Better Bedside Handover

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Introduction

• Clinical handover is a pivotal, high-risk communicative event in hospitals1.
• Ineffective communication is a major contributing factor to critical incidents and patient harm2.
• Over 40 million handovers are performed nationally each year, each representing an opportunity for miscommunication and risk to patient safety3.
• Bedside handover was mandated in 2008 in Australia4, however implementation was not accompanied with the recommended training.
• Patient involvement in handover is a critical factor in preventing errors and patient harm5.
• Researchers from the Institute for Communication in Health Care (ICH) at the Australian National University (ANU) collaborated with St Vincent’s Hospital Sydney (SVHS) to undertake a bedside handover study within a medical Neurology, Stroke and Vascular unit.

Methods

• Thirty-nine audio & video recordings of actual patient handovers were collected.
• Interviews were conducted with clinicians and patients.
• Three group handovers and 3 multidisciplinary meetings were observed.
• Interviews and recorded handovers were transcribed and results linguistically analysed.
• Findings from the data analyses were used to create a face-to-face training program for nursing staff.
• A two hour training intervention was delivered to nursing staff incorporating de-identified verbatim transcripts and re-enacted video of nursing handovers.
• Protocols designed to improve the interactional (CARE2 - Connect, Ask, Respond, Empathise) and informational (ISBAR6 - Introduction, Situation, Background, Assessment, Recommendations) elements of handover were included in the training.
• The nursing handover sheet was redesigned to follow the ISBAR format.
• Patient experience survey data and bedside handover observational audit data was analysed post training.

Results

Pre-training

• Bedside handover was given in corridors, with a lack of interaction with both patients and incoming nurses.
• Information shared was often duplicated and misunderstood, with poor opportunity for clarification.

Post-training

• 90% of frontline nursing staff (n=50) received the face-to-face training.
• Bedside handover is now given at the bedside as intended and patients and families are included in the communication.
• Traditional shift to shift group handover (30mins) was replaced with a ‘ward forecast’ (10mins), a focused meeting for communication of patients at risk of harm (e.g. risk of falls, deterioration, pressure injury) to all staff on shift.

This showed:

• 52% reduction in inpatient falls
• 22% reduction in the number of hospital acquired pressure injuries (HAPI)
• 21% reduction in the number of reported medication errors.
• 94% (n=92) of patients reported nurses displayed courtesy and respect in the biannual Press Ganey survey.
• 81% (n=92) of patients reported strongly positive satisfaction with nurses’ communication.
• Linguistic analysis, use of handover protocols (CARE2 and ISBAR6), the creation of real handover transcripts and video re-enactments were effective training tools.
• This innovative intervention has reduced healthcare associated complications resulting from communication failures, supports positive patient experiences and has promoted a stronger safety culture in the unit.

Sustainability

Observational audits revealed that:

• 93% (n=22) of handovers adhered to the recommended ISBAR protocol.
• 95% (n=22) of handovers adhered to the CARE protocol.
• 95% (n=22) of staff involved patient and family members in bedside handover.

Discussion and Conclusions

• Patient participation in clinical handover reduces errors and patient harm.
• The training has significantly improved nursing handover practices.

Acknowledgements

We thank the passionate staff in our unit for their dedication to excellent patient care and the Information Technology Service for their invaluable assistance.

References

5. Slade, D., Eggins, S., Brady, B. & Sansom, L. 2016, Communication in nursing clinical handover at St Vincent’s Hospital Sydney, phase 1 report, Australian National University, Canberra.