The role of ‘end-of-shift’ verbal handover

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The ALFRED
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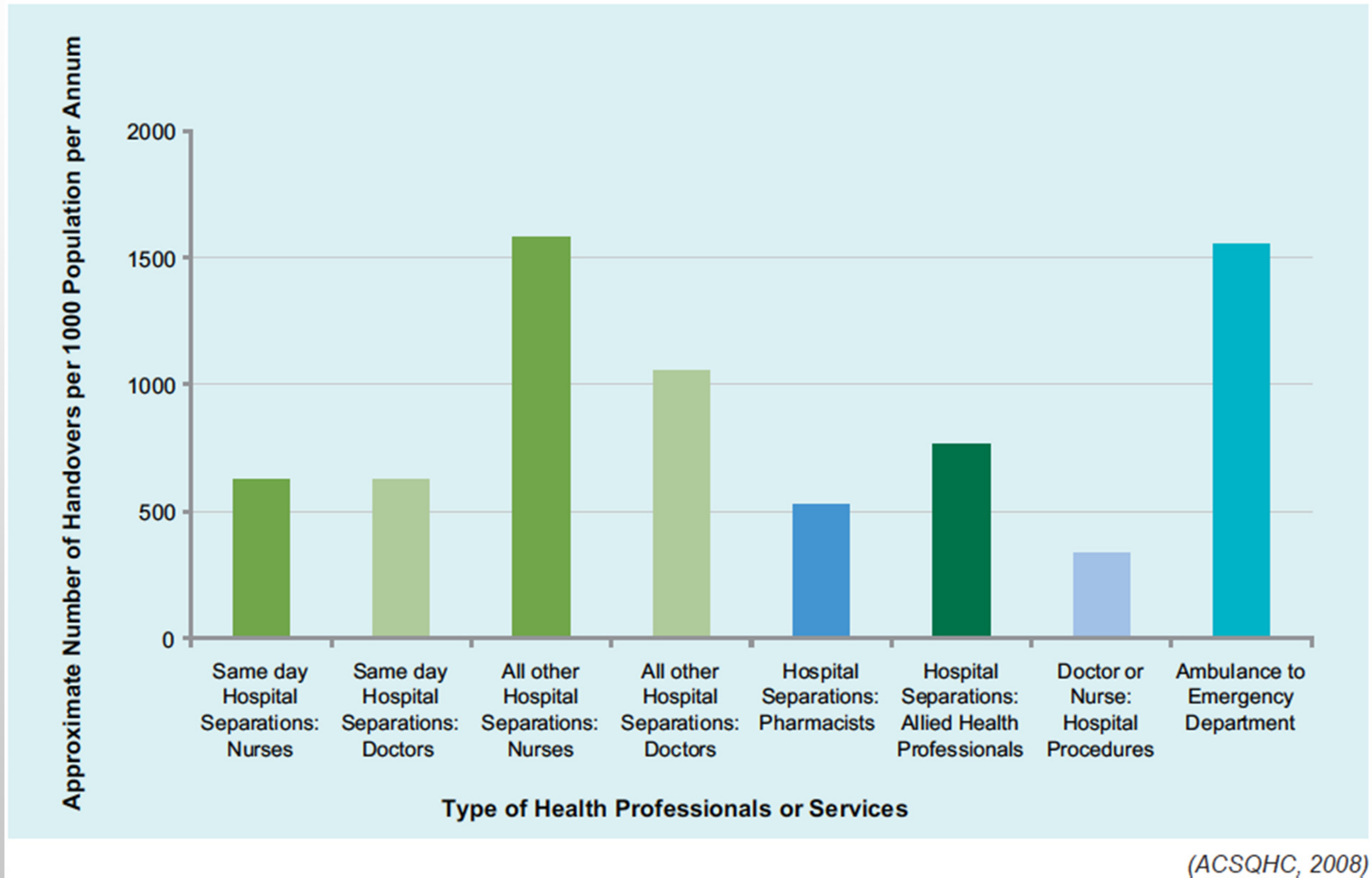


Australian Commission on Safety and Quality in Health Care. (2008). Windows into safety and quality in health care. Sydney: ACSQHC.

