



Improving Nursing Handovers in a Hospice In-Patient Unit Using the PDSA Cycle

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Background:

- Nursing Handovers:
 - Focused on tasks nurses needed to do that day
 - Took a long time (Four staff and 60 mins for 8 patients) Lacked structure
 - Were not person-centred
 - Nurses relied on hand written notes...no procedure for disposing of them

Aim

- To introduce a structured nursing handover template to guide staff in shaping safe and effective communication of patient centred care

PLAN - What did we plan?

- Design a structured handover template with a patient centred component to enable staff to communicate:
 - Overall goals for admission
 - Immediate care needed
 - Patient's own goals
- Planned process of implementation
- How best to engage staff

DO - What did we do?

- Piloted the template and worked with staff to agree the final design
- Provided guidance on destruction of notes at the end of shift
- Implemented the tool and actively monitored the use for 1 month
- Measured outcomes in terms of:
 - Length of handover
 - Compliance with the tool
 - Destruction of notes at end of shift
 - Staff views on the intervention
- Evaluated the tool with the use of a staff feedback questionnaire

STUDY - What difference did it make?

- Handovers are more focused – information is given and received in a structured way
- Time of handovers have reduced by 50% from 60 minutes to just 30 minutes
- Nurses' pocket notes have been eradicated
- Handovers included discussion of patients' personal goals but didn't always reflect the whole patient journey.

Feedback from Nursing Handover Sheet Questionnaire

Out of 32 RGN's on the ward 47% of them completed and returned their feedback questionnaires

13 out of 15 agreed that *“the nursing handover sheet provided all the relevant information needed in a structured way.”*

10 out of 15 felt that *“the time taken to give or receive a handover was reduced significantly allowing more time for patient care.”*

“Encouraged us to identify goals of admission and focus on progress towards them”

Nurses observed differences as a result of using the Handover template

Nurses said they now **think differently**

Rather than thinking (and communicating) in a 'global and storytelling way', they reported that they now think more systematically. They found that they processed information about patients' care and needs differently – “Helps everyone think of an ‘Assess, Plan, Implement and Evaluate’ model and identify problems and management plans easily.”

As a result of having easy access to such comprehensive and up-to-date information about patients, nurses feel more equipped and confident in relaying patient information to colleagues, to families or in a multi-professional meeting. They are able to do this in a succinct and accurate way, even if they have just resumed from time off work!

Nurses said they feel **more confident**

ACT

1. Need to re-inforce the “patient journey” in handover i.e. where they have been, where they are now and where they are going
2. Embed the tool into daily nursing practice and continue to develop
3. Integrate the tool into the new Crosscare electronic recording system

WHAT WE DID

Redesign the template to align with Crosscare 'headings'

Generate updated handover sheets directly from clinical records for every shift

WHAT DIFFERENCE DID IT MAKE?

Handovers are predominantly verbal rather than taking notes
This allows active listening and engagement
Provides more accurate information
Avoids written duplication and risk of error