Enhancing patient-centred care: Perspectives of nurses & midwives regarding shift-to-shift bedside handover.
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Acknowledgements

- Data collection
  - Leanne Rhodes
- Project Management
  - Nurses and Midwives
  - Project Leads – Caroline Barker, Leanne Rhodes, Karen Burdett
  - Nurse Unit Managers – Jenni Tenne, Carla McCarthy, Justine Mizen
- Victoria University Internal Grant
Significance:

• WH nursing survey in 2010 (n=153)
• Described handover practices & explored opinions about current shift-to-shift handover

Findings:
• Existing handover is time consuming
• Lacks patient involvement & essential information
• Varied in style
• Bedside handover in 1 ward (4.3%)
• 82% did not want to change current handover style
• Modification of existing nursing handover is needed
• Resistance to change
Background

- Traditionally, nurses conduct handover in a ‘Group’ format, often in a room away from the clinical area.
- Recently, Bedside Handover (BHO) has been shown to:
  - Promote patient-focused care (Chaboyer et al 2010 Int J Nurs Prac)
  - Improve accuracy (Chaboyer et al 2010 Int J Nurs Prac)
  - Enhance service delivery (Chaboyer et al 2010 Int J Nurs Prac)
  - Increase staff & patient satisfaction (Anderson & Mangino 2006 Nurs Adm Q)
Informed by the ‘OSSIE Guide to Clinical Handover Improvement’ (Australian Commission on Safety and Quality in Healthcare)

Bedside Handover introduced in 3 acute clinical wards

August 2010

5-step approach

1) Stakeholder engagement,
2) Simple solution development,
3) Organisational leadership,
4) Implementation, and
5) Evaluation.
- **Aim**
  - To investigate the opinions of professional caregivers (nurses & midwives) about BHO; in particular risks, benefits & limitations

- **Significance**
  - Evidence of benefits and limitations of BHO from the professional caregivers’ perspective is lacking, in particular in the maternity setting
Setting

- Western Health – Western Suburbs, Melbourne, Victoria
- Acute Tertiary Adult and Paediatric Healthcare Organisation
- 3 Acute Hospital Campuses, 2 Aged Care Centres
- 23 Wards - Medical, Surgical, Paediatric, Maternity, Aged Services
Method

- Methodology
  - Interpretative Phenomenological Analysis (IPA) (Smith 2008)
- Study Period
  - August 2011
- Purposive Sample
  - 30 Nurses (3W & 3A) & Midwives (Mat)
- Design:
  - Semi-structured interviews 12 months after introduction of BHO (Aug 2010)
  - In-depth Audio-Taped Interview Using an Interview Schedule
  - One RA performed all interviews
Method

- Ethical approval from Western Health Low Risk Ethics Panel
  - Voluntary participation & Written consent
- Thematic content analysis
  - 1\textsuperscript{st} - 2 investigators independently examined transcripts to identify emergent themes and categories
  - 2\textsuperscript{nd} - Comparison of themes and categories
  - 3\textsuperscript{rd} - Consensus reached by 3 researchers
Findings

- 30 Participants: 20 nurses & 10 midwives
  - 25 females & 5 males
    - Enrolled nurse: 3 (10%)
    - RN or Midwife: 20 (66.6%)
    - Clinical specialist: 4 (13.4%)
    - Associate unit manager: 3 (10%)

- Four main themes

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Theme 1: Intrigue and trepidation about the handover change process

- Mixed opinion about the introduction of BHO
- Two contrasting dimensions
  - Intrigue and positive support
  - Trepidation
Intrigue and positive support

- For some, there was a degree of interest and excitement about the revised handover model, with anticipation of the potential benefits:

  I had heard about research that had been done in other hospitals around the world that do bedside handover and the results were very positive. So I thought it would be good.
Nurses & midwives expressed hesitancy in the proposed new handover model based on past negative experiences.

I wasn’t against it. I was quite willing to give it every opportunity…I had experienced a bedside handover [in the past] and found that there were just a couple of issues that needed to be sorted out at the time…there were teething issues.
Trepidation

- A few participants shared their concern about the change in handover style, from worrying about lack of preparation to unease about a significant change in practice:

  I was not [in favour], not at all. I could not see the need for it at the time when it first came out, definitely not. I just thought that we would not have enough allocated time to do this type of thing justice.

  …some people don’t like to have a change, so to accept something which they haven’t been doing for a long time and changing their way of thinking is quite hard. So acceptance was a hard thing.
Theme 2: Enhanced individual patient care, nursing documentation and healthcare partnership

- Overall, nurses and midwives reported that the standard of care and documentation had improved as a direct result of bedside handover, resulting in 3 sub-themes:
  - Enhanced continuity of care
  - Improved nursing and midwifery documentation
  - Strengthened healthcare partnership
Enhanced continuity of care

- visualisation of patients and charts at the beginning of the shift an ideal opportunity to confirm whether certain clinical tasks had been completed

...just having a good look at your patient at the beginning of your shift. So you have an idea of everyone's status right at the beginning as opposed to starting a shift and then getting caught up with doing other stuff and then it might be an hour or so before you actually lay eyes on your patient to find that they are acutely unwell.

