Nursing Leadership Network
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Partnering with Children and Families in Nursing Shift-Handover at the Bedside

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SickKids staff, children and families who have informed this work

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What is Nursing Shift Handover?

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What is Nursing Shift Handover?

- The outgoing nurse transfers accountability and care for the child and family to the incoming nurse
- Time to share the most up-to-date information
- Occurs minimum 2x/day, at 0715 and 1915
- ~ 100,000 nursing shift handovers per year at SickKids

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BACKGROUND

IMPERATIVE for Child and Family Involvement

An organizational assessment and environmental scan revealed that...

- ✓ **Evidence for excellence in child & family-centered care**
- ✓ **65%** staff ranked family participation during rounds/handovers, a high priority for improvement
- ✓ **top 3** among the 'priority practices' for implementation according to children & families
- ✓ **100%** units reported no child & family presence in a nurse-led quality improvement project

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Inspiration for Child and Family Involvement in Nursing Shift Handover

Family and Staff Interviews revealed that...

"...it may not be easy at first, but it will be good...it is important to do this across the hospital" (staff)

"...we observe our children and have data...information to contribute at handover" (families)

INFORMED by the literature

For Children and Families...

- ✓ Enhanced communication
- ✓ Feeling informed
- ✓ Patient advocacy
- ✓ Empowerment and autonomy
- ✓ Promotion of dignity and respect
- ✓ Direct parental involvement in care
- ✓ Improved patient and family satisfaction

For Nursing Staff...

- ✓Improved accuracy and time efficiency
- ✓Visualization of the patient
- ✓Time allowed for clarification
- ✓Opportunity to remedy errors
- ✓Improved patient safety outcomes

(Bolanos, 2008; Griffin, 2010; RNAO BPG 2006; Tidwell et al, 2011; Tobiano et al, 2012)

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Change Management and Tools

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Multi-level Project Infrastructure: Leadership, Support & Engagement

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Guiding Principles

Principles provided an over-arching direction to support the development, implementation and sustainability of nursing shift handover processes across SickKids.

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Tools Available to Support Units

EDUCATION TOOLS	
Educational Aids	✓PowerPoint slide deck, iLearn, role play scenarios, videos, sample education agenda
PRACTICE TOOLS	
Process Map	✓To guide the standardized handover process
I-PASS Tool	✓I-PASS Transfer of Accountability for nursing shift handover to facilitate the handover process
FAQs and Scripting	✓To assist in answering common questions /concerns, and to highlight possible situations /encounters
CHILD AND FAMILY EXPERIENCE TOOLS	
Information Brochure	✓A brief introduction to child and family involvement in nursing shift handover (provided on admission)
Posters	✓ To create awareness on the units about the new handover process
OBSERVATION TOOL	
Audit Tool	✓To assess implementation, monitor adherence and identify coaching opportunities

Orientation & Awareness

- Describes what handover ‘is and isn’t’
- Sets expectations for handover (e.g. time)
- Invites child & family participation
- Promotes partnership, based on preferences

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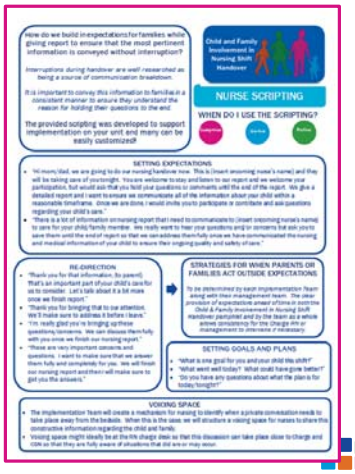
IPASS Tool

- I • Identity
- P • Patient Focused Assessment
- P • Patient Engagement
- A • Action Plan
- S • Safety & Situation Awareness
- S • Synthesis

