

# Leveraging the Voice of Nurses: Improve Patient Safety in an Ambulatory Care Pain Clinic



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### **Purpose**

- Patient safety
- Safe and effective hand-offs
- Reducing communication errors
- Standardization of the hand-of process

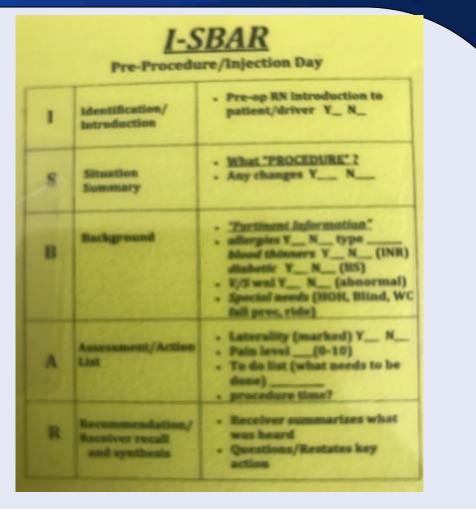
# Rationale/Background

- Communication errors are contributing factor to two-thirds of sentinel events.
- Ambulatory care settings have different work flows with rapid patient turnover.
- Hand-offs do occur with potential for miscommunication and harm to patients.

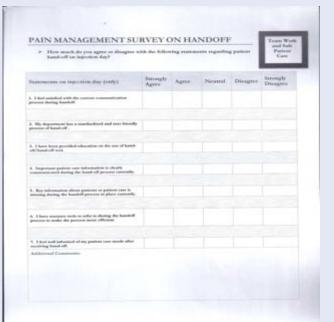
#### Methods

- Need to develop a <u>standardized</u> tool for patient hand-offs.
- Nurses utilizing unit based council structure developed a handoff tool (ISBAR) framework.
- Tool applicable to this patient population.
- Nurses perception/satisfaction were then measured pre and post implementation.





# Pre and Post Likert scale Intervention Survey

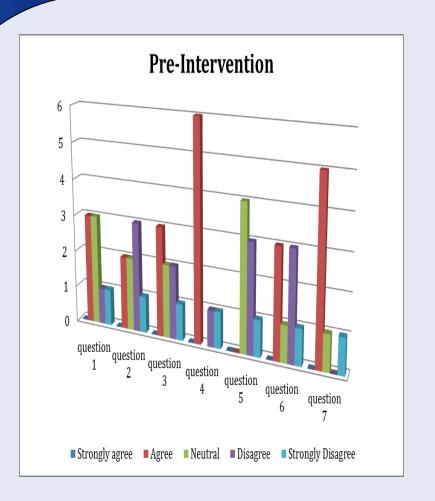


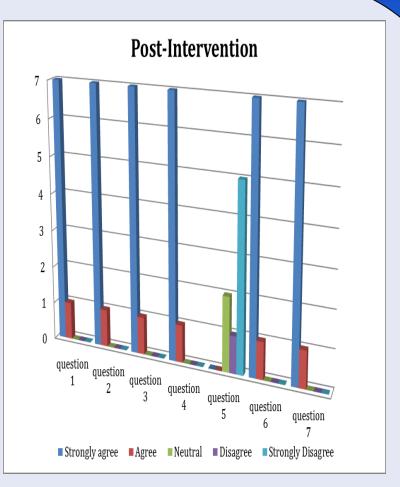




#### **Outcomes**

- Survey results indicated nurses felt ISBAR had improved the hand-off process from 73% pre to 88% post implementation.
- Improved job satisfaction and adoption by all members.





# **Survey Questions 1-7**

- 1. I feel satisfied with the current communication process during hand-off.
- 2. My department has a standardized and user friendly process for hand-off.
- 3. I have been provided education in the use of the hand-off/hand-off tool.
- 4. Important patient care information is clearly communicated during the Hand-off process.
- 5. Key information about patient and patient care is missing during the Handoff process
- 6. I have resource tools to refer to the handoff process to make it more efficient.
- 7. I feel well informed of my patient care needs after receiving handoff.

#### Conclusions

- An ISBAR tool created by nurses was a valuable technique that improved patient safety and facilitated a smoother work flow.
- Nurse engagement was key to successful adoption.
   References
  - The Joint Commission, Sentinel event statistics data: root causes by event type (2017). Retrieved from <a href="https://www.jointcommission.org/Sentinel Event Statistics">www.jointcommission.org/Sentinel Event Statistics</a>.
  - Cudjoe, K., (2016). Add identity to SBAR. Nursing made Incredibly Easy: 14(1): 6-7. doi: 10.1097/01.NME.0000475212.01090.46.