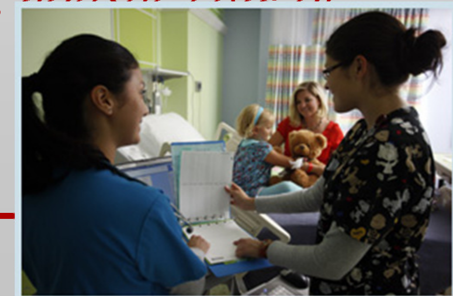
Background

"the process of passing patient-specific information from one caregiver to another ....for the purpose of ensuring patient care continuity and safety" – (WHO & JCI, 2007)

- Verbal handover – formal 'end-of-shift' transfer of information
- Necessary ritual to aide continuity of care (McMurray, et al, 2010)
- Communication is the major reason for handover (Wong, et al, 2008)

"a system of nurse-to-nurse communication between shift changes intended to transfer essential information for safe, holistic care of patients"- (Riegel, 2005)

- Transfer of up-to-date information (ACSHQC, 2011)



http://nadiaperetti.girlshopes.com/changeofshiftnursingreport/

The context

The Australian Context

Processes are highly variable and may be unreliable (ACSQHC, 2011)

Correlation between breakdown in communication and adverse outcomes (O'Connell, et al, 2008)

Ineffective handovers can lead to wrong treatment (ACSQHC, 2011)

The International Context

- European study: nurses dissatisfaction with handover secondary to many interruptions (Meisner, et al, 2007)

American study:

•*Barriers* included variation in information delivered, inconsistent quality, interruptions (Welsh, et al, 2010).

American study:

•*Facilitators* included transfer of 'pertinent' information, face-to-face handovers was a preferred handover style, structured form of reporting using checklists (Welsh, et al, 2010)

The Literature

- Symbolises transfer of responsibility
- Provides focus and direction (Wilson, 2007)
- Continuity of care (Calleja, et al, 2010)
- Essential component of safety culture (Bomba & Prakash, 2005)
- Handover vulnerable to communication failure (Riesenberg, et al, 2010)
- High risk area for patient safety (ACSQHC, 2011)

http://wikieducator.org/images/thumb/b/b9/HandoverNurse.jpg/150px-HandoverNurse.jpg

- The role of verbal handover
- The nursing perspective
- Acute care nurses- both medical and surgical
- Research vs. Current practices
- Verbal handover and patient care requirements

Research Question

- ***What is the role of the nursing 'end of shift' verbal handover in the contemporary setting for nurses on an acute ward?***

  - What is the role of the "end of shift" verbal handover for the nurse in providing continuity of care for their patient in an acute setting?

  - What information do nurses perceive as necessary to be included in the "end of shift" clinical handover to provide continuity of care for their patients?

  - Where do nurses obtain the most relevant information to guide and deliver their care for the patient?

Research Method

- Grounded theory
  - Original theorists- Glaser & Strauss (Courtney, 2005)
  - Theory is ‘grounded’ in the data
  - Variation in concepts and supports discovery of new ideas
  - Makes links between categories and properties
  - Not like other methodologies to test a hypothesis
- Strauss & Corbin (1998) methodology
  - Formation of a theoretical perspective
- Symbolic interactionism
  - ‘which focuses on the manner in which people make sense of social interactions and the interpretations they attach to social symbols’ (Polit & Beck 2006, 222)
- Theory about human behaviour and is concerned with the meanings of events to people

Research setting

Location:

