communication Tool during hand-off. Please rate your degree of orientation regarding the elements of the SBAR Communication Tool. Please mark the circle that corresponds to your answer.

- 1 = Oriented
- 2 = Somewhat oriented
- 3 = Somewhat not oriented
- 4 = Not oriented

Lesson Objective 2. To enhance the knowledge of the PMHNs on the use of the SBAR Communication Tool during hand-off. Please rate your level of knowledge regarding the use of the SBAR Communication Tool. Please mark the circle that corresponds to your answer.

- 1 = High level of knowledge
- 2 = Medium level of knowledge
- 3 = Low level of knowledge
- 4 = No level of knowledge

Lesson Objective 3. To improve the confidence of the PMHNs on the use of the SBAR Communication Tool during hand-off. Please rate your agreement that the staff education activity helped improve your confidence to use the SBAR Communication Tool during hand-off.

- 1 = Agree
- 2 = Somewhat agree
- 3 = Somewhat disagree

- 4 = Disagree

Lesson Objective 4. To bridge the gap created by the lack of standardization during hand-off communication. Please rate your degree of knowledge with the gap in current practice surrounding hand-off communication.

- 1 = Knowledgeable
- 2 = Somewhat knowledgeable
- 3 = Somewhat non-knowledgeable
- 4 = No knowledge

Lesson Objective 5. To improve the quality of communication between PMHNs during hand-off. Please rate your agreement regarding the improvement in the quality of your communication during handoff.

- 1 = Agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Disagree