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Staff Education for Effective Patient Handoff

Kaylonn Amundson
Walden University

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Walden University

College of Nursing

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Kaylonn Amundson

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Dr. Corinne Romano, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Executive Summary: Staff Education
Staff Education for Effective Patient Handoff

by

Kaylonn Amundson

BSN, Creighton University, 2012

BS in Biology, University of Colorado Health Sciences Center, 2005

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Abstract

This staff education project was initiated to address the lack of standardized handoff procedures which was found to have contributed to an adverse outcome for a hospitalized patient. The purpose of this project was to address the question: Will an interactive education program on a standardized handoff tool increase nursing staffs' knowledge and self-confidence regarding its use? The project involved educating 20 inpatient nurses and care staff about the structure of the SIGNOUT? handoff tool using a PowerPoint presentation with a follow-up practice simulation. Handoff sheets and visuals were distributed to aid in the learning process. Pre- and post-education surveys were used to gauge changes in knowledge and confidence resulting from the educational session and analyzed using descriptive statistics. Results demonstrated a post-educational increase in the mean score for confidence in using (2.5 pre- versus 3.8 post-; mean score change of +1.3) and understanding of (3.95 pre- versus 4.25 post-; mean change of +0.3) the SIGNOUT? handoff tool but showed a drop in perceptions of safety with using the tool (4.4 pre- versus 4.25 post-; mean change of -0.15) and awareness of information that was needed for safe handoffs (4.4 pre- versus 4.15 post-; mean change of -0.25). Overall, the project was successful in terms of introducing the tool and increasing nursing knowledge and confidence in its use. Providing standardized handoff education positively impacts nursing practice, social change and diversity, equity, and inclusion by decreasing variability and bias in terms of information that is transferred between caregivers and reduces risks of patient harm associated with omissions.

Background

A lack of standardized handoff reporting was recognized as a contributing factor during a sentinel patient event at the hospital and needed to be addressed to ensure positive patient outcomes. The purpose of this staff education pilot project was to educate inpatient nurses within the organization about the structure of a standardized patient handoff. The project question was: will staff education on the use of a standardized handoff tool increase staff knowledge and self-confidence regarding use of the tool?

Draganović and Offermanns (2022) noted inadequate handoffs are a common contributor to hospital errors. In fact, up to 80% of medical errors have been attributed to communication errors during handoffs (Hackenberger et al., 2024). Information that was not remembered or deemed unimportant during care transfer can have lasting and negative impacts on patient outcomes (Clapper & Ching, 2020). The goal of standardized handoffs is to reduce variability during the handoff process and increase favorable patient outcomes (Ransom et al., 2023).

Evidence for this staff education project was found via an extensive search of Google Scholar and CINAHL & MEDLINE combined search for articles related to handoff tools and educational methods for increasing nursing confidence in using any handoff tools. Of the 133 articles that originated, I discarded those that did not meet standards of being peer-reviewed, and all sources were published between 2021 and 2025. Those articles were then reviewed in terms of feasibility of implementation in the small rural hospital associated with the project, leaving 17 relevant research studies. These remaining studies were considered good and high-quality research. Five articles

were graded as level II, seven were level III, and four were level V. The John Hopkins evidence-based practice model for nursing and healthcare professionals was used to guide development of the practice question, analyze evidence, synthesize data, and develop a project action plan.

Handoff tools are needed for complete, accurate, and efficient relay of information between care providers during handoff (Desmedt et al., 2021; Rose et al., 2019). To ensure successful handoff education implementation, tools and structured educational programs must be based on unit needs and can involve PowerPoint presentations, workshops, simulations, and clinical examples (Alizadeh-Risani et al., 2024; Blazin et al., 2020; Murphy et al., 2022; Panda, 2020; Stevens et al., 2020; Toumi et al., 2024). These considerations are essential for enhancing confidence and competency of nurses in terms of using tools. Simulation-based training using peer-to-peer practice situations can further enhance familiarity with tools and skills in terms of its use (Ghonem & El-Husany, 2023; Lim & Kang, 2024; Oliveira & Brown, 2021; Onello, 2023; Panda, 2020; Sivo et al., 2024). Furthermore, continued use of the tool is improved via visual reminders, annual educational training, recruitment of unit champions, and ongoing observation of tool use with constructive feedback (Blazin et al., 2020; Murphy et al., 2022; Panda, 2020; Sivo et al., 2024).

