To strengthen communication, Northwest Community Hospital (NCH), Arlington Heights, Ill, has developed a handoff method based on Kaiser Permanente’s model, SBAR (Situation, Background, Assessment, and Recommendation).

The method, termed SHARED, involves these steps:

**S**—Situation

**H**—History

**A**—Assessment

**R**—Request

**E**—Evaluate

**D**—Document.

The goal is for nurses to share the same information in the same order when transferring care of patients.

**Staff input is key**

The surgical services shared governance staff leadership council at NCH has used the SHARED model to create a communication tool for handoffs as part of its effort to improve interdepartmental communication (form, p 16).

“It was helpful for us to have our shared governance council involved in creation of this tool because the staff perceived it as an extension of their own ideas rather than just another form to fill out,” says NCH’s director of surgical services, Judith Knupp, RN, MA.

The entire council had input into the tool, and input was gathered from other staff as well, notes Jill Moscato, RN, APN, OR advanced practice nurse.

Important to acceptance, along with staff input and buy-in, was having nurses and other staff members explain the tool to each other, rather than just putting the form on the chart, says Knupp.

Filling out the SHARED tool is not the same as documenting in a chart. “The SHARED report is simply a work sheet to help the staff organize their report to other caregivers and not a permanent part of the patient’s record,” she emphasizes. The report is discarded at the end of the patient’s surgical experience.

“It’s important to understand that we don’t separate each part of this report to a certain surgical department—nurses in each department fill out as much as possible,” she adds. “The purpose is to communicate information that is significant or of interest about the patient and share a unified report.”

**Sharing information**

Use of the SHARED report begins when the patient enters the system.

Most surgical patients are first seen in the preadmission testing area 5 to 7 days prior to the day of surgery. Nurses begin the SHARED report, filling in as much as they can. They circle specific orders from the physician’s order sheet that need to be completed in the surgical prep area (SPA), such as giving antibiotics and removing hair.

“For example, we don’t write in the type and dosage of antibiotic; we just circle ‘antibiotic,’” explains Rhonda Lane, RN, BSN, coordinator of the presurgical area.

“This circle is a prompt for the SPA nurse to make sure the antibiotic is received from the pharmacy and placed at the patient’s bedside.”

The SPA nurses complete the History, Assessment, and Request sections of the form so this information is available for report when the patient is handed off to OR personnel. The Evaluate section is a prompt for nurses participating in handoffs to
## SHARED Report — Surgical Patient

### S Situation
Hello, this is ____________________________RN
from __________________ (unit) Ext __________
I am calling to give report on: ________________________________________________
Age _____ Sex _____ Language ___________________ Doctor ___________________

### H History
**Diagnosis:**
Admitting: ____________________________ Current: ____________________________
Meds: ____________________________________________________

**Allergies:** __________________________________________________________

**History:**
Medical/psych/soc ____________________________
Isolation:  yes  no  Type: __________________ Site: __________________
Recent: Narcotics ________________________________________________
Antibiotics __________________________________________________
Treatments/procedures ____________________________________________

**Last oral intake:**

**H & P on chart:**  yes  no  Preop health history completed:  yes  no  n/a
Consent signed:  yes  no  Power of Attorney or Surrogate Form on chart:  yes  no  n/a

### A Assess
**Vitals:**
T____  P____  R____  BP____  SAO2____
Ht____  Wt____

**Neuro:** Mental status: __________________

**Resp:** ______________________

**Cardiovascular:**

**Skin:** Dressing: __________________

**Renal/fluids:**
IV: Solution____ Site______ Gauge________
Blood products________________________
Foley________________________

**Pain:** __________________/10  Location __________________

**Abnormal labs:** __________________

**Pregnancy test:** __________________ (menstruating females)

**Dentures/jewelry/underclothes removed:**  yes  no

### R Request
**Surgical Prep Area (SPA) needs:**
- Test results________________________ From________________________
- Anesthesia interview  Consent
- Old chart  Requested  Received

**SPA orders:**
- TEDs knee/thigh  Size ______  SCD knee/thigh
- Incentive spirometry  AV impulse  Ace wrap
- Antibiotic  Hair removal  Nutrition evaluation
- Blood sugar

**Labs**
Other________________________________________

### E Evaluate
Do you need any other information?

### D Document
Report given to **_________________________** RN.  **Document on the patient record.

*This form is not part of the medical record.*

Source: Northwest Community Hospital, Arlington Heights, Ill.
ask nurses receiving the patient whether they need more information. All nurses participating in handoffs sign the Document section.

**ER involvement**

Surgical services is involving the emergency room in the SHARED report.

“We are in the beginning stages of implementing it in the ER, but the idea is that when a patient presents in the ER who needs surgery, the SHARED report will be filled in as much as possible by the ER nurse. The report will then be faxed to all 3 surgical areas—the SPA, OR, and PACU,” notes OR clinical coordinator, Karen Reynolds, RN.

That way, all 3 areas will get the information early so they can prepare for the patient, and information can be given immediately to the anesthesiologist. The ER nurse will give the final handoff report by phone to either the SPA or OR nurse, depending on the time of admission and the urgency of surgery. Then a transporter will take the patient from the ER to surgery.

**PACU prompts**

When a patient is transferred to the PACU, the OR/PACU section on the form guides the OR nurse to give a precise, organized report to the PACU nurse, says Maggie Luber, RN, manager of PACU.

The PACU Orders section is often started by the SPA nurse because many internists and cardiologists, for example, leave postoperative orders in the chart to be started immediately after arriving in the PACU, notes Luber.

When an inpatient leaves the PACU for the surgical unit, the PACU nurse uses the SHARED tool when calling the unit. The PACU is working with unit nurses to expand the report to include information they need that isn’t presently on it.

The SHARED report is a comprehensive, concise way to see patient information on one page.

—Judith M. Mathias, RN, MA

**Reference**