EXAMINATION OF CURRENT HANDOVER PRACTICE: EVIDENCE TO SUPPORT CHANGING THE RITUAL

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TRADITIONAL HANDOVER

• Nursing handover originated from the medical model
  • Ritual
  • Little attention is paid to nursing needs

• Hidden benefits
  • an opportunity for discussing opinions & expressing feelings
  • sharing value systems
  • teaching and learning

• But, there is discontent among nurses engaged in the practice
PROBLEMS

• Meissner A et al, 2007
  - 22,902 nurses in 10 European countries
  - frequency of disturbances & inadequate time

• Davies & Priestly, 2006
  - lengthy period of time
  - transfer of non-essential, subjective and irrelevant information
  - inaccuracy
  - lack of referral to patient documentation
  - ‘trivial’ conversation
  - ‘retrospective’ rather than ‘prospective’ information
PROBLEMS

  - duration of handover
  - subjectivity and repetitiveness of information
  - handing over of information by someone other than the nurse

- Sexton et al, 2004
  - majority of information translated could be located within existing documents
STRATEGIES

- Standardized approach
- Handover guidelines
- Evidence-based guidelines
  - minimum level of information required
  - method for transferring the information
- Education in team training and communication
- Good role modelling
OSSIE Guide to Clinical Handover Improvement

O = Organisational leadership
S = Simple solution development
S = Stakeholder engagement
I = Implementation
E = Evaluation and maintenance

AUSTRALIAN COMMISSION ON
SAFETY AND QUALITY IN HEALTHCARE

VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA
STUDY AIM

- Describe current handover practices for one organisation
- Explore nurses’ opinions about the quality of nursing handover in their respective wards.
SETTING

- Western Health
  - Western Hospital
  - Williamstown Hospital
  - Sunshine Hospital
- Catchment with a population at 650,000 (Growth - 4% annum)
- Various services
  - Acute Medical & Surgical
  - Women's and Children's
- In a typical day,
  - treats 324 patients in three EDs
  - welcomes 10 babies
  - discharges 260 patients
METHODS

• Ethics panel approval
  • Information sheet
  • Voluntary consent
  • Anonymous

• Inclusion criteria
  • All clinical wards (n=23) over a 6-week period
  • February to March 2010
  • All nurses (Division 1 & 2) working the pm shift
  • Permanent and casual staff

• Exclusion criteria
  • Emergency, critical care, theatre and outpatient care wards
METHODS

• Survey
  • Modified Clinical Handover Staff Survey (O’Connell et al 2008)
  • Expert review and modification
  • 3 sections
    • Demographic data
    • Current style of handover – current method, preference of style and delivery, alternative style
    • Opinions about quality of handover: 7-point Likert-Type scale

• Observation
  • Duration
  • Location
  • Delivery

• Analysis
  • Descriptive statistics
Survey Questions

- I am able to clarify information that was provided to me.
- I was able to keep my mind focussed on the information being given to me.
- The way in which information was provided to me was easy to follow.
- The information I received was up-to-date.
- I have been provided with sufficient information about patients in my care.
- I had the opportunity to ask questions about things I did not understand.
- I have been provided with adequate information about all patients in the ward.
- I had the opportunity to discuss confidential patient information.
Survey Questions

• I could obtain the handover information from the patient’s chart.
• The information that I received was subjective.
• I had to contact the nurse caring for my patients (or NIC) of the previous shift for information about my patients.
• Handover was often interrupted by patients, their significant others or other staff.
• I was able to check the patient during handover.
• I was given information during handover that was not relevant to patient care.
• I think that afternoon handover takes too long.
• The patient(s) contributed or had input into handover discussions.
• I feel that important information was not given to me.
# Demographic Data

<table>
<thead>
<tr>
<th>Registered nurse duration (Years)</th>
<th>Mean</th>
<th>Median</th>
<th>Range</th>
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<td>Mean</td>
<td>11.9</td>
<td>9.0</td>
<td>1 to 40</td>
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<tr>
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<td>Range</td>
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<table>
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<td>1 to 30</td>
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<tr>
<td>Median</td>
<td></td>
<td>3.0</td>
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<tr>
<td>Range</td>
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<td>1 to 30</td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>%</th>
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<tr>
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<td>89.5</td>
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<td>Male</td>
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<td>10.5</td>
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<table>
<thead>
<tr>
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<tr>
<td>GNP</td>
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<td>23.5</td>
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<td>EN</td>
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<td>ANUM</td>
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<td>Full time</td>
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<td>Bank</td>
<td>22</td>
<td>14.4</td>
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<tr>
<td>Graduate nurse program</td>
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<td>5.9</td>
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<tr>
<td>Agency</td>
<td>3</td>
<td>2.0</td>
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## Preferences for handover

### How information is transferred during afternoon handover
- **Verbal and written**: 104 (68.0%)
- **Verbal**: 46 (30.1%)
- **Taped**: 2 (1.3%)
- **Written**: 1 (0.6%)

### Who provides afternoon handover
- **Nurse in charge**: 63 (41.2%)
- **Nurse caring for the patient**: 58 (37.9%)
- **Both**: 32 (20.9%)

