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.
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

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)

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)
Guiding Principles

- Child/family preferences will drive participation
- The focus is meaningful dialogue / high quality communication
- Autonomy of the child will be respected
- Developing a time efficient process is essential
- Continuous improvement is expected
- Sustainability of the change is key

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

**IPASS Tool**

1. **Identity**
2. **Patient Focused Assessment**
3. **Patient Engagement**
4. **Action Plan**
5. **Safety & Situation Awareness**
6. **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

- Group report
- Group report w/IPASS
- 1:1 w/IPASS at open nursing station
- 1:1 w/IPASS at door to room
- 1:1 w/IPASS at bedside
- Family Involved in Nursing Shift Handover

Tests of change
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

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

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

Tested assumptions: Interruptions

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

▶ Awareness campaign
▶ Negotiated ‘time-out’

<table>
<thead>
<tr>
<th>Data</th>
<th>Shift</th>
<th>Child / family provided opportunity for active involvement</th>
<th>Incoming RN confirmed / summarized key items</th>
<th>Child / family requests not addressed in handover</th>
<th>Interruptions (Count &amp; Type)</th>
<th>Time to complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AM</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2.6 interruptions (internal)</td>
<td></td>
</tr>
</tbody>
</table>

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
Child & family: DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Participant</th>
<th>Baseline n (%)</th>
<th>Post n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>47 (56)</td>
<td>52 (63)</td>
</tr>
<tr>
<td>Father</td>
<td>12 (14)</td>
<td>14 (17)</td>
</tr>
<tr>
<td>Mother &amp; Father</td>
<td>13 (16)</td>
<td>11 (13)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (4)</td>
<td>3 (4)</td>
</tr>
<tr>
<td>Missing</td>
<td>9 (11)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>N=84</td>
<td>N=82</td>
</tr>
<tr>
<td>Child</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

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

- I am at ease with the current process
- I feel the right information is discussed
- I have input into what is discussed

Minutes to first encounter with in-coming nurse

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

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

- Medical Unit: 49.8 baseline, 39.3 post
- Surgical Unit: 9.7 baseline, 9.7 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

<table>
<thead>
<tr>
<th>Unit</th>
<th>Baseline</th>
<th>Post</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>57</td>
<td>42</td>
<td>99</td>
</tr>
<tr>
<td>Surgical</td>
<td>28</td>
<td>26</td>
<td>54</td>
</tr>
<tr>
<td>Critical Care</td>
<td>42</td>
<td>37</td>
<td>79</td>
</tr>
<tr>
<td><strong>ALL</strong></td>
<td><strong>127</strong></td>
<td><strong>105</strong></td>
<td><strong>232</strong></td>
</tr>
</tbody>
</table>

#### Distribution of Nurses by Role

- Staff Nurse: 14%
- CSN: 2%
- Other/both: 41%
- Missing: 2%

N=232

### Nursing Data: ELEMENTS of C&FCC

#### Family involvement at nursing shift handover...all units combined

- Enables that concerns are addressed: Baseline 3.4, Post 4.0, *p <.05*
- Allows for relevant information: Baseline 4.6, Post 3.9, *p <.05*
- Promotes partnership w/ children & families: Baseline 3.1, Post 3.7, *p <.05*
- Includes child & family identified goals: Baseline 3.8, Post 3.7

*Note. 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: PROFESSIONAL PRACTICE

#### Nursing shift handover on my unit...

- Promotes team building: Baseline 3.6, Post 4.7, *p <.02*
- Allows for sensitive information to be discussed: Baseline 3.1, Post 3.8, *p <.05*
- Makes accountabilities clear: Baseline 4.1, Post 4.3

*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

- Patient safety issues: Baseline 4, Post 4
- Risk assessments: Baseline 4.3, Post 4.5
- Pain management: Baseline 4.3, Post 4.3
- Discharge planning: Baseline 3.5, Post 3.3

*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

Nursing shift handover on my unit...
all units combined

- is to the point
- follows a consistent format
- is completed in reasonable time
- discusses everything necessary in one exchange

4.2 3.7 4 3.6 3.9 3.6 4.1 3.5

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

The last nursing shift handover that I participated in took...

- medical unit
- surgical unit
- critical care
- combined

17.2 18.4 17.5 18.9 17.8 16.5 16.5

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

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