

# Bedside Handover *Is bedside handover the most effective method of handover for providing patient-centred care for patients in medical and surgical wards?* Christina Kumate

## Introduction

Handovers between nursing staff in hospitals are done three times a day, 21 times a week, and 1092 times a year, presenting as prime opportunity to improve the quality of care and to empower the patients we care for. Handover is an allocated time of the shift where nurses pass on the responsibility of care of patients to the next shift by communicating the current status of patients, the progression or regression of their condition, medical orders which are to be implemented by nurses, and other relevant information (Hardy, 2014). It has been found that the handover period has been a significant moment in the breakdown of communication between nurses, which have led to adverse incidents to patients (Manias & Watson, 2014). However it is suggested that by utilising bedside handover, the involvement of the patient and possibly their support people will have a great impact reducing these communication errors. Main themes drawn from the research available on bedside handover were improvements in nursing documentation and care, better communication between the nursing staff and patients, increased patient involvement and satisfaction of healthcare outcomes, but also issues regarding the confidentiality of patient information and other viewpoints regarding the topic.

## Literature Review

- Nurses and midwives utilised bedside handover for approximately a year and found that the technique strengthened their perception of partnership in the nurse-patient relationship, improved continuity of care and an increased sense of accountability to provide quality care and accurate documentation (Kerr, Lu & McKinlay, 2014).
- Provides the opportunity to visualise the patient while receiving detailed information about their progress as well as the opportunity to ask clarifying questions which enhances the nurse's ability to plan what nursing interventions should be carried out that shift (Chaboyer, McMurray & Wallis, 2010; Kerr, Lu & McKinlay, 2014).
- Nurses are reporting that they are more stringent in handing over accurate information and throughout handover are more likely to remain focused on relevant information compared to closed-door methods (Chaboyer, McMurray & Wallis, 2010; Sand-Jecklin & Sherman, 2014)
- Bedside handover has been shown to alleviate risk factors by involving the patient in question who can both clarify and be a reminder for correcting incorrect information (Lu, Kerr & McKinlay, 2014). It has also reduced medication errors, falls, burns, and skin tears due to nursing staff being in close proximity to the patients (Sand-Jecklin & Sherman, 2014).
- Some nurses perceive bedside handover to be longer, however when measured there was no significant difference in the length of handover to methods behind closed doors and in some cases it was quicker (Chaboyer, McMurray & Wallis, 2010; Sand-Jecklin & Sherman, 2014).

## Recommendations

1. To implement bedside handover as the preferred method of handover to provide patient-centred care, with the use of supplementary printed notes. *Due to the improvements in patient safety and quality of care, and empowerment of patients and their involvement in their health decisions.*
2. To encourage the use of the standard protocol (eg. model developed by McMurray, Chaboyer, Wallis & Fetherston (2010)) when first introducing bedside handover to a ward. *To provide guidelines and structure when first utilising bedside handover to eliminate confusion and disorganisation of information.*
3. Ensure that the medical or surgical ward adopting this method of handover has the support and structure to make this change. *Provision of appropriate education around performing bedside handover by an educator to ensure nurses understand and can carry it out while maintaining patient safety*
4. To encourage the participation (if consented) of the patient in the handover process for maximum patient satisfaction. *To allow patients to have input and clarify information about their treatment and provide prompts for them to do so.*
5. To maintain confidentiality as requested by the patient and set by council guidelines to critically assess what information is appropriate to be said in what setting. *To utilise nursing offices and quiet speaking for sensitive information.*

## Conclusion

According to the research available, it has been made evident that in medical and surgical settings, bedside handover is the superior method in the process of providing patient-centred care. Although it may take some education by the nursing staff to start to see the full benefits of this method, patient's satisfaction with the care received on wards using bedside handover is substantial evidence in favour of the effort to change.

Chaboyer, W., McMurray, A., & Wallis, M. (2010). Bedside nursing handover: A case study. *International Journal of Nursing Practice*, 16, 27–34. doi:10.1111/j.1440-172X.2009.01809.x

Hardy, J. (2014). In J. Dempsey, S. Hillege, & R. Hill (Eds.), *Fundamentals of Nursing and Midwifery: a person-centred approach to care* (2nd ed.) (pp. 341-370). NSW, Australia: Lippincott Williams & Wilkins Pty Ltd

Kerr, D., Lu, S., & McKinlay, L. (2014). Towards patient-centred care: Perspectives of nurses and midwives regarding shift-to-shift bedside handover. *International Journal of Nursing Practice*, 20, 250–257. doi:10.1111/ijn.12138

Manias, E., & Watson, B. (2014). Moving from rhetoric to reality: Patient and family involvement in bedside handover. *International Journal Of Nursing Studies*, 51(12), 1539-1541. doi:10.1016/j.ijnurstu.2014.08.004

McMurray, A., Chaboyer, W., Wallis, M., & Fetherston, C. (2010). Implementing bedside handover: strategies for change management. *Journal of Clinical Nursing*, 19, 2580–2589. doi: 10.1111/j.1365-2702.2009.03033.x

Sand-Jecklin, K. & Sherman, J. (2014). A quantitative assessment of patient and nurse outcomes of bedside nursing report implementation. *Journal of Clinical Nursing*, 23, 2854–2863. doi: 10.1111/jocn.12575



Rationale

The literature review carried out previous to the development of this poster explored whether bedside handover is the most effective method of handover for providing patient-centred care for patients in medical and surgical wards. The target audience to whom this information is relevant to are nurses who regularly utilise any handover methods, and for other nursing students to be informed and to further critically analyse the methods of handover they are exposed to in placements. For this reason, I chose a poster format over a submission so that students regularly passing through the School of Nursing could benefit from an up-to-date review to contribute to their nursing development. Rowe and Ilic (2009) have concluded that posters are an effective tool for academic knowledge transfer, and are especially functional when accompanied by the author as this will be at the forum (Rowe & Ilic, 2009). This poster illustrates in four sections the topic of bedside handover as well as the relevance of handover to our profession, a summary of main points of interest from the literature review, and my recommendations for implementing bedside handover as drawn from information gathered from the literature available.

PICO/T model (Schneider & Whitehead, 2013)

	Research question	Rationale
Patient/Problem	Patients in hospital	These are the people affected by handover by nurses in a hospital setting
Intervention	Registered Nurses using bedside handover	Articles examining the implementation of bedside handover by nurses will be reviewed to see how effective the technique is
Comparison	Registered Nurses using other methods of handover	This will be shown through the change/difference to the patient outcomes after introducing bedside handover
Outcome	Is patient care safer and more effective using bedside handover?	To evaluate the outcome for Registered Nurses using bedside handover and the patient views of whether it was a more positive form of handover
(Timeframe)	N/A	N/A

Rowe, N. & Ilic, D. (2009). What impact do posters have on academic knowledge transfer? A pilot survey on author attitudes and experiences. *BMC Medical Education*, 9 (71). doi:10.1186/1472-6920-9-71

Schneider, Z. & Whitehead, D. (2013). In Z. Schneider & D. Whitehead (Eds.), *Nursing and Midwifery Research methods and appraisal for evidence-based practice* (4th ed.) (pp. 57-76). NSW, Australia: Elsevier.