

Standardizing ED-to-Inpatient Handoff Using an SBAR and Chat Tool to Improve Bed Flow

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Introduction and Background

- Ineffective handoff communication contributes to delays in patient throughput and dissatisfaction among nursing staff.
- Variability in ED-to-inpatient report processes led to inconsistent information exchanged.
- A standardized SBAR-based EHR section, and EPIC chats, were implemented to improve efficiency and clarity during patient transfers.

Purpose

- To standardize ED-to-Inpatient handoff communication using an SBAR tool.
- To use the EPIC group chat function allows for notification of admission.
- To reduce time from bed ready to bed occupied
- To improve nursing workflow and clarity of report

Interventions

- Implementation of SBAR and chat tool within EPIC for the ED –to-Inpatient handoff.
- Define clear role expectations:
 - ED nurse completes “Sending unit” check list and documents that the SBAR tool is up-to-date.
 - Inpatient nurse reviews the chart and documents readiness to receive
- SBAR tool tailored for:
 - Medical-surgical and Telemetry admissions
 - Psychiatric admissions
- Education provided prior to go-live with tip sheets and follow-up training.

Your unit has been assigned a transfer/admission from the ED, the following should occur simultaneously:

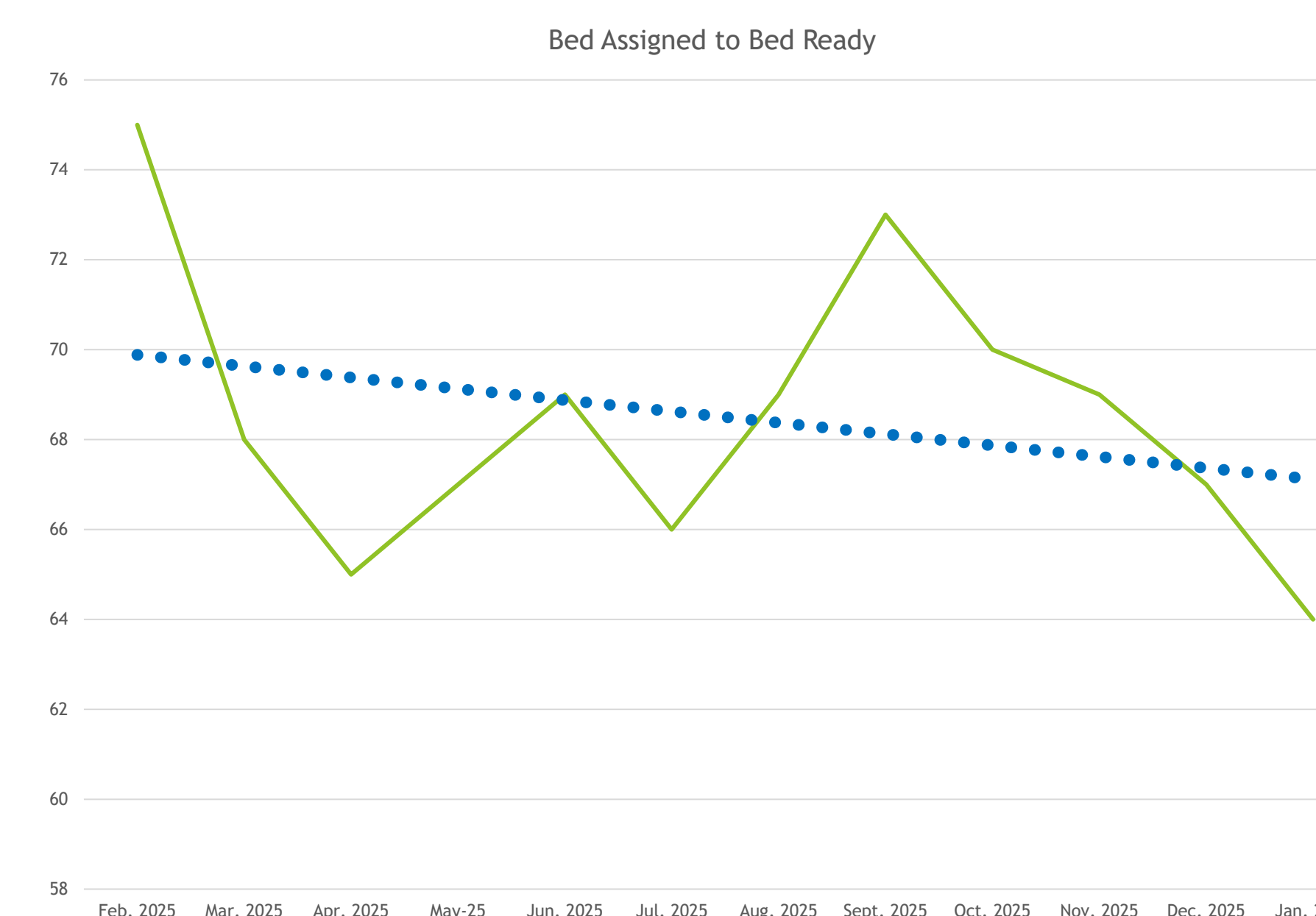
Sending Unit has 10 minutes to do the following:
- Reassess and document vital signs/address abnormal vitals
- Send legal documents for Behavioral Health
- Patient clean and dry
- Medication pass up-to-date (Per policy if meds are available)
- Document ED to IP Handoff in EPIC, complete/brief narrative
- Document and secure belongings where appropriate
- Place transport request after unit has accepted report

Receiving Unit has 30 minutes to accept patient:
- Verify accountable nurse receiving next admission prior to bed assignment
- Review Handoff Report and SBAR
- Contact sending unit with clarifying questions/discuss delays with sending unit
- Document IP to ED Handoff in EPIC when you are ready to receive the patient, and in chat

Now

Results

- Average time from bed ready to bed occupied
 - Prior to SBAR/chat tool: 76 minute median
 - With the SBAR/chat tool: 64 minute median
- Net improvement: 12 minute median reduction



Implications

- Standardized SBAR handoff improved efficiency without requiring verbal report in most cases.
- Allowed nurses to review information asynchronously while maintaining accountability.
- SBAR customization supported specialty needs, including psychiatric admissions.
- Reduced interruptions and improved clarity of patient readiness

Conclusion

- SBAR chat handoff supported faster patient movement.
- Standardization improved consistency and nurse expectations.
- Electronic handoff tools can enhance throughput when paired with clear role delineation.

Next Steps for Sustainability

- Frontline and Nursing Leadership Engagement
- Continued cadence of in person meetings
- Continued updating of process when necessary
- Continued monitoring and reporting of data to respective units

Reference

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