Staff Education Project Development

Participants in the pilot project included 20 nurses and patient care technicians who worked in medical/surgical, intensive care, and obstetric units of the hospital. Several educational sessions were scheduled over 3 days at prearranged times during the

morning and afternoon as a part of yearly annual competency rounding for care staff. I presented education sessions on the first and third day, with the chief nursing officer presenting information on the second day. A PowerPoint presentation was created to detail the SIGNOUT? patient handoff mnemonic, including meanings and patient information to include in each category. Participants received a packet that included a copy of presentation slides, visual SIGNOUT? reminder, and SIGNOUT? handoff sheet. After the presentation, participants were given clinical scenarios with which they could practice the handoff format. Pre- and post-education surveys were used directly before and after sessions to gauge effectiveness of the education in terms of increasing nurse knowledge and confidence in using the tool. Results were analyzed using descriptive statistics.

Results

Postimplementation results for the project were mixed (see Table 1). There was a considerable increase (+1.3 mean score change) in familiarity and confidence in using the SIGNOUT? handoff format and a modest increase in understanding the handoff components (+ 0.3 mean score change). These results showed educational sessions improved knowledge of the SIGNOUT? handoff tool, and participants expressed increased confidence in and knowledge of its use.

Table 1

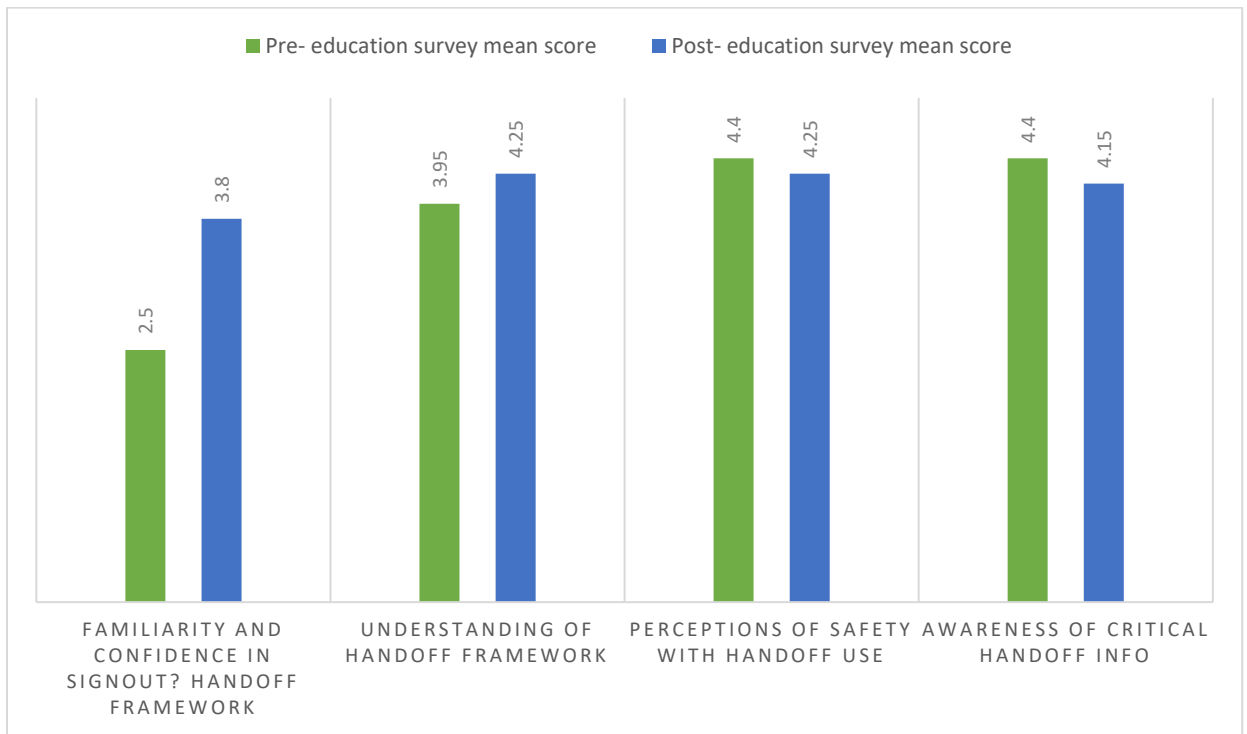
Changes in Mean Scores of Pre- and Post- Education Surveys

