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Protocol Implementation for Standardized Handoff from Emergency Department

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Conaway, Marina, "Protocol Implementation for Standardized Handoff from Emergency Department" (2022). *Symposium of Student Scholars*. 68.

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Abstract

In the healthcare field, report given between nurses during handoff when transferring and admitting patients is considered one of the most important components to quality patient care as well as ensuring patient safety. When report is not given effectively or at all during handoff, there are many problems that can occur during the nursing care process. According to research, lack of including necessary patient information or having incomplete medical records are some of the main problems that can lead to things directly affecting patient safety and quality of care, such as medication errors. Research supports that continuity of care is better supported with a structured framework for report during handoffs. At a local hospital, nurses in the emergency department (ED) are currently not required to give report when transferring or admitting patients. This has brought up issues for nurses on the surgical floor, as they typically do not receive the necessary patient information they need to give the best quality of care, and they do not know when they will be receiving new patients. This problem has also resulted in patients being neglected and recently complaining of “feeling forgotten” due to the lack of communication between departments. The purpose of this project is to discover and implement a better version than the current practice of report during handoff from the ED to other departments within this facility, specifically focusing on the surgical unit. Data will be collected and transcribed from observations and five focus groups (consisting of 4-6 participants each from the surgical floor). Conclusions from the data will support the need for implementation of a handoff protocol for the ED. The results will be used to create a protocol utilizing a standardized handoff format determined by the unit using the appreciative inquiry approach.

Keywords: handoff, emergency department, report, admission, protocol, patient safety