

DOES BEDSIDE HANDOVER MINIMISE RISK TO THE PATIENT AND INCORPORATE PATIENT CENTRED CARE?

Introduction

Effective communication amongst medical professionals is vital to ensure quality care within clinical practice. One form of communication practiced by many medical professionals is nursing handover, defined as, the exchange of professional responsibility for some or all parts of patient care to someone or a professional group, on a short or lasting basis (Bruton et al., 2016). Nursing handover presents as a clinical circumstance where there is high risk of miscommunication, said to be the main source of patient harm and underlying cause of sixty five percent of sentinel or catastrophic events (Chaboyer et al., 2009). Bedside handover however, has been recognized as an important strategy to enhance patient centred care and patient safety. This is where nurses report back to patients and oncoming staff at the bedside as opposed to an isolated room (Chaboyer et al., 2009). Patient participation lessens miscommunication – related events, care fragmentation, readmissions and improves satisfaction and progression of care (A. McMurray et al., 2010). Despite this, confidentiality of patient information and other viewpoints are issues that need addressed.

Literature Review

- All studies identified the need to change to bedside handover because of the adverse events causing harm to patients due to miscommunication at nursing handover. Nurses felt bedside handover encouraged them to focus on relevant information compared to closed door methods (Bruton et al., 2016; A. McMurray et al., 2011; Tobiano et al., 2012).
- Nurses perceived bedside handover in a positive light, believing it improved the accuracy of information. Nurses appreciated that patients and their families can correct miscommunication by identifying errors and inaccuracies during interaction; being beneficial in taking a further step toward patient and family centered care and improving communication between everyone involved (Bruton et al., 2016).
- Nurses found it beneficial asking the patient how they were and visually observing the patient at the bedside helping to nurse more safely, accurately and timely (Bruton et al., 2016).
- Bedside handover has shown to alleviate risk factors by involving a bedside patient safety check in combination with bedside handover. This has helped to reduce medication errors, falls and skin tears because of nursing staff being in close proximity to the patients. Checking equipment and invasive adjuncts has also helped to promote patient safety (Chaboyer et al., 2009).
- Some nurses were not comfortable with bedside handover, as they express concerns regarding confidentiality and time pressures. However, when compared to other methods of handover there was no significant time difference, in some cases bedside handover was quicker. When information was improved, some nurses found this outweighed these issues (Chaboyer et al., 2009; Bruton et al., 2016).

Recommendations

- To implement bedside handover as the preferred method of practice. This will help to improve patient centered care, patient safety and communication; providing a more inclusive approach for patients and their families.
- To use other tools in combination with bedside handover e.g. computer generated sheets, ISBAR technique and E whiteboards. This will help to improve the process by guiding nurses who start at variable start times, improving the safety in transfer of information and to assist when communication is difficult.
- Introducing Standard Operating Protocols (SOP) to the ward. A SOP would provide clarification of what steps to take when delivering bedside handover, aiming to achieve accuracy, quality output and uniformity of performance (Johnson & Cowin, 2013).
- To develop an education program. Formal training may prove an opportunity to enhance general communication, confidence and understanding of bedside handover amongst nurses and patients.
- Produce guidelines set by the council to determine what information is appropriate to be said in what setting this will help to maintain privacy and confidentiality as requested by the patient sharing the same room as others.

Conclusion

The evidence shown in the literature review supports the conclusion that bedside handover has a positive influence when applied to hospital settings. It is stated in multiple studies that bedside handover improves patient safety and enhances patient centred care in comparison to other forms of handover. I believe that we as health professionals need to support and apply this method to practice in the quest to achieve optimal health and well – being for patients during their stay in hospital.

References

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- Johnson, M., & Cowin, L. S. (2013). Nurses discuss bedside handover and using written handover sheets. *Journal of Nursing Management*, 21(1), 121-129.

Rationale:

When presenting findings it is important to consider the target audience when choosing the appropriate media. I have chosen to present my evidence based research as a poster. The target audience to whom this information is relevant to are nurses who regularly utilise any handover methods and nursing students who can be informed and critically analyse the methods of handover they are exposed to in placements. A poster submission would also provide up to date information which can contribute to nursing development, being effective to those who regularly pass through the School of Nursing. Posters provide an effective medium for knowlegde transfer (Rowe & Ilic, 2009). The viusal aspect of a poster can be just as influential at portraying the message as content, visual imagery is what draws viewers attention to engage them (Rowe & Ilic, 2009). As a visual learner myself, I felt that this was an effective method for raising awareness on this subject. Colour schemes, layout and framing of information all influence how effectievly information is conveyed to the selected audience (Rowe & Ilic, 2009).

PICOT model (Schneider & Whitehead, 2013)

PICOT Category	Information relating to question	Explanation
Population	My population for this research question is based on handover practices in wards three surgical and eight medical in Dunedin hospital.	My year two placement was on ward 3C (orthopedics). Recently this ward has come together with a range of specialties now being 3 surgical. After discussion with a NetP student, they mentioned the way they do handover has changed. I asked myself why do places do handover in different ways? and which is better for the patients and their families?
Intervention	Bedside handover	I will look at articles that support bedside handover and review whether this is best practice. I will also look at the impact bedside handover has on patients, family and nursing staff.
Comparison	Handover at nursing station	I will look at articles that support bedside handover and articles that don't support bedside handover.
Outcome	The outcome of my research will determine whether bedside handover is best to minimize patient risk and whether there is better patient and family satisfaction.	Reviewing a wide range of research articles and reading about bedside handover in comparison to other forms of handover will give me a general idea of what is best practice in regards to patient, family and nursing staff. I will review the safest form of handover.
Time	N/A	N/A

References

- Rowe, N., & Ilic, D. (2009). What impact to posters have on academic knowledge transfer?: A pilot survey on author attitudes and experiences. *BMC Medical Education*, 9(71), 1 – 7. doi: 10.1186/1472-6920-9-71
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