

Bedside handover – implementing and evaluating change

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Background

- Children's Cancer Centre
- Model of care work
 - Collaborative Care Model
- History of handover project

Local Context

- Children's Cancer Centre
 - Primary provider of cancer services to children within Victoria
 - Collaborates with Monash Medical Centre, Peter MacCallum Cancer Centre as part of the PICS
- Recent re-development
 - Expansion from 17 – 24 bed unit
 - Mainly single bed composition (Shift from 4 bed bays)
- Changing workforce
 - Large increase in workforce
 - 40 – 60 nurses
 - Employment of division 2 nurses
 - Changing staffing models
- Increased complexity

Background

- Model of care study commenced April 2006
- Preparation for shift to new environment
- Exploration of care models to meet changing environment, complexity, workforce
- Literature review –
 - Various models of care
 - Need to ensure that models are tailored to the individual needs of the unit

Summary of results

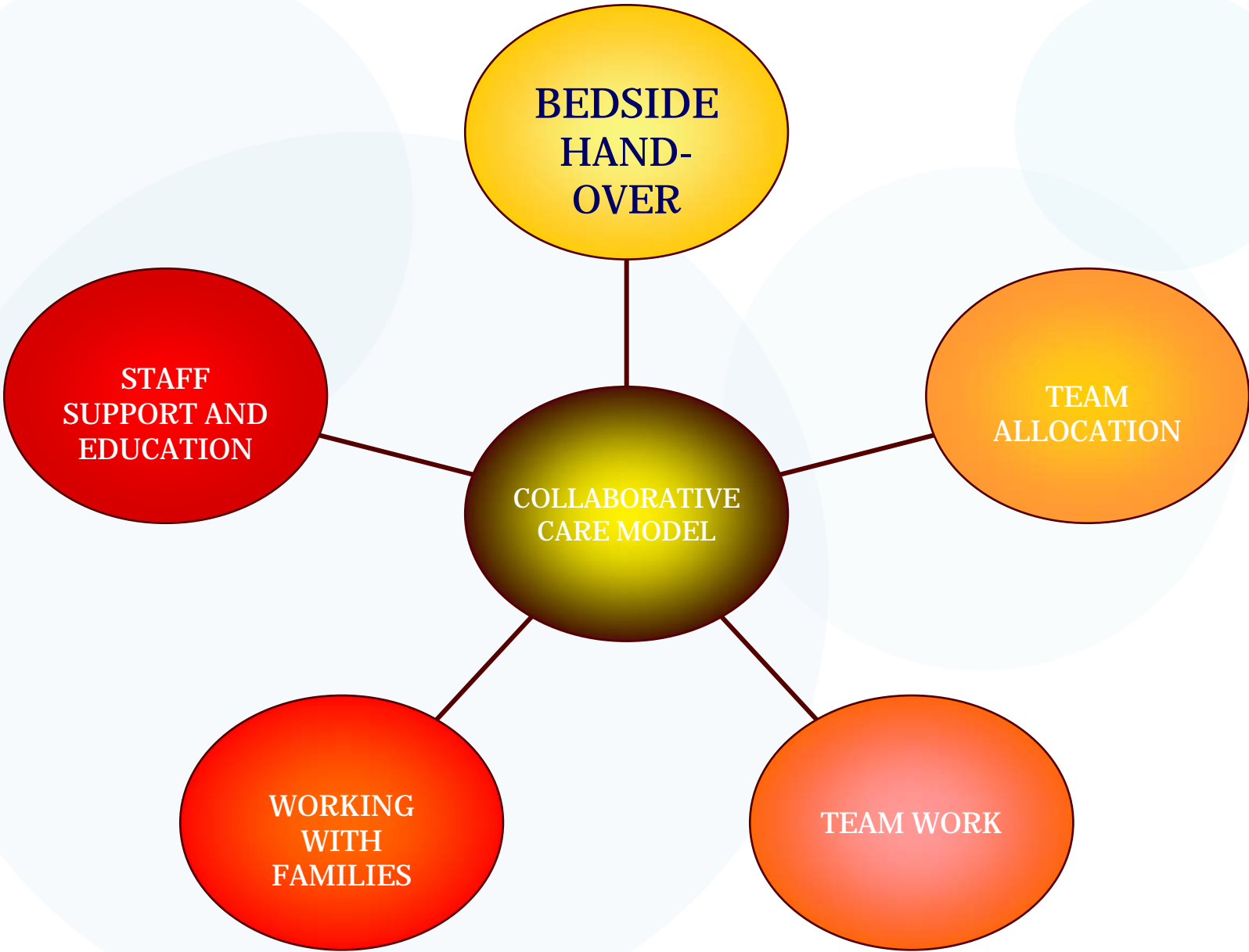
- There is clear evidence for a nursing model of care that
 - Promotes team work,
 - Provides opportunity for mentorship and support, and
 - Encourages a collaborative approach with families.
- Practice changes need to be supported by clear evidence and rationale
- All communication regarding practice changes needs to be accessible to all staff
- The impact of practice changes need to be evaluated
- Importance of consistent approaches to care
- Commitment from the team is essential to achieving consistency