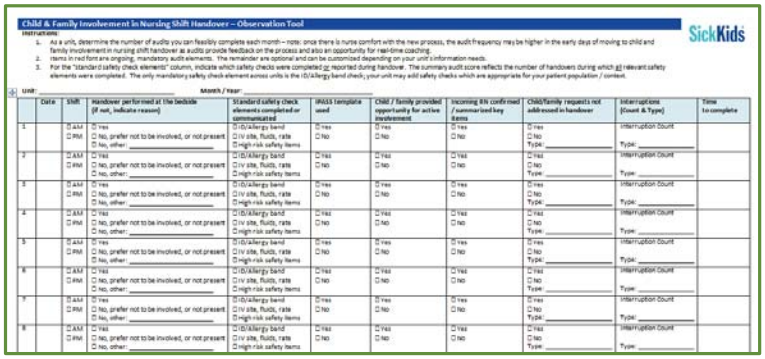
Nurse Education

Simulations: to promote ‘hands-on’ learning and build confidence and competence

Teaching videos: to introduce anticipated challenges & related strategies



Audit & Feedback



Staff Engagement

CLAIMS, CONCERNS, ISSUES (Practice Development)

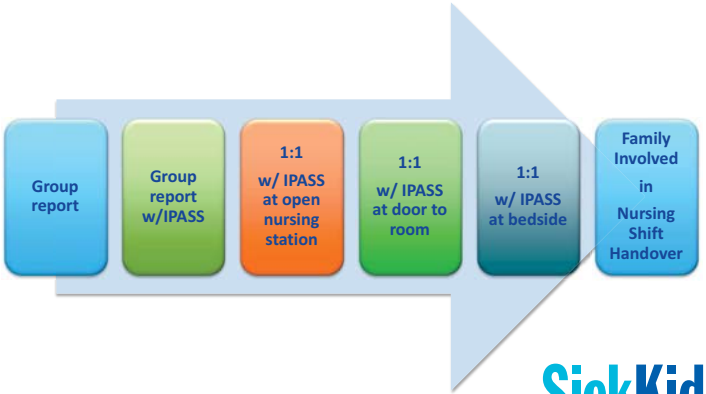
We asked nurses…

1. What are you most proud of about your current nursing shift handover?
2. What concerns or challenges do you have with your current nursing shift handover?
3. What do you see as the ideal way to implement child and family involvement during nursing shift handover? What would this look like on your unit?

4 Key Challenges to Consider

- CONFIDENTIALITY
- COMMUNICATING SENSITIVE INFORMATION
- TIME FOR NURSING SHIFT HANDOVER
- DEALING WITH INTERRUPTIONS

What worked- multiple PDSA cycles



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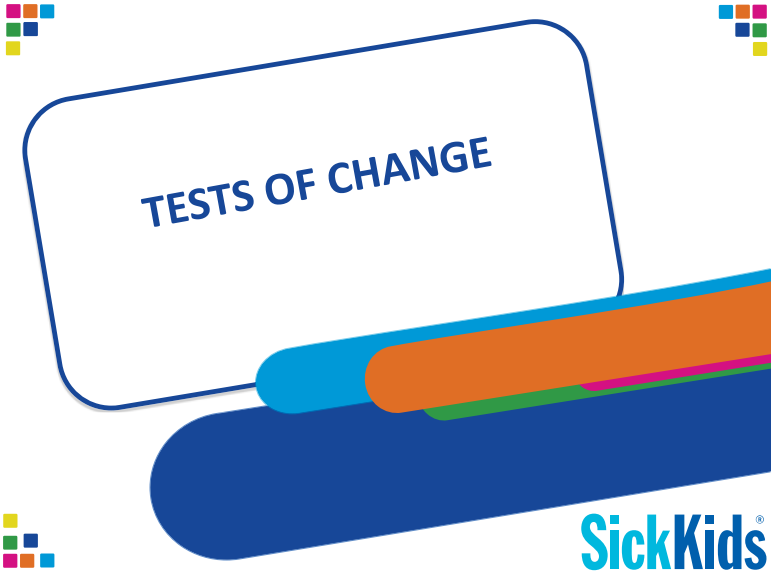

