Exploring Patient-Centered Handoffs in Surgical Oncology

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Overview

• Exploratory, Descriptive Study
• Patient Perspective
  – Participation in Bedside Handoff
  – Information Needs
  – Tools to support provider/patient collaboration

• IRB approval obtained from Hospital, University of Utah, University of Maryland, Texas Woman's University
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Handoff

• Transfer of responsibility for patient care from one provider to another.

• Nursing Handoff location:
  – Nursing station, conference room
  – Recorded
  – Initiative to move to the bedside and include patient

• Inadequate handoff leads to:
  – Information omission/errors
  – Uncertainty about patient care
  – Incongruence between information received and patients actual condition
  – Nurses searching for information to begin care

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Methods

• Setting
  – 460 bed Cancer Center
  – Western United States
  – 25 bed Inpatient Surgery Unit

• Sample
  – Purposeful Sampling
  – 20 patients

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Study Procedures

• Data collection
  – Interviews (recorded and transcribed)
  – Field notes
  – Artifact Capture (Tools)

• Interview Guide
  – Major Topics
    • Preference about participating in handoff*
    • Information Requirements
    • Tool Use
      – Paper, Journals, computerized tools, Apps, Whiteboard

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Data Analysis

• **Atlas ti™** - Store and organize transcripts, field notes, photographs

• **Qualitative Content Analysis (3 cycles)**
  1. Provisional coding to establish definitions and boundaries among codes
  2. Coding of all transcripts (recursive between first and second cycle)
     • After second cycle authors individually reassessed all transcripts for coding consistency
     • Then the team reviewed discrepancies to achieve consensus.
  3. Third cycle consolidation of categories to examine the data for themes.

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Results

• Demographics
  – Age
    • Mean 58.4, Range 28-85
  – Gender
    • Equal Distribution
  – Education
    • 10 - some college, 2 Masters
    • 2 did not graduate from high school
  – Surgical Procedures Varied

• Interviews (10 minute Average)
  – 356 Codes, 15 Categories, 3 Themes

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Themes

• **It depends on how sick I am**
  – “I just think it would be better for all parties...so that way everybody knows what’s going on and the patient is not left in the dark”
  – “That’s their problem”

• Facilitators and Barriers
  – Handoff viewed as “belonging” to nurses
  – Explicit questions or invitation for patient to participate
  – “Depends” on patients condition
    • Sleeping, how often they are being awakened
    • How well they feel – pain, post op status, chemo

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Themes

• *I want to know everything*
  
  – “This is my body and I want to be aware of what’s going on. It might not be easy but it’s something I feel I should know. That way I can prepare myself...If I didn’t know some of that information, I’d be going home alone and I probably wouldn’t make it...”

• **Tools**
  
  – Notebooks and whiteboards
  – Family or Friends

• **Include discharge planning in handoff**
  
  – Plan for the future – cope with the present.

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Questions for Providers

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Medications and Condition

July 26

1. Oxy Codone 50
2. Vicodin 10
3. Daily Metronidazole

7/31

1. Oxy Codone 40
2. Vicodin
3. Oxy Codone 40

Beginnings of pain daily

Oxycodone 15 mg needed

Daycare to look over everything

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White Boards

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Themes

• **My life is in their hands**
  – “You just kind of put your life into their hands and say, Here I am, take care of me while you’re here.”

• Autocratic hospital environment
  – “Good patient” – non negotiable behaviors

• Feelings of vulnerability
  – Dependence on caregivers

• Lack of familiarity with hospital processes
  – Surprise that providers kept track of how often he walked, sat in the chair or used the toilet
  – Surprise that providers were available around the clock

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Discussion

• Limitations

• Future Directions
  – Develop and evaluate patient-centered content and processes to support handoffs.
  – Identify requirements for appropriate tools to support shared handoffs and patient/provider collaboration.

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References


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Publications


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Questions?

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