Developing a model of care

- Model of care needed to centre around:
 - Collaboration
 - Teamwork
 - Mentorship

COLLABORATIVE CARE MODEL





Focusing on Bedside Handover

- Evidence from Model of Care study and literature to support bedside handover –
 - Encourages team work
 - Improves communication between and within staff and families
 - Increases opportunities for mentorship and role modeling
 - Patient's and their families are more informed and involved in their child's care

Implementing and evaluating

- Bedside handover implemented December 2007
 - Mechanisms to support
 - Education sessions
 - Bedside guidelines
 - Mock role playing
 - Engaging leadership group
- Consumer evaluation
- Staff discussion forum
 - Claims, Concerns and Issues
- Staff evaluation

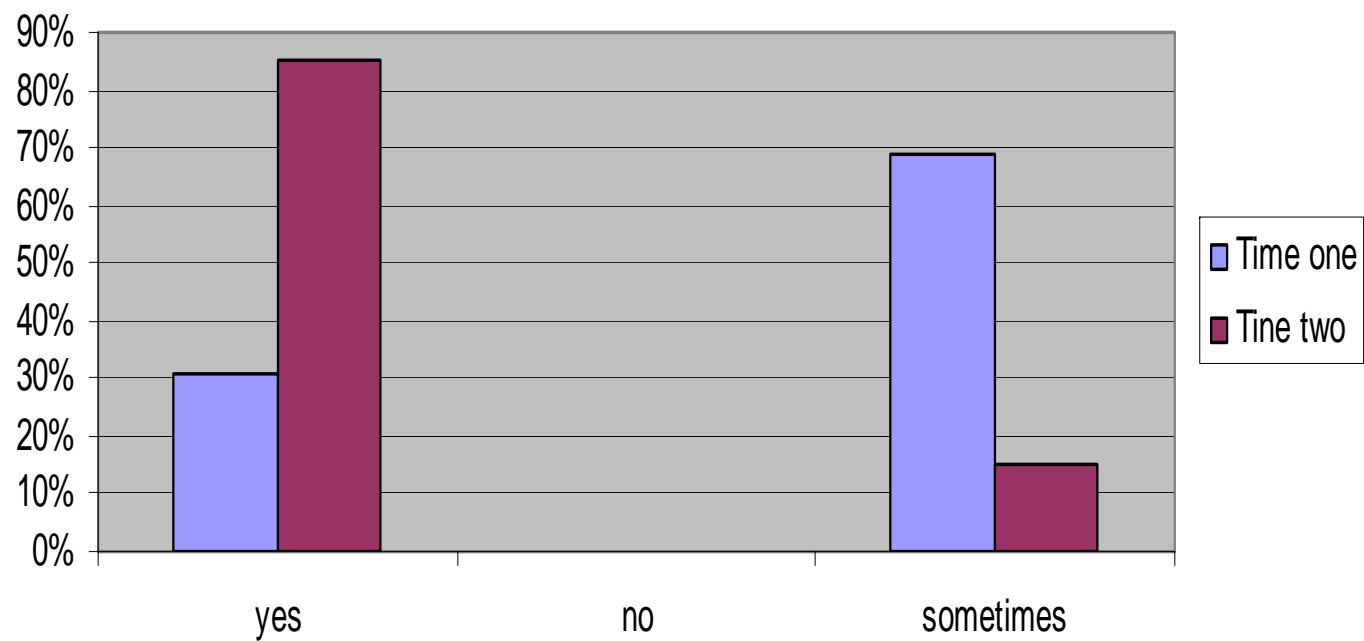
Consumer Evaluation

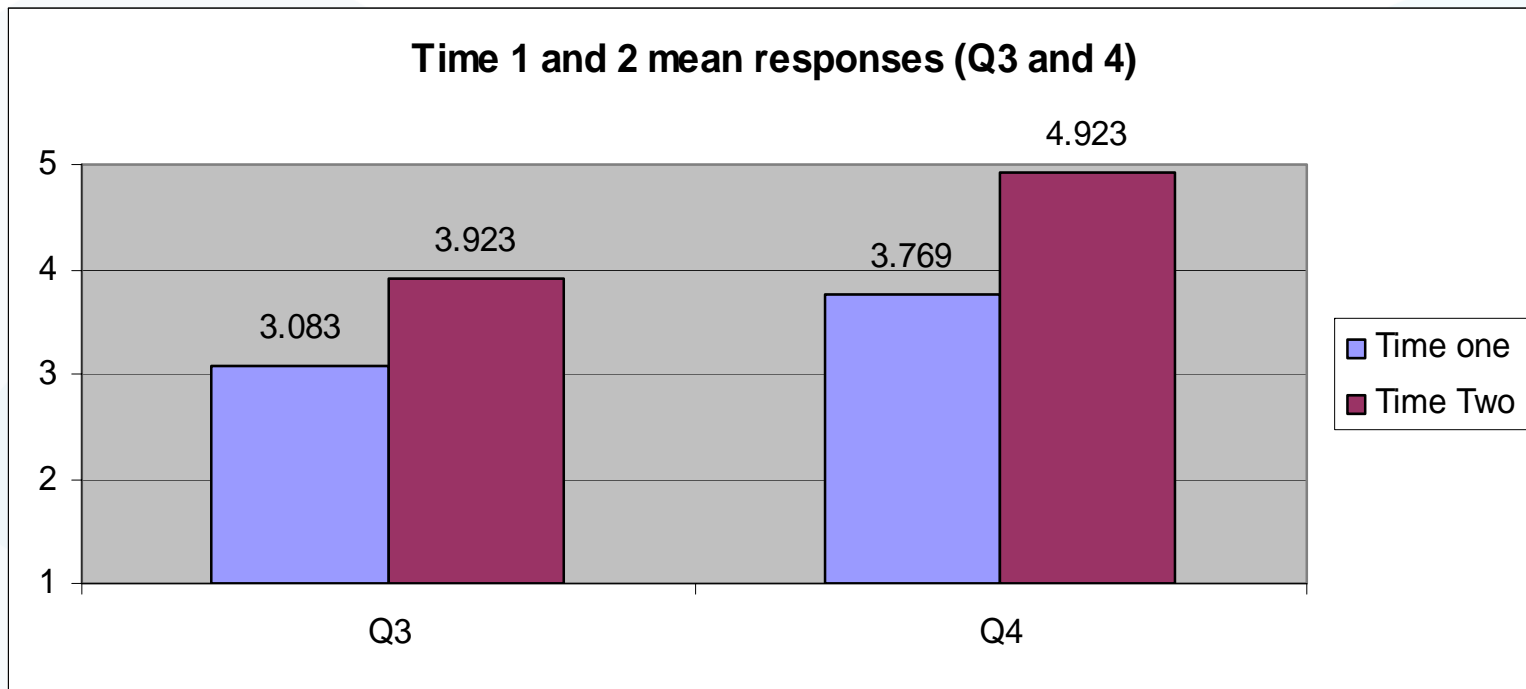
- Parent surveys were distributed to all in-patients at two time points for a one week period
 - Time 1 – Pre formal launch of bedside handover
 - Time 2 – 3 months post implementation of BH
- Aim: To evaluate the impact that bedside handover has on the level that family caregivers feel involved in and informed about their child's care

Consumer results

- The T1 and T2 parent survey results are summarised as follows –
 - There were a respective total of 32 and 29 in-patients during this period.
 - At T1 - 25 (78%) and at T2 - 29 (100%) received the survey.
 - There was a respective response rate of 13 (52%) and 13 (44.8%)

Are you aware of which nurse is caring for you and your child at the beginning of the shift (time 1 and 2)?





- Q3: How informed do you feel about the nursing care of your child?
 - (rated on a 5 point likert scale where 1 was 'not at all' and 5 was 'fully informed')
- Q4: How comfortable do you feel communicating with nurses about your child's care?
 - (rated on a 5 point likert scale where 1 was 'not at all' and 5 'was very well')

Summary of consumer results

- There was a significant increase in the number of parents who knew which nurse was caring for their child at T2
- There was a greater awareness of the information communicated and aims of bedside handover at T2.
- There was a marked increase at T2 with how informed parents felt about their child's nursing care
- There was a significant increase at T2 in how comfortable parents feel communicating with nurses about their child's care
- Bedside handover was occurring more frequently at T2.

