Emergence of the DBDNQ:
A Pilot Evaluation of the WHO/TJC Communication During Handover Framework

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BACKGROUND AND SIGNIFICANCE:

The Institute of Medicine report *Crossing the Quality Chasm* maintains patient hand-offs provide opportunity for error (IOM, 2001).

From 1995 to 2004 – 65% of sentinel events were caused by communication problems (TJC, 2006).

In 2005 – 70% of sentinel events were caused by communication problems (TJC, 2006).

In 2007 The Joint Commission identified standardization of hand-off communications as one of the National Patient Safety Goals.

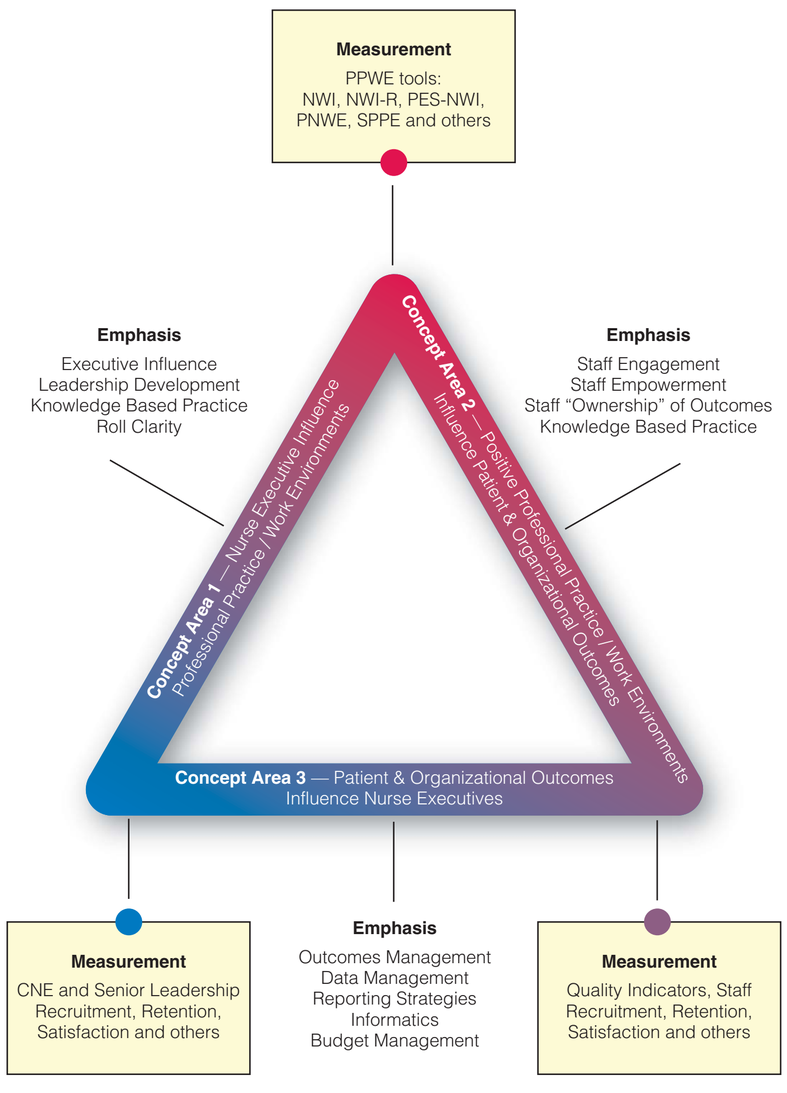
National Patient Safety Goal 2, Requirement E

Implement a standardized approach to "hand-off" communications, including an opportunity to ask and respond to questions.

Many different approaches to shift report exist. Such variances can result in important information becoming muddled in irrelevant information (Caruso, 2007).

Use of a standardized method for change of shift report enhances patient safety. "Concise reporting that minimizes duplication yet avoids missing information is a complex job; tools that simplify and standardize the process help" (Wilson, 2007).

STUDY FRAMEWORK:



Adams, J. M., Ives Erickson, J., Jones, D. A., & Paulo, L. (in press). An Evidence Based Structure for Transformative Nurse Executive Practice: The Model of the Interrelationship of Leadership, Environments & Outcomes for Nurse Executives (M.I.L.E. O.N.E.). Nursing Administration Quarterly.