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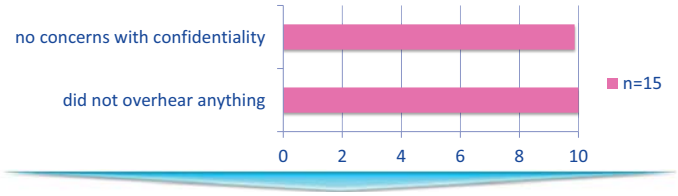
Tested assumptions: confidentiality

Issue:

- Majority of children in critical care units are cared for in multi-bed rooms
- Every unit has at least one multi-bed room
  - Privacy & confidentiality could not be assured
    - CNO, CNE & SickKids Privacy Officer consulted
  - 'SickKids Position Statement' documented
  - Small tests-of-change planned
    - 'Acoustic privacy', peer debriefing, start w/1 room

Testing: Confidentiality



- PDSA- to understand issues of confidentiality
- n=15 families in multi-bed rooms surveyed; critical care unit
  - Families entirely satisfied
- Action:
  - Proceed using acoustic privacy
  - Monitor informing procedures & determining preferences

Note. Scale 1-10 where 10 is the highest level of agreement

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Testing: Communication

- Communication of sensitive information
  - Challenging assumptions
    - What is sensitive?
    - Who needs to know?
  - Building capacity
    - Communication skills
    - Video & debrief exercises
    - Unit specific strategies

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Tested assumption: Length of handover

Issue:

- Multiple nurses handover to multiple nurses, families would delay handover
  - Considered
    - Use of magnets, overhead paging, numbering system, limiting family presence
  - Tested
    - Limiting assignments, complex patients first, desk as home base, managing expectations

Testing: Time for Handover

Average time for completion of nursing shift handover…

11.5 m with parental presence
17.5 m without parental presence

- ❖ PDSA- to understand issues of length of handover
- ❖ n=17 nurses self-report; critical care unit
  - Handover shorter when family involved
- ❖ Action:
  - proceed as planned, monitor ongoing

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Tested assumptions: Interruptions

	Date	Shift	Child / family provided opportunity for active involvement	Incoming RN confirmed / summarized key items	Child/family requests not addressed in handover	Interruptions (Count & Type)	Time to complete
1		AM PM	Yes No	Yes No	Yes No Type:	Interruption Count Type:	

- Found ~ 2.6 interruptions/shift change:
  - Few - internal (<30%)
  - Most – external (~60%)

➔Awareness campaign

➔ Negotiated 'time-out'

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Aligned with SickKids Model of C&FCC

Child & family data were collected:

- ❖ Proximal to shift-change
- ❖ At baseline (pre-implementation)
- ❖ 6 weeks post-implementation
- ❖ Using 'bedside diaries'
- ❖ Single & repeated observations
- ❖ Facilitated by QIP team

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Child & family: DEMOGRAPHICS

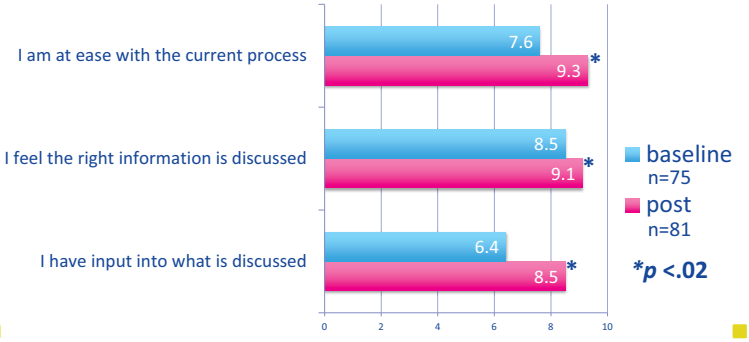
Participant	Baseline n (%)	Post n (%)
Mother	47 (56)	52 (63)
Father	12 (14)	14 (17)
Mother & Father	13 (16)	11 (13)
Other	3 (4)	3 (4)
Missing	9 (11)	0 (0)
TOTAL	**N=84**	**N=82**
Child	9	9