Staff discussion forum

- Bedside handover problematic
- Study days – evaluation process
- Claims, Concerns and Issues results
 - What information needs to be exchanged?
 - How can we perform bedside handover in a time efficient way?
 - How do we negotiate handover with the child/family?
 - How do we develop confidence in staff handing over?
 - When should bedside handover take place?
 - Who should be involved in bedside handover?
 - What are the aims of bedside handover?

Action planning

- Aims of bedside handover were agreed upon
- Bedside handover prompt sheet reviewed
- Bedside handover action group established
- Staff evaluation was proposed
- Following the two month trial period the Bedside Handover action group with the leadership group analysed the survey data and a consensus was established surrounding the best way to conduct bedside handover on the CCC

Staff evaluation

- Two month trial of different BH practices
 - Month One – all staff conducted bedside handover one to one (i.e. the previous nurse to the oncoming nurse allocated to that patient)
 - Month Two – all staff conducted bedside handover nurse to team (i.e. the previous nurse to the oncoming team allocated to that area – BMT, East or West)
 - A staff audit was conducted at the end of each trial month to establish how the trialled practice met the identified bedside handover aims
 - The parent handover surveys continued over this time to track the impact on families

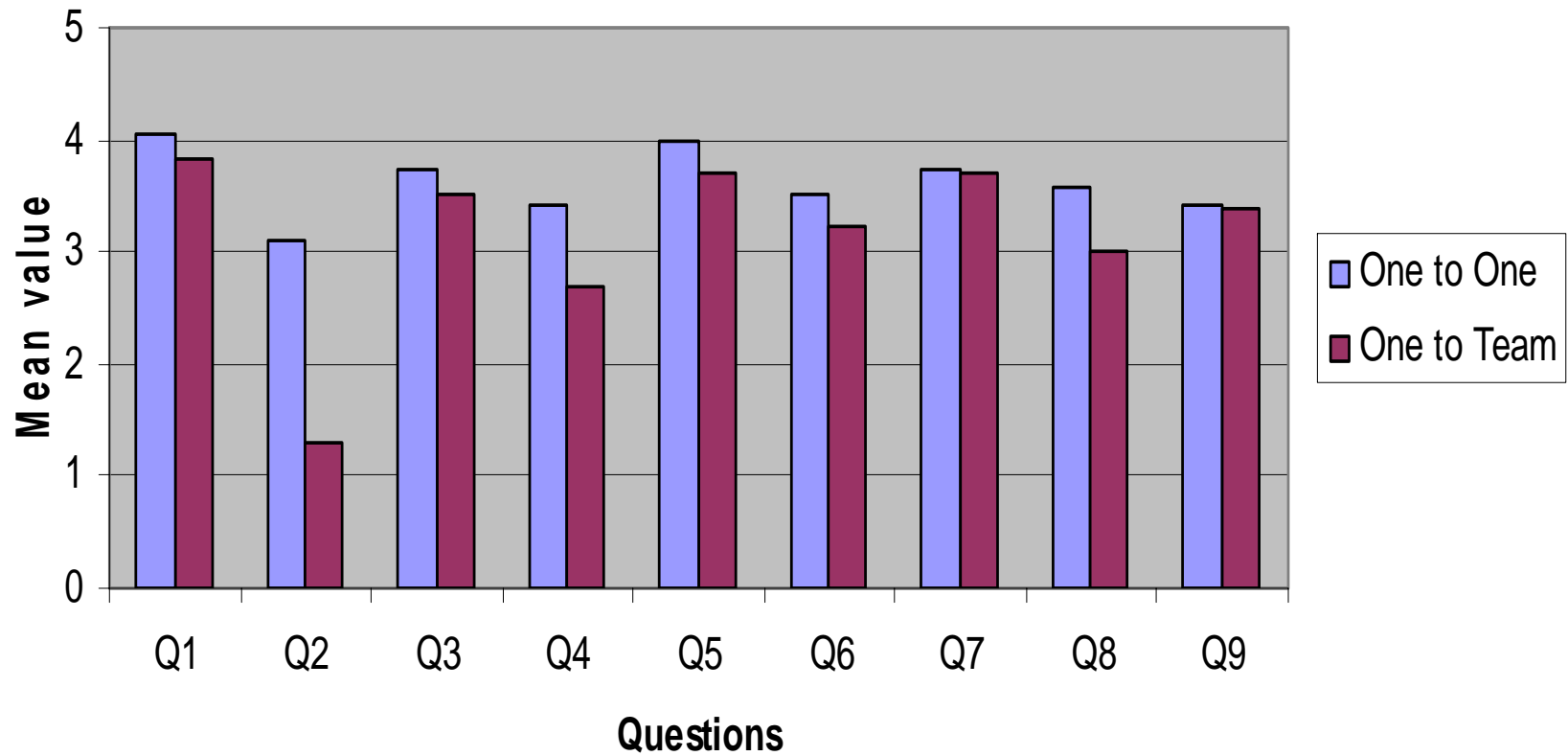
Staff results

- The first trial month – one-one handover – was conducted in April 2008. Fifty-three surveys were distributed and 19 were returned (36% response rate).
- The second trial month – one-team handover – was conducted in May. Fifty-four survey's were distributed and 23 were returned (43% response rate).

Staff survey

