

## Background

Handoff at change-of-shift is a standard nursing practice that occurs at least twice a day. It has the potential to cause gaps in communication and expose patients to adverse outcomes. MacNeal Hospital, a 400-bed teaching hospital located in the southwestern suburbs of Chicago recognizes the importance of effective communication and patient-centered care in providing safe, quality care. To this end, it is committed to continuously seek opportunities and strategies to improve patient outcomes.

Bedside handoff at change-of-shift was a strategy selected to promote effective communication during transitions in care and enhance patient care experience. Doing handoff at the bedside at change-of-shift provides an interactive process of sharing patient information with caregivers and includes the patient and family (Grant & Colello, 2009). It allows safety check to be performed during the handoff at change-of-shift and promotes patient-centered care (Chaboyer et al, 2009).

## Bedside Handoff at change-of-shift



## Learning Objectives

1. Incorporate principles of change to implement a process for doing handoff at the bedside at change-of-shift.
2. Describe the impact of bedside handoff at change-of-shift on patient outcomes.

## Strategy and Implementation

The implementation of bedside handoff at change-of-shift was guided by Kurt Lewin's three stage change model of unfreezing, change, and freezing (Caruso, 2007).

### □Unfreezing stage - recognizing the need for the change

- Review of the current process of handoff at change-of-shift showed variations in practice that impacts patient safety and satisfaction.
- Survey of nurses' knowledge-base and barriers to bedside handoff at change-of-shift recognized a need for evidence-based practice.

### □Change stage - planning and introducing the change

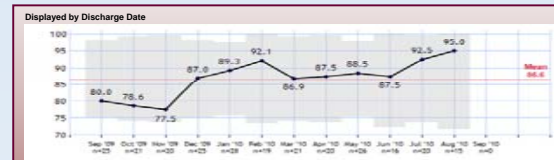
- In October 2009, literature review of best practices on bedside handoff was performed.
- In November 2009, the protocol for bedside handoff was developed guided by published practice guidelines for bedside handover by Chaboyer et al, 2009.
- The 17-bed Neuro-stroke unit was identified to pilot bedside handoff at change-of-shift.
- In December 2009, informational meetings and journal clubs about handoff were conducted.
- In January- February 2010, 24 registered nurses on the pilot unit were educated on the protocol for bedside handoff using PowerPoint presentation and case scenarios.
- Learning of the protocol was evaluated by post test.
- In mid February 2010, bedside handoff at change-of-shift was implemented on the pilot unit.

### □Freezing stage - sustaining the change

- 6 RNs on the pilot unit serve as champions of the protocol for the bedside handoff at change-of-shift.
- Real time feedback to hardwire principles of bedside handoff at change-of-shift

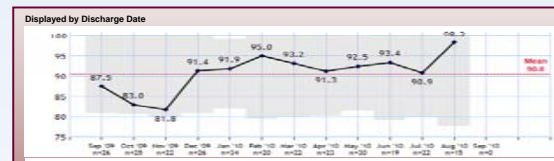
## Outcomes

### Staff include patient in decision re: treatment



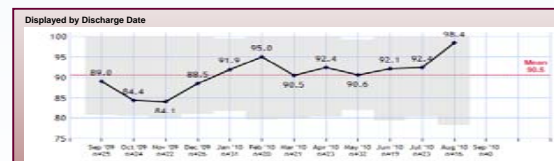
In February 2010, the Press Ganey patient satisfaction mean score on this question shows a significant increase (92.1) compared to the mean scores of each month prior to implementation of bedside handoff. The scores show an average mean of 89.7 (99<sup>th</sup> percentile rank) during the six consecutive months after implementation compared to an average mean of 78.8 (5<sup>th</sup> percentile rank) in September, October, and November before the introduction of doing handoff at the bedside.

### Staff worked together to care for you



In February 2010, the Press Ganey patient satisfaction mean score on this question shows a significant increase (95.0) compared to the mean scores of each month prior to implementation of bedside handoff. The scores show an average mean of 93.3 (99<sup>th</sup> percentile rank) during the six consecutive months after implementation compared to an average mean of 84.3 (6<sup>th</sup> percentile rank) in September, October, and November before the introduction of doing handoff at the bedside.

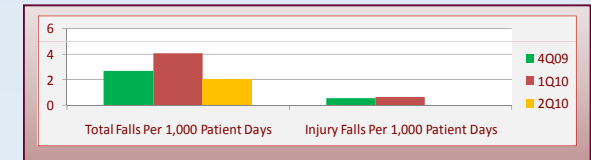
### Nurses kept you informed



In February 2010, the Press Ganey patient satisfaction mean score on this question shows a significant increase (95.0) compared to the mean scores of each month prior to implementation of bedside handoff. The scores show an average mean of 92.8 (99<sup>th</sup> percentile rank) during the six consecutive months after implementation compared to an average mean of 85.9 (56<sup>th</sup> percentile rank) in September, October, and November before the introduction of doing handoff at the bedside.

## Outcomes

### Falls per 1,000 patient days



The 2010 second quarter NDNQI (National Database of Nursing Quality Indicators) shows a decline in total falls per 1,000 patient days after implementation of bedside handoff. There was no injury falls per 1,000 patient days reported in the 2010 second quarter NDNQI data.

## Conclusion

- Bedside handoff at change-of-shift is an effective strategy to improve patient satisfaction.
- Adapting bedside handoff at change-of-shift in all patient care areas would be beneficial for patients.

## Implications for Practice

- Bedside handoff at change-of-shift focuses on patient-centered care.
- Patients and families can actively participate in their plan of care
- Nurses are able to see patients right away and prioritize patient care.
- Nurses can perform safety checks while doing assessment together.

## References

- Caruso, E. M. (2007). The evolution of nurse-to-nurse bedside report on a medical-surgical Cardiology Unit. *MedSurg Nursing*, 16 (1).
- Chaboyer et al. (2009). Bedside handover: Quality improvement strategy to "transform care at the bedside." *Journal of Nursing Quality*, 24 (2).
- Grant, B., & Colello, S. (2009). Engaging the patient in handoff communication at the bedside. *Nursing*, 39 (10).