Room type: baseline 49 (58%) single bed , 29 (35%) multiple bed

Note: Combined data across all units

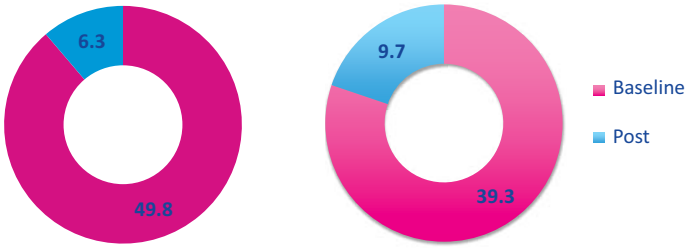
Family data: ELEMENTS of C&FCC

On this unit at nursing shift handover…ALL UNITS



Minutes to first encounter with in-coming nurse

Asked families: Approximately how long (in minutes) after shift-change did you first meet the 'new' nurse?



MEDICAL UNIT *p* <.001 **SURGICAL UNIT *p* <.001**

Note. Independent samples t- tests, MEDICAL n= 65 baseline, n=27 post; SURGICAL n= 51 baseline, n=17 post

Family Voice

Consistent praise

"We really wanted to make sure we respected the nurses' time and needs during report and save our questions until the end. All of the nurses have been so kind and receptive to us… ."

Inconsistent practice

" We didn't know we could be involved…"

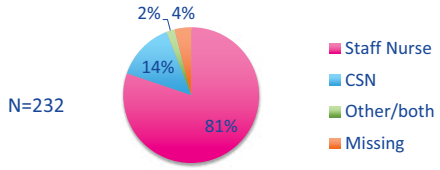
Primary research- *in progress*

Nursing data: DEMOGRAPHICS

Number of Participants by Nursing Unit

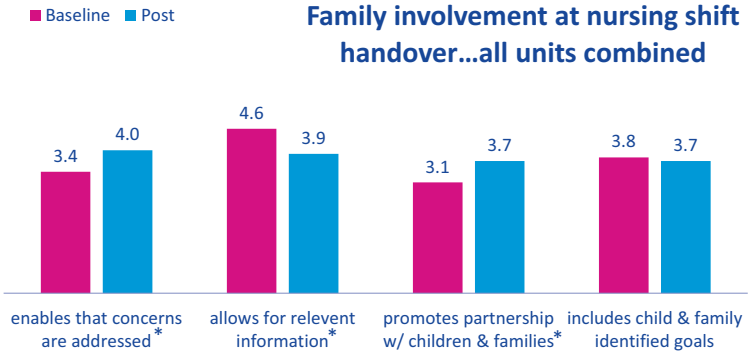
Unit	Baseline	Post	TOTAL
Medical	57	42	**99**
Surgical	28	26	**54**
Critical Care	42	37	**79**
ALL	**127**	**105**	**232**

Distribution of Nurses by Role



Nursing Data: ELEMENTS of C&FCC

Family involvement at nursing shift handover…all units combined



Note. *$p<.05$, results of; MANOVA ; 5 point agreement scale where 5 was the highest level of agreement possible; n= 80 baseline, n= 101 post-implementation

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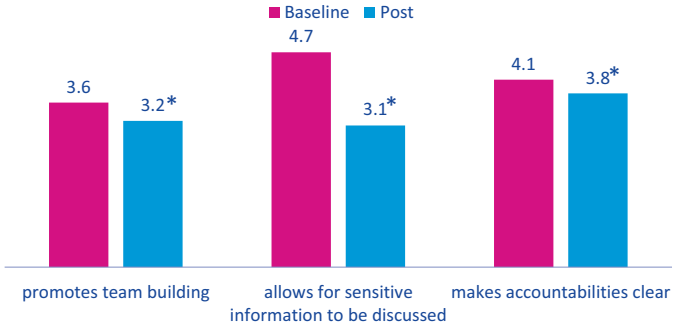
Nursing data: PROFESSIONAL PRACTICE