Knowledge assessed	Mean of pre-education survey	Mean of post-education survey	Mean change
Familiarity and confidence in SIGNOUT? handoff framework	2.5	3.8	+1.3
Understanding of handoff framework	3.95	4.25	+0.3
Perceptions of safety with handoff use	4.4	4.25	-0.15
Awareness of critical handoff info	4.4	4.15	-0.25

However, the other two survey categories demonstrated a downward shift after the education session. Perceptions of handoffs being used for safe patient transfers and awareness of what patient information should be included in patient transfers decreased with the post-education survey (4.4 versus 4.25 for perceptions pre- and post-education, respectively, and 4.4 versus 4.15 for awareness; see Figure 1). The drop in these mean scores may indicate a change in participant understanding of what is needed for safe patient transfers or lack in clarity in terms of the presentation. These could be addressed with further education.

Figure 1

Mean Pre- and Post-Education Survey Scores



This pilot project impacted the hospital by introducing a standardized handoff tool. With an educational session and practice handoff scenario, understanding and familiarity with the SIGNOUT? tool increased nursing confidence in patient handoffs. The information session also helped standardize critical information that was needed for safe patient handoffs within the pilot unit. Similarly, the educational format and handoff tool can be used in other departments to increase safe patient transfers throughout the organization.

This project was limited in several ways. First, the short evaluation period for gauging the impact of the educational intervention may have impacted results. As pre- and post-surveys were administered within the same 30-minute session, the influence it had on increasing confidence in patient handoffs was unclear. Next, while the simulation

experience in the session offered a chance to practice the mnemonic, real life situations may be confounding in ways that would affect nursing handoff confidence. Given a longer timeframe, this limitation could have been mitigated as the post education survey could have highlighted different results based on in situ use. Finally, results may have been impacted by lack of continuity in terms of teaching methods and knowledge of presenters, who used educational materials in different ways. This may have led to varied participant understanding of and confidence in the tool, its use for patient safety, and information that is needed for handoffs.

This project is important beyond this site because it can help improve continuity of care throughout patients' healthcare experience. Standardized patient care transfers reduce variability of information exchange that can lead to delayed, repeated, and missed treatments (Galatzan et al., 2024). Education on effective use of patient handoff tools ensures care providers can report this vital data confidently and efficiently. As a result, communications failures that lead to poor patient outcomes can be prevented.

Conclusions

This pilot project impacted the organization by introduced the SIGNOUT? handoff tool via educational sessions and practice scenarios. This served to improve knowledge and confidence of inpatient nursing staff in terms of using this tool. Standardization of the handoff process will help to increase patient safety throughout the continuum of hospital care via accurate and complete information exchange. As a result, more positive patient outcomes are expected when standardized handoffs are implemented throughout the organization.

Recommendations include a follow-up survey at 3 months post education which would show whether nursing confidence and compliance with using the handoff tool was maintained long-term. Eliciting feedback from nurses to help customize the tool and future educational sessions to best fit unit needs should be addressed. Likewise, integrating handoff into the EHR can make care transfers easier, more efficient, and better. Finally, adding handoff education to onboarding procedures and annual competency training for nurses should be considered to ensure organizational care transfers are similarly conducted.

Standardized handoff education has positive implications for nursing practice and patient care not only at the project site but all healthcare facilities. Less variability in terms of information transfers ensures complete and accurate handoffs and prevents omission of vital patient information. This continuity of care increases nursing productivity by eliminating repeat procedures, patient questioning, and the burden of adverse events. As a result, nursing confidence in care they provide is increased.

The project has implications for social change as well as diversity, equity, and inclusion in terms of standardizing care patients receive. Standardized handoffs can decrease reporting of non-productive information that can lead to biased provider opinions and actions when assigning care needs. Standardization also prevents added financial and time burdens that are associated with negative outcomes. Thus, by using standardized handoff education, patient outcomes can be improved, healthcare costs can be reduced, and access to healthcare can be increased for all who seek care.

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