...you can check the charts with the person who's looked after the patient before you. So if there are any problems you can sort them out straight away.
Enhanced continuity of care

- comprehensive information being transferred during BHO

... you get a lot more detailed information about your set of patients which is really helpful in terms of understanding what they’ve done for the day and what needs to be done...

..you get a clearer view on the patient’s needs, their care, their ongoing care...

You know what’s going on with the patients from ‘head to toe’....you could give really good care to the patients as a whole

So comprehensive, earlier to handover things, discuss things, and I think it does provide better care for the patient....things don’t get lost as much
Improved documentation

- paying more attention to completion of their nursing or midwifery responsibilities and documentation to prevent embarrassment.

...there would be a lot of things that I would often leave until after my lunch...Now I feel more pressure to get it all done...I want my handover to be more synced and more precise. I just want to say I’ve done it. I’d rather not hand things over.

...it does motivate you more to make sure you get everything done so that handover does sort of follow through more smoothly. If you’re spending five minutes saying “I haven’t done this or I haven’t done this because of that”, it obviously goes more smoothly if you’ve tried to at least do as many things as you can, so that when you go

“You actually work a bit more efficiently because you know when you’ve got to do that handover that paperwork is going to be checked and you want to make sure it’s accurate.”
Strengthened healthcare partnership

- by clarification of their own condition and plan, leads to improvement of accurate and up-to-date information

*I think it gives the patient an opportunity to speak up...like something that they may not have thought was relevant, when they hear it being discussed between the nurses, they realise...for example pain, they may not have complained of pain and thought it wasn’t really [important], I don’t know they might not have wanted to bother anybody. Then when they hear nurses handing over to each other and the nurse says, “oh the patient has been pain free all day” that gives them an opportunity to say, “actually no, that’s not true. I have had a bit of pain and just haven’t mentioned it.” It gives them an opportunity to contribute to their care.*
Strengthened healthcare partnership

- respectful communication can lead to disclosure of patient concerns and needs

*Being nice, recognise them, using their name, using their baby’s name and husband’s, very important. You don’t have as many issues if they know you’re coming from that perspective and involving them. Because after all, it’s their care and often they’ll bring up little things that they may not have done otherwise, because they feel safe discussing them with you and reviewing things that they may not have done otherwise. I find that’s happened quite a bit. Even after the handover, they say, “you know how you said such-and-such, well, yes, that is what’s happening”.*
Theme 3: Discretion to protect privacy and confidentiality

- various strategies utilised to protect confidentiality and privacy including asking visitors to leave the room,

  *I feel there’s a privacy issue, saying everything out loud. I try to speak quietly but curtains aren’t soundproof. I don’t like that…I had a patient with [cancer] that’s not aware…So you have to step out into the hallway afterwards…then you’ve got to whisper it…I feel that it’s such private information, I don’t want to just whisper it out in the hallway, I wish there was a better way I could do that.*

  *I don’t like it outside the room. I believe it should be done by the bedside…God knows who’s walking outside and how many people are hearing it.*
Theme 4: Standardisation, tools and training to enhance quality and confidence in handover practice

- new graduates and casual staff did not feel confident with this new style of handover with process issues raised e.g. lengthy duration and excessive information

- standardised process should define what information should be transferred between shifts and in what order

- *To be improved, make sure that everyone’s aware of what they’re meant to be handing over. So maybe little posters on the wall…new graduates…are up to date with what should be handed over in front of the patient and what we should find out from the relatives…I’d just prefer a more clear tool to show what we actually should be handing over.*
Theme 4: Standardisation, tools and training to enhance quality and confidence in handover practice

- ongoing training and support may have facilitated a smoother transition of the new handover process.

I think the main limitation is the time factor...People are still getting used to...streamlining their [BHO] and just keeping it to the point. Also starting it straight away, starting [BHO] as soon as the group handover is finished rather than people finishing what they are doing, finishing their notes and then going to handover. I think that hold up is frustrating some staff, particularly on the morning shift and night shift...they just want to [go] home.
Limitations

- This study was limited to three ward settings & a purposive sample of 30 participants. Therefore, findings will not be generalisable.
  - Findings may be different in other settings e.g. ED
  - Those less engaged with bedside handover may not have participated in the study
Conclusion:

• Introduction of a new BHO model raises significant issues for nurses & midwives
• Perceived improvements:
  • Standards of care and documentation
  • Continuity of care
  • Patient-focused care
  • Strengthened relationship between patient and nurse/midwife
  • Quality of handover delivery with practice
• Areas that will need attention:
  • Privacy and confidentiality, &
  • Systematic approach and training
The end