Implementing Nursing Bedside Handover

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Research Aims

To describe bedside handover in nursing in terms of:

1. Structures;
2. Processes; and
3. Outcomes.

Expected Outcome

Development of a toolkit of standard operating protocols (SOPs) that can be used by wards wanting to implement bedside handover.
Method

Research Design:

- Case study with nested ‘cases’ at each site (i.e. each ward).

Sample:

- 6 wards in 2 Australian hospitals (Qld and WA)

Data Collection:

- Observation of bedside handover for 5 days in each ward
- In-depth interviews with various nursing staff
- Clinical indicator data 16 months prior to and 16 months after bedside handover implemented.
Data Analysis:
- Descriptive statistics (SPSS)
- Thematic content analysis
- Statistical process control charts (U chart)

Ethics Approval:
- Two universities and two hospitals approved this study
- Consent was obtained from all participants
Results

- 532 bedside handovers were observed
- Average length of handover 1 minute 16 seconds (±45 sec)
- 34 in-depth interviews were conducted
Overview of Results

**Structures**
1. Staff
2. Patients
3. Handover sheet
4. Bedside chart

**Processes**
1. Prior to handover
2. During handover
   - Content
   - Safety scan
   - Confidentiality
3. After handover

**Outcomes**
1. Staff
2. Patients
3. Clinical indicators
SOP Overview

1. Preparation
2. Introduction
3. Information Exchange
4. Patient Involvement
5. Safety Scan
5. Next Patient
1. Preparation

- Unit related handover
- Patient allocation
- Update handover sheet
- Inform patients
- Request visitors other than family to leave

Ensure

- Patient is comfortable to proceed
- Family are present with patient’s consent
- Privacy is secured
2. Introduction
- Outgoing staff greet patient
- Outgoing staff introduces oncoming staff to patient

Convene Participants
- Outgoing team leader
- Incoming shift
- Patient and family
- Shift co-ordinator
3. Information Exchange

- Clinical condition
- Tests, procedures
- ADL assistance
- Discharge planning
- Queries from oncoming staff

Acronyms to Prompt Information Sharing

- SBAR
- ISOBAR (Identify staff, situation & status, observations, background, accountability, risk management)
4. Patient Involvement

- Ask patients if they have questions or comments
- Invite patient to confirm or clarify information

Confidentiality

- Sensitive information is shared in a private location
- Sensitive information may be recorded on the handover sheet
5. Safety Scan

- Patient
- Environment
- Medication record
- Bedside chart

Final Question

- Patient
- Staff
**UNFREEZING**

1. Establish a sense of urgency
   - Anchor changes within the work culture through orientation, continuing education, performance competencies, and hospital policy.
   - Identify patient centred evidence for change and management efficiencies.
   - Recruit enthusiastic leaders and champions to lead the change.
   - Communicate an enthusiasm for the vision of bedside handover using leaders and champions.
   - Communicate the change through multiple channels, ie: newsletters, displays, artworks, education sessions, practice guidelines.

2. Create a powerful guiding coalition
   - Plan for short term wins and rewards.
   - Change or modify structures to ensure success, ie: rosters, shift times, patient/nurse allocation, handover sheets.
   - Remove obstacles to change, encouraging risk taking and creativity.

3. Share the vision for outcomes of change
   - Implement accessible and continuous evaluation and feedback processes.
   - Re-evaluate the process, address individual concerns and feedback results through ongoing changes to the handover process.
   - Communicate the change through multiple channels, ie: newsletters, displays, artworks, education sessions, practice guidelines.

4. Communicate the vision to energise renewal
   - Anchor changes within the work culture through orientation, continuing education, performance competencies, and hospital policy.
   - Ensure sustainability, reinvigorating with new changes.
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- Implement accessible and continuous evaluation and feedback processes
7. Ensure sustainability reinvigorating with new changes

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8. Anchor changes within the work culture

- Anchor changes within the work culture through orientation, continuing education, performance competencies, and hospital policy
Implementation Issues

- Move to bedside handover must be driven by need to improve handover.

- Buy-in from staff is required.

- Change management process is crucial:

- Explicit encouragement of patient involvement is needed.

- Numerous start times make implementation difficult.
Group Work

- Current issues related to nursing handover (in your organisation)
- Barriers to adapting bedside handover in your organisation
- Opportunities for adopting bedside handover
- Indicators of success
Conclusion

1. Bedside handover can improve content accuracy, and provides staff with learning opportunities.

2. Including patients in the handover acts as another safety mechanism in addition to the ‘safety scan’.

3. Bedside handover can be successfully implemented if a structured approach to change is adopted.

4. Two drivers are needed for a change to bedside handover; top-down and bottom-up; One without the other increases the difficulty of successful adoption.