- Nurses were asked to rank the following statements on a likert type scale of 1-5, where 1 indicated strongly disagree and 5 indicated strongly agree.
 1. Accurate information has been given to me about the patients I have been caring for
 2. Bedside handover is occurring in a time efficient manner
 3. Families are provided with accurate information about their child's care
 4. Families are receiving information in a timely manner
 5. Families are involved in decisions about their child's daily care
 6. All patient care needs have been met
 7. I have been able to conduct a visual/physical assessment of my patients at the beginning of the shift
 8. There have been learning opportunities for staff during bedside handover
 9. There have been opportunities for role modelling during bedside handover

Comparison of bedside handover methods



Summary of results

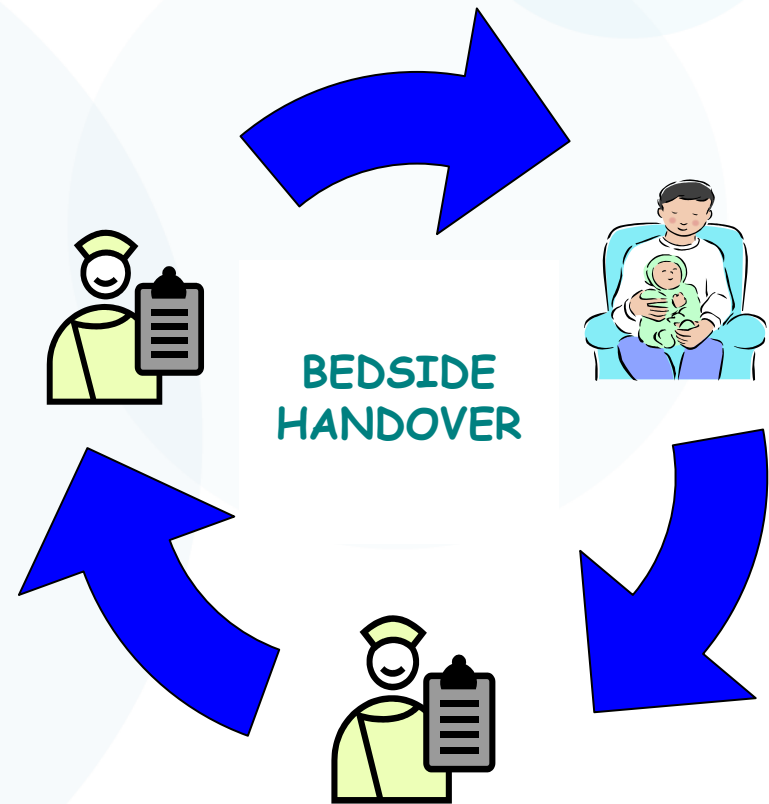
- Many of the aims of bedside handover were not compromised by the way that it is conducted, e.g. the communication of accurate information, involving families in decision making, visual assessment of the patient and role modelling
- One-one bedside handover is a more time efficient practice to communicate to nurses and families
- Less learning opportunities were identified during the one-team trial
- Bedside handover, with a preference for a one-one method, was validated as an effective way for nurses to communicate with each other and the child and family, fostering family centred care, staff mentoring and safe work practices.

Implementation of new practice

- Results
 - evidence based practice statement supporting bedside handover
- Implementation of new practice
 - Process
 - Leadership group role

Bedside handover best practice statement

- BEDSIDE HANDOVER HAS BEEN ESTABLISHED AS AN IMPORTANT PART OF THE COLLABORATIVE CARE MODEL OF NURSING ON