- Major tertiary hospital
- 4 clinical areas- 2 medical & 2 surgical

Ethics approval was attained from

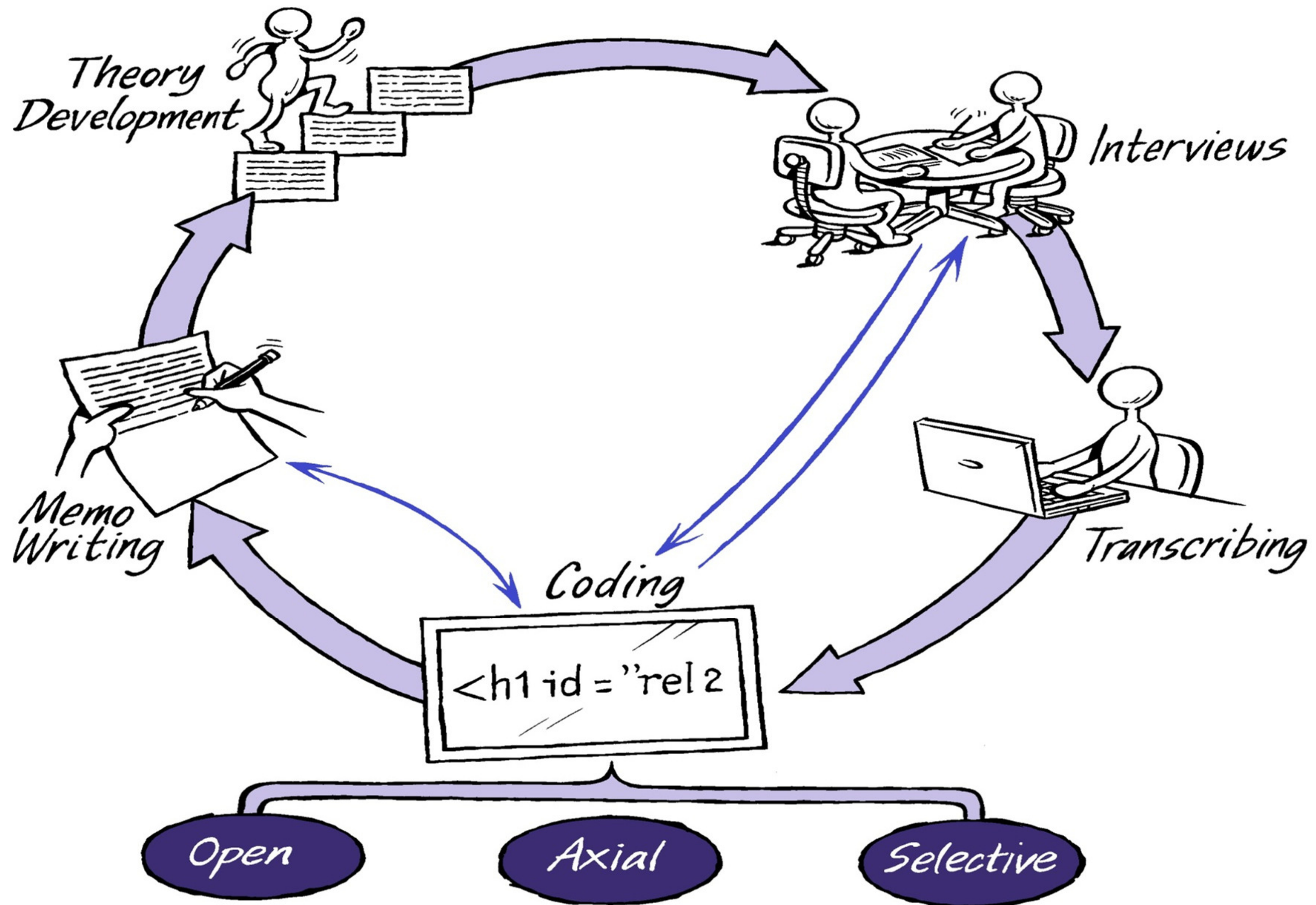
- The Alfred Health Research Committee
- The RMIT CHEAN Research committee

Participants:

- Registered nurses 18years and over
- Nurses exposed to different types and styles of handover
- Nurses with varied experience
- Purposive sampling was adopted

- Data collection
  - Focus group interviews
  - Minimum of 2 focus groups of 4-6 people
  - Demographic data was collected prior to the interview
    - 43 nurses participated
    - 83% female
    - 90% of nurses held a Bachelor in Nursing
  - Intensive interviewing using open-ended questions
  - Interviews were audiotaped

The process



- Credibility- accuracy of information
- Data saturation
- Conformability
- Auditability and dependability

Themes

Professional roles of nursing

Scope of practice

Relevance of information

Timeliness

Communication

Duty of care

Mode of handover

The need to feel prepared

Communication

- To get to know their patients
- Highlight patient needs

Well you know from handover, what patients you need to prioritise straightaway. So you have a clear idea in your mind who you need to sort out

- Passing it on

I want to know that (the oncoming nurse) has understood everything, that I haven't forgotten anything…. that my patient is going to receive good care…

- Continuity of care

knowing that the (previous nurse) worked with them for long… (their) approach to the patient allows them to get the best response from that patient

Communication

- Direction for shift

And from handover you will know how many times to you need to check in on your patients, if they are unwell then you need to check on them as frequently as you can…

- Clarification or verification of care

Yeah. It is like checking things, I guess things like strokes for example, the GCS can sort of be a bit subjective – so it is good to clarify it during the handover period – the two nurses together could sort of clarify any concerns from the morning with the patient.