### Where handover is conducted
- **Staff Room**: 103 (67.3%)
- **Staff Room & Nurses Station**: 23 (15.0%)
- **Bedside**: 17 (11.1%)
- **Nurses Station**: 10 (6.5%)

### Would you like the style of handover To change
- **No change**: 125 (81.7%)
- **Group**: 13 (8.5%)
- **Group and individual**: 5 (3.3%)
- **Bedside**: 4 (2.6%)
- **Not specific**: 4 (2.6%)
- **Individual**: 2 (1.3%)
Perceptions about nursing handover

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>I am able to clarify information that was provided to me.</td>
<td>5</td>
<td>3.3</td>
<td>144</td>
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<tr>
<td>I was able to keep my mind focussed on the information being given to me.</td>
<td>8</td>
<td>5.2</td>
<td>141</td>
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<tr>
<td>The way in which information was provided to me was easy to follow.</td>
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<td>5.9</td>
<td>140</td>
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<tr>
<td>The information I received was up-to-date.</td>
<td>8</td>
<td>5.2</td>
<td>140</td>
</tr>
<tr>
<td>I have been provided with sufficient information about patients in my care.</td>
<td>10</td>
<td>6.5</td>
<td>139</td>
</tr>
<tr>
<td>I had the opportunity to ask questions about things I did not understand.</td>
<td>8</td>
<td>5.2</td>
<td>137</td>
</tr>
<tr>
<td>I have been provided with adequate information about all patients in the ward.</td>
<td>18</td>
<td>11.8</td>
<td>124</td>
</tr>
</tbody>
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Perceptions about nursing handover

<table>
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<tr>
<th>Survey Question</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had the opportunity to discuss confidential or private patient information</td>
<td>15</td>
<td>22</td>
<td>116</td>
</tr>
<tr>
<td>I could obtain the handover information from the patient’s chart.</td>
<td>48</td>
<td>10</td>
<td>95</td>
</tr>
<tr>
<td>The information that I received was subjective.</td>
<td>30</td>
<td>36</td>
<td>87</td>
</tr>
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## Perceptions about nursing handover

<table>
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<td>I had to contact the nurse caring for my patients (or NIC) of the previous shift for information about my patients.</td>
<td>72 47.1</td>
<td>22 14.4</td>
<td>59 38.6</td>
</tr>
<tr>
<td>Handover was often interrupted by patients, their significant others or other staff.</td>
<td>96 62.7</td>
<td>8  5.2</td>
<td>49 32.0</td>
</tr>
<tr>
<td>I was able to check the patient during handover.</td>
<td>94 62.7</td>
<td>14  9.2</td>
<td>45 29.4</td>
</tr>
<tr>
<td>I was given information during handover that was not relevant to patient care.</td>
<td>97 63.4</td>
<td>14  9.2</td>
<td>42 27.5</td>
</tr>
<tr>
<td>The patient(s) contributed or had input into handover discussions.</td>
<td>103 67.3</td>
<td>19 12.4</td>
<td>31 20.3</td>
</tr>
<tr>
<td>I feel that important information was not given to me.</td>
<td>109 71.2</td>
<td>16 10.5</td>
<td>28 18.3</td>
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Handover duration

- Handover was completed in 36.3 minutes (mean)
  - range: 20-55 minutes
- Only one ward (4.3%) conducted bedside handover
  - duration: 20 minutes
Summary

- 96% wards conducting ‘traditional’ style of handover
- Various locations throughout ward environment
- Mixed preferences for:
  - Style of handover
  - Person conducting handover
- Concerns about:
  - Subjectivity
  - Missing information
  - Interruptions
  - Lack of relevance
  - Time ineffectiveness
  - Lack of patient involvement
- Reluctance to change handover style (82%)
Limitations

• Closed ended survey
  • why are nurses reluctant to change handover style?
• Nurses on afternoon shift only
• One shift only per ward
Future direction

• Bedside handover project (August 2010, August 2011)
  • 3 wards – medical, surgical and maternity
  • 8 week project management
  • Before & after study evaluating improvements in nursing care and documentation after the introduction of handover ‘at the bedside’
  • Manuscript in preparation

• Opinions of patients and nurses about bedside handover (July 11)
  • Semi-structured interview with 30 nurses & 30 patients
Future direction

• ED Handover (in progress)
  • Focus groups – features of ‘good’ and ‘bad’ handover, essential elements
  • Survey and audit
  • Before and after study after introduction of a new structured handover model
  • Preliminary data (reluctance to change despite lack of information, repetitiveness, ‘poor’ documentation)
• Organisational ‘On-line’ handover Guidelines
Conclusion

- Handover is time consuming, varied in style and lacks patient involvement.
- Resistance could be a significant issue if alternative handover style is introduced.
- Need evidence to show
  - Nurse acceptability
  - Patient acceptability
  - Improvement in nursing care and documentation
<table>
<thead>
<tr>
<th><strong>NAME</strong></th>
<th>Dr Debra Kerr</th>
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<tbody>
<tr>
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<td>+61 3 9919 2053</td>
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<tr>
<td><strong>EMAIL</strong></td>
<td><a href="mailto:deb.kerr@vu.edu.au">deb.kerr@vu.edu.au</a></td>
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