SHIFT-TO-SHIFT NURSING BEDSIDE HANDOVER EDUCATION PACKAGE IN A GERIATRIC AND REHABILITATION UNIT

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Objectives of presentation

- Overview of quality initiative project
- Methodology
- Results
Overview

The shift-to-shift nursing handover is an integral function of clinical nursing practice and has been identified as a high risk area for patient safety.

Background

- Standardisation of clinical handover content and processes - a national and international priority
- NSQHS Standard 2 – Partnering with consumers
- NSQHS Standard 6 – Clinical handover
- Local evaluations identified gaps in practice related to the inconsistent structure and processes of the shift-to-shift handover
KEY AREAS OF CONCERN

• Minimal patient involvement in the process of identifying individual care/nursing needs and discussing issues or concerns
• Inconsistent use of the Situation, Background, Assessment, Recommendations (SBAR) communication technique leading to lack of relevant nursing information
• Excessive time spent with exchange of information away from the bedside
Literature Review

Clinical question:

“Does a standardised nursing handover supported by adequate training for nursing staff improve patient safety and quality of care?”
Literature review: Functions of the clinical handover

• Main functions: Transfer of accurate information, responsibility and accountability for patients’ care.
• Secondary functions: problem solving, education, debrief, clarify patient and ward information and develop team cohesiveness
Literature review: Barriers to effective nursing handover

- Inconsistent communication
- Lack of standardisation
- Insufficient staff education
- Unclear work procedures
- Team culture
- Lack of leadership support
- Environmental issues
Literature review: Enablers to effective nursing handover

- Flexible standardisation
- Use of mnemonics (such as SBAR, ISOBAR)
- Technological support
- Focus on handover education
- Clinical leadership
This project aims to improve patient safety and quality of care by designing and implementing an education package that will support the nursing staff to deliver a standardised bedside handover based on the SBAR framework.
OBJECTIVES

The education package is intended to

- Support nurses to apply the key components of the standardised bedside handover process in their practise
- Develop their ability to exchange relevant information using the SBAR technique
- Develop their ability to consistently involve patients/families in the handover process.
Methodology

Design
Pilot study utilising a prospective group pretest – posttest quasi-experimental design.

Site
Cassia ward, Geriatric and Rehabilitation Unit (GARU), Princess Alexandra Hospital
Methodology

Population
- Cassia nursing staff (N=29)
- Cassia in-patients at the time of audit (N=26)

Exclusions:
- Patients with a LOS< 3days
- Patients of NESB or with a medical condition that impacts in their ability to communicate
Methodology

Intervention - Education package

- 15 minutes video
- Written materials: SBAR script, bedside handover flowchart, SBAR posters and lanyard cards
Methodology – data collection tools

Pretest – posttest evaluation
- Bedside handover audit
- Patient experience survey
- Nursing staff experience survey

Education package evaluation
- Nursing survey evaluating the content of the education package
Implementation of the education package

Plan
- Identify gaps in practise
- Literature review Sept 2014
- Develop education package Oct – Dec 2014

Do
- Exemption from HREC Jan 2015
- Pre-implementation evaluation Jan 2015
- Education package made available to nursing staff in Cassia Feb 2015

Check
- First post-implementation evaluation March 2015
- Analysis of first evaluation results May 2015

Act
- Continue supporting the staff to improve practise focusing on remaining gaps
- Second post-implementation evaluation Aug-Sept 2015
- Third post-implementation evaluation Jan 2016
Results

- Education package evaluation
- Nursing Staff Experience
- Patients experience
- Observational audit survey
Education Package evaluation

- Relevance
- SBAR Pocket card
- SBAR Poster
- Handover Flowchart
- SBAR script
- Video
Nursing experience

- Confident SBAR
- Knowledge handover
- Willing change
- Level involvement - family
- Level involvement - patient
- Importance of pt involvement
- Quality - own
- Quality-unit

Graph showing pre and post comparisons with values ranging from 0 to 5.
Patient Experience

- Chance to ask Questions
- Feel Respected
- Explanations provided
- Understood discussion about cares
- Feel involved in discussion
Observational audit results

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No interruptions occurred during handover that related to a patients basic needs.</td>
<td>4%</td>
<td>92%</td>
<td>88%</td>
</tr>
<tr>
<td>Patient informed that handover is starting immediately.</td>
<td>65%</td>
<td>100%</td>
<td>35%</td>
</tr>
<tr>
<td>Patient is asked if they want family present.</td>
<td>0%</td>
<td>44%</td>
<td>44%</td>
</tr>
<tr>
<td>Hand hygiene performed at the bedside.</td>
<td>12%</td>
<td>92%</td>
<td>80%</td>
</tr>
<tr>
<td>Patient is greeted by name</td>
<td>95%</td>
<td>100%</td>
<td>5%</td>
</tr>
<tr>
<td>Outgoing staff introduce incoming staff by name.</td>
<td>89%</td>
<td>100%</td>
<td>11%</td>
</tr>
<tr>
<td>Identify patient details as per policy. Check allergies.</td>
<td>10%</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Patient is invited to be involved in handover.</td>
<td>41%</td>
<td>88%</td>
<td>47%</td>
</tr>
<tr>
<td>Situation is stated.</td>
<td>54%</td>
<td>92%</td>
<td>38%</td>
</tr>
<tr>
<td>Background is stated.</td>
<td>42%</td>
<td>92%</td>
<td>50%</td>
</tr>
<tr>
<td>A: review recent observations, including pain assessment.</td>
<td>88%</td>
<td>96%</td>
<td>8%</td>
</tr>
<tr>
<td>A: review nursing care plan &amp; rehab goals.</td>
<td>81%</td>
<td>96%</td>
<td>15%</td>
</tr>
<tr>
<td>A: review medication chart, using as a prompt.</td>
<td>85%</td>
<td>96%</td>
<td>11%</td>
</tr>
<tr>
<td>A: review &amp; discuss any other nursing documentation</td>
<td>62%</td>
<td>96%</td>
<td>34%</td>
</tr>
<tr>
<td>A: review &amp; discuss risks</td>
<td>88%</td>
<td>88%</td>
<td>0%</td>
</tr>
<tr>
<td>Recommendations: Discuss plan for next shift</td>
<td>65%</td>
<td>100%</td>
<td>35%</td>
</tr>
<tr>
<td>Recommendations: plan for discharge</td>
<td>22%</td>
<td>69%</td>
<td>47%</td>
</tr>
<tr>
<td>Safety issues at the bedside identified as requiring rectification.</td>
<td>42%</td>
<td>68%</td>
<td>26%</td>
</tr>
<tr>
<td>Identified safety issues at the bedside rectified during handover.</td>
<td>46%</td>
<td>68%</td>
<td>22%</td>
</tr>
<tr>
<td>Patient asked if any questions.</td>
<td>70%</td>
<td>100%</td>
<td>30%</td>
</tr>
<tr>
<td>Oncoming staff asked if any questions</td>
<td>54%</td>
<td>96%</td>
<td>42%</td>
</tr>
<tr>
<td>Hand hygiene performed</td>
<td>24%</td>
<td>88%</td>
<td>64%</td>
</tr>
</tbody>
</table>
Observational audit most improved components

Hand hygiene
No interruptions
Patient invited
Identify patient
Discharge plan
Risks discussed
Medical History
Safety issues
Any questions

Legend:
- Post
- Pre
- Hospital
Conclusions

• Education package well received and relevant to nursing practise
• Increased patient involvement in the bedside handover
• Increased patients’ satisfaction with the bedside handover
• Increased compliance with most clinical handover process components
Acknowledgements

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• PAH Quality and Safety team