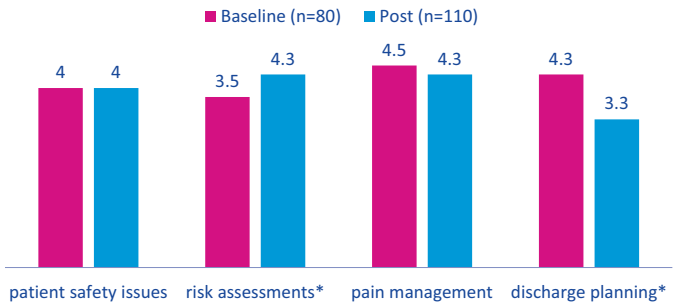
Nursing shift handover on my unit…



Note. Results of MANOVA, *p <.02, n= 122 baseline, n=102 post

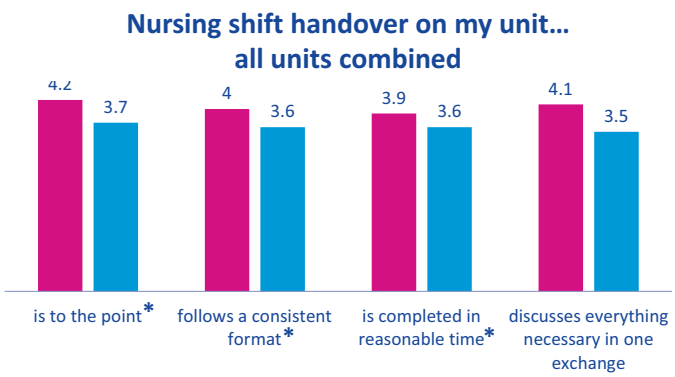
Nursing Data: OUTCOMES of C&FCC

Nursing shift handover on my unit addresses… all units combined



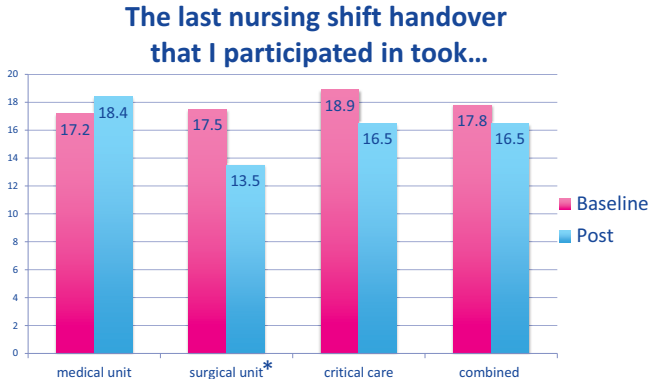
Note. *$p<.05$, results of; MANOVA; 5 point agreement scale where 5 was the highest level of agreement possible; n= 80 baseline, n= 101 post-implementation

Nursing data: EFFICIENCY



Note. *p <.02, ; results of MANOVA, 5 point agreement scale where 5 was the highest level of agreement possible; n= 122 baseline, n=97 post

Nursing data: LENGTH of handover



Note. *p <.05; results of independent samples t-tests; self-report data, n=119 baseline, n=99 post all COMBINED , n=51, n=40 MEDICAL unit; n=28, n=24 SURGICAL unit; n=40, n=35 SURGICAL unit

One Nurse Champion's View

Positives

- See patient earlier- prioritize care
- 'Look' different than what is 'heard' on paper
- Baseline assessment validated by outgoing nurse
- Helps 'break the ice'
- First hand knowledge of what matters most to the child & family

Challenges

- Overcoming loss of something we are proud of
- Hard if nurse is new to or unfamiliar with the environment
- Occasionally… family input delays out-going nurse from finishing shift

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Conclusions

- Move to family involved in bedside nursing shift handover
  - Practice not fully set at time of data collection
  - Highly appraised by children and families
    - Patient experience, family-centredness
    - Opportunity for more consistency
  - Variable appraisal among nurses
    - Potential self-report bias towards no change
    - Opportunity to improve logistics, efficiencies, alignment with other initiatives
    - Informs sustainability & spread

Next steps

- Spread and sustainability
- Ongoing quality improvement
  - Improving quality & consistency
  - Monitoring efficiency
- Knowledge translation & outreach
  - Research, evaluation, dissemination
  - Marketing tools/consultations

QUESTIONS & DISCUSSION

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