

## What are the benefits and challenges of 'bedside' nursing handovers?

In acute hospital settings nursing handover (also known as 'change of shift' or 'nursing report') has become the traditional and dominant form of communication between nurses caring for patients on one shift to the next [1]. A substantial body of nursing research appraising nurse handover has evolved and the necessity of such handover seems undisputed for enabling nurses to exchange information [2]. The literature identifies four main types of nurse handover: bedside, verbal, taped and nonverbal. However, the impact of the various handover methods on nursing care and patient outcomes remains unclear [3].

In the UK and internationally, some hospitals are moving towards handovers at the patient's bedside to support patient-centred care [4]. However, there are no national guidelines or standards in England and some have raised concerns about whether bedside handover complicates, rather than streamlines, nursing processes and puts patient's confidentiality at risk. In this Policy+ we examine different approaches to implementation, evidence of the benefits, and challenges associated with bedside handover in acute hospital settings.

### Approaches to bedside handover

Different approaches to implementing and using bedside handover include:

- *Adoption as part of a programme of quality improvement*, examples include: the United States Institute for Healthcare Improvement's Transforming Care at the Bedside (TCB) framework and the United Kingdom's NHS Institute for Innovation and Improvement's Productive Ward: Releasing Time to Care (RTC) support a critical review of handover practices by frontline staff. Some wards implementing TCB or RTC chose to use bedside handover but the actual numbers are unknown [5,6].
- *Whole hospital*, examples include: The Catholic Healthcare West (CHW), Nevada adopted bedside handovers by making use of implementation plans, bedside shift report guidelines and SBART (situation-background-assessment-recommendation-thanks) communication tool for staff [7]. Northwestern Memorial Hospital adopted bedside change-of-shift reporting as part of a patient-centred care model [8]. In Saskatoon, Canada there are plans for some wards to implement bedside reporting using DRAW (diagnosis, recent changes, anticipated changes, what to watch out for).
- *Use on selected wards*, examples include: A hospital in Queensland, Australia, developed and piloted practice guidelines, competency standards and tools for bedside handover on three medical/surgical wards. Three key steps were identified: 1) Preparation (of patients and information), 2) Handover (introduction of incoming staff, reporting, observation, checks, explaining to patient), 3) After handover (exchange sensitive information, record/log) [9].
- *Flexible/integrated approaches*, examples include: an intensive care unit in a UK hospital developed verbal (bedside), non-verbal and written forms of communication to transfer information flexibly in ways that are appropriate to the patient and their situation [10]; other hospitals have added 'a walk-around' element to handovers [11]; or worked to align handover practices with interdisciplinary ward rounds [12].

### Benefits

There is evidence from local (hospital ward-level) evaluations and observational studies that bedside handovers:

- support communication between nurses and other healthcare professionals about the patient's health, care plan and progress [2,5,9,10,13-16].
- help to inform patients about their care and who is caring for them [1,9,16].
- provide opportunities for patient involvement in care decisions [1,2,5,8,9].

- allow nurses time to observe and listen to patients [9,11,15].
- improve safety of care [5,7,14], including communication about medication [17].
- are time effective [1,2].
- provide nurse leaders opportunities to model behaviour and share expertise [9,18].
- help to orientate students and new or temporary staff [13,15].

Studies of staff views about bedside handovers indicate that:

- it improves safety and efficiency of care because staff communicate and interact in a structured way [7,9,16].
- it improves the quality of information and access to information about patients [9,19].
- nurses feel part of a more effective working environment [5,8].
- nurses feel more supported by senior staff members [8,9].

Patients generally view bedside handover positively, and say that:

- they find out information and interact with staff [2,5,8,9,20].
- they feel staff are focused on them and their specific needs [6,8,16,20].
- staff work together well and involve them in decisions [5,8].
- staff spend the right amount of time with them to help them to understand their personal health condition [7,17].

### Challenges

- Bedside handover requires accurate documentation to: support communication [10], avoid information being lost [2], and to enable staff who were not present at handover to access information [9].
- Staff can be uncertain about: what bedside handover should entail, how to involve the patient, the role of carers and family members, how to share sensitive information, what not to discuss in front of the patient, and how to protect patient privacy [4,8,16,19].
- Patients and their families can become anxious if: they are not informed, do not understand professional language, or do not feel able to participate in bedside handover [18,20]. Trillium Health Centre (Toronto) have developed a brochure called 'nursing reports at the patient bedside' to inform patients.

### Conclusions and implications

- Little is known about the use of bedside handovers in English hospitals or internationally in terms of prevalence or drivers for change. Key issues are whether bedside handover better facilitates patient care, clinical decision-making, staff support and education.
- Small-scale comparative studies of different handover practices show that it does seem to matter to staff and patients where handover happens. Generally, staff feel that handing over at the bedside improves the safety and effectiveness of care; and patients feel more informed about their care and who is caring for them.
- There can be challenges of implementation for staff and patients. Existing supportive materials for bedside handover (e.g. guidance and handover sheets<sup>9</sup>) can help to maintain confidentiality, involve patients, and structure the type of information exchanged.
- Patient involvement in handover does not always equal patient-centred care. Patients and families need written information about what bedside handover means, what to expect, how families will be involved, and how privacy and confidentiality will be protected.

#### Key points for policy

- It appears that more hospitals are moving to bedside handover but there is a need to assess the extent of this change and the reasons behind it.
- There is a need for robust evidence about the process and impact of different approaches to bedside handover on the safety and effectiveness of care and patient experiences.
- In the future, centralised development of information and support materials for staff and patients could be useful tools for ensuring handover processes and information are integrated in to the overall care of the patient.

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