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Mode of handover

- Verbal
  - patient involvement

Gives me a bit of a connection to the patient when I hear it from my buddy during handover rather than reading stuff and then going and seeing the patient.

  - ability to add more detail

I think it gives more context to what you are discussing... things can get miscommunicated in the notes, but if you are verbally handing over you can clarify them better

  - time effective

You could be more descriptive I think in your verbal handover, it is sort of quicker

  - know where you are at

I just want to know what their issues are at the moment– what I am meant to be doing for that shift

Mode of handover

- Documentation
  - physical and visual

You are double discussing it when it is physically there for the nurse to look at.

  - discusses only key issues

It may be misinterpreted… when you are writing patient is aggressive… All you know he may be upset today at the Doctor saying he's got cancer and you are a bit more understanding rather than you reading patient is aggressive because that could be misinterpreted.

  - patient experience not captured

I think when you are saying personal discussions with patients, things like mood if someone has a low mood or experience, people write that in the notes but you could give more context to why a person is upset

  - room for error

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Relevance of information

- Relevant vs. Irrelevant

Past medical history – but things that applies to this admission – not necessarily something that has happened 20 years ago like a broken toe

Relevant information	Irrelevant information
Identification	Subjective opinions
Emergency call such as MET calls	Past procedures not pertinent to current care
Resuscitation-status	Resolved issues
Changes in assessment	
Medical history that relates to current admission	
Tests performed	
Tasks to be followed up (screening sheets, washes, dressing changes)	

Relevance of information

- Systematic

We start with our INAT (Initial Nursing Assessment Tool) –runs through the situation, a background - a relevant medical history… relevant diagnostic tests… assessment on the patient... run through the charts so it is systematic handover finishing with the medications at the end which is your whole assessment tool and finishing at the end is a plan.

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Professional roles of nursing

- Assessment
- Management

when you are checking the charts you can say if you have given the warfarin or not, that BP was low – its a way of checking to make sure the person before hand has done or what clearly hasn't been done or that dressing still needs to be done – its making it very clear what the next person needs to do

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- Professional roles of nursing

You are no longer going to be the primary person caring for the patient. As one of the main (Australian Healthcare National) standards… you ensure that accountability and responsibility needs to be transferred, you need to equip them as best as you can

- Caring for the patient

And from handover you will know how many times to you need to check in on you patients, if they are unwell then you need to check on them as frequently as you can…

- Continuity of nursing

in terms of nursing we kind of look at it in a broader perspective like holistically…

… Because we need to co-ordinate those things with other disciplines

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Timeliness

- Awareness of time

go through the priorities and the plan because time is of essence sometimes

- Time management

We often don't have time to go through the notes… you find its more time efficient to get it during handover

- Nursing capacity and ability

Just being aware of your time - you're basically drawing out your plan – when you should be slotting care into your day – when you are available to do these things.

Professional roles of nursing

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Mode of handover

Scope of practice

The need to feel prepared

Scope of practice

- Experience vs. Confidence

I think it depends on the level of experience – for sure, I would say because I don't really care about their past history I think is irrelevant – I need to just know why they came into hospital

- Knowledge and expectations

lets you know if certain things like they've had epidurals, that you are not accredited for and things

before you can pick them up if they are on BiPAP… if you aren't comfortable then you can let the charge nurse know actually I might need a bit of help can you run through this set up with me – I think it is important

new drugs or toxic drugs you've noticed – you need to make sure – just helps you plan your shift as well for certain things that you need assistance with – especially for us new grads helps to handover.

- Policies and procedures

Significance of results

The theory:

Nurses feel the need to be PREPARED in order to know and care for their patient which in turn identifies the role of 'end of shift' verbal handover

- No pilot study
- Restricted nursing availability
- Purposive representation of nurses
- Inability to verify data

- Results reinforce the impact of communication and its conjunctive factors
- Tools to aid in the communication such as electronic pre-printed handover sheets are considered beneficial.
- Local areas could customize the handover to suit their cliental and develop a process to ensure that the information provided is up-to-date.
- Research into supporting local management to standardize handover practices is indicated

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