PURPOSE:

1. Validate WHO/TJC Handover Framework
2. Identify improved opportunity for message articulation for shift handover at a community hospital

METHODS:

- Study consisted of secondary analysis (Turner, 1997) of performance improvement interview data (n=20) using directed content analysis (Hsieh & Shannon, 2005; Krippendorff, 2004; Zhang, 2006).
- Isolated the concepts (n=146) of staff nurses perceptions of information necessary to deliver competent care representative of the concepts described in the WHO/TJC

WHO	**S**ituation	**B**ackground	**A**ssessment	**R**ecommendations	Questions**?**
TJC	Diagnosis & Current Condition	Recent Changes in Condition or Treatment	Anticipated Changes in Condition or Treatment	What to Watch for in the Next Time Interval	Providing Opportunity to Ask & Resolve Questions

- Isolated the concepts of staff nurses perceptions of information necessary to deliver competent care representative of the concepts described in the Demographics/Before shift/During shift/Next shift/Questions (DBDNQ)

DBDNQ	"**D**emographics & Stability"	"**B**efore my shift"	"**D**uring my shift"	"**N**ext shift" "Plan of Care"	"**Q**uestions"

SUPPORTIVE DATA:

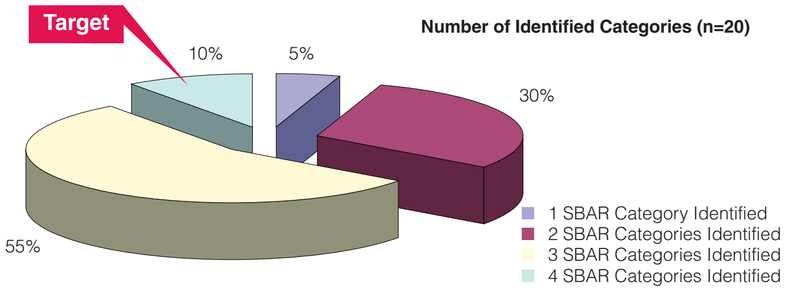
Demographics of survey respondents:

- Average 5.9 years at SVMHS – the community hospital
- Average 4.6 years on current unit
- Average 9.5 years as an RN
- 8 Bachelors Prepared
- 12 Associates Prepared
- Convenience sample of RNs crossing multiple inpatient units
- Initial analysis produced 44% inter-rater reliability using only the WHO/TJC FRAMEWORK

This led to further evaluation and the development of the DBDNQ.

- 100% inter-rater reliability following DBDNQ categorization

What do you need to hear in shift hand-off to give competent care?



SAMPLE FINDINGS:

"Demographics & Stability" or Situation

Concept Examples
- diagnosis
- history of the patient
- stability
- their code status
- name, age, doctor, attending doctor, consulting doctor
- co-morbidities
- disciplines are involved
- RT/OT/PT
- speech
- soft gestational age
- why the patient is here

"Before my shift" or Background

Concept Examples
- what's been happening
- locations of wounds or pressure ulcers
- anything that happened unusual
- (labor) complications
- anesthetics that were used
- what day post-op
- type of lines

"During my shift" or Assessment

Concept Examples
- having pain
- vital signs
- mobility level
- concerns about the patient that the family has asked
- new things
- lab work
- intake and output
- what went wrong (on the shift)
- dressing changes

"Next shift – Plan of care" or Recommendations

Concept Examples
- plan of care
- done to follow up
- patient needs
- tests and procedures that the patient is going for
- watch out for (trends)
- other orders that they'll have us follow up
- what is going on with them tomorrow
- plans for the future

DISCUSSION:

- The WHO/TJC Communication During Patient Handover Framework provides a positive basis for improving communication.
- The DBDNQ categorization provides additional clarification to the WHO/TJC framework that may be more appropriate for shift to shift hand-off.
- Initial discussion with staff nurses identify DBDNQ useful mechanism for improving communication ("No Surprises") during hand-off.

IMPLICATIONS:

- The DBDNQ could be used in multiple health care settings transfer knowledge including:
  - Staff RN to ancillary specialty services (DI, PT, OT, RT, etc.)
  - Staff RN to physician and physician to RN
  - Staff RN to patient
  - Case management RN to receiving site
- The DBDNQ provides opportunity to further study how well nurses know patients
- The DBDNQ provides opportunity for refinement of WHO/TJC Framework

"No Surprises" — HAND-OFF

WHO	**S Situation**	**B Background**	**A Assessment**	**R Recommendations**	**? Clarification**
TJC	Dx & Current condition	Recent changes in condition or Tx	Anticipated changes in condition or Tx	What to watch for in the next time interval	Providing opportunity to ask & resolve questions
Date	**"Demographics & Stability"**	**"Before my shift"**	**"During my shift"**	**"Next shift" Plan of Care**	**"Questions"** Need bedside verification: ☐ Yes ☐ No
Pt. Initials / **Rm #**					

1995 to 2004, 65% of sentinel events in accredited health care organizations were caused by communication problems + 2005, that percentage was nearly 70%
The Joint Commission continued standardization of hand-off communications as one of the 2007 National Patient Safety Goals.

Patient sticker/stamp

"Discharge" — HAND-OFF

Nurse to Pt/Family

Date of Discharge:

S Situation	**B Background**	**A Assessment**	**R Recommendations**	**? Clarification**
Primary/Secondary Dx & MDs	Info from hospital stay (tests, new meds, procedures)	The "Right now" What meds were given, last drsg change, discharge education…	What needs to be done F/U appointments, Further education needs/resources…	Providing opportunity to ask & resolve questions

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