

Nursing Clinical Handover: Results and outcomes of an exploratory study of a NSW inpatient mental health rehabilitation service

Andrea McCloughen

Dr Louise O'Brien

Dr Donna Gillies

Caroline McSherry



Nursing Clinical Handover Study

- Background to the Study
- Method of the Study
- Results of the Study
- Outcomes
- Issues

Background to the Study

- ⊗ **Nursing staff identified handover as having:**
 - **Wide variation**
 - **No formal structure**
 - **No review process**

- ⊗ **Literature identifies nursing handover as:**
 - **Based on tradition and ritual**
 - **Ill-defined**
 - **Lacking focus**

Study Method

⊗ Setting

- MH rehab units of public psych hospital NSW
- 3 wards + 5 cottage complexes

⊗ Participants

- All nurses

⊗ Data Collection

- Audiotaped handovers and interviews

⊗ Data Analysis

- Content analysis
(Content Matrix Guide)



Areas of Focus

- Purpose
- Practice
- Content
- Quality
- Training

Purpose

“The overall purpose is communication, clear and precise communication specifically to do with the patients’ medical, physical and mental well being and care, and making clear any instructions that the doctor prescribed...”

- Provide information to oncoming shift about events of previous shift
- Problem focused
- Useful for planning
- Essential mechanism for information exchange

“Sometimes it takes a quarter of an hour, sometimes it takes half an hour, depending on what’s happened on the unit...there is no point talking about nothing for the sake of talking”

Practice

- ⦿ **Generally delivered by nurse in charge**
- ⦿ **Limited choice of venue**
- ⦿ **Inconsistent staff attendance**
- ⦿ **No formalised allocated time**
- ⦿ **Variable duration**

Content

“We don’t talk about each individual patient, because it’s a rehabilitation ward and it’s not necessary”

- **Multiple contributing sources**
- **No demographic details, diagnoses, history**
- **Not every patient discussed**
- **Information related to change identified as essential**
- **Patients’ leave was a predominant feature**



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“[Handover] changes depending on who is giving the handover, what that person perceives as important, whereas I might perceive something very different to a first year RN as being important”

Quality

- ⦿ **Rushed**
- ⦿ **Retrospective focus**
- ⦿ **Nursing interventions poorly articulated**
- ⦿ **Person delivering handover impacts on its handover**
- ⦿ **Unsatisfactory venue**

Training

“We only know what we do in handover from what we have followed. We’ve learned our handovers from other people giving handovers and we have all just followed suit.”


- **Formal training uncommon**
- **Learn through observation**
- **Need for formal direction or framework**

Outcomes of the Study

- ⊗ Development of context specific *Handover Guidelines for Rehabilitation Service*
- ⊗ Guideline's address findings of the study:
 - Commencement
 - Duration
 - Venue
 - Staff Attending
 - Person Responsible for Delivering Handover
 - Sources of Information
 - Content - Essential Information
 - Focus

Issues For Handover Raised by the Study

- ⊙ **Strong professional foundation**
 - ➔ **Nurses value their contributions**
- ⊙ **Supported by the organisation/system**
 - ➔ **Provision of resources [time and space]**
- ⊙ **Framed by unique and specialised contexts**
 - ➔ **Reflect the philosophy of nursing speciality and context and associated nursing interventions**



“I do think that you must get a standard on the unit and then people work to it. If you make handover just casual and not important, people will see it that way. If you give it significance and it is seen as important, people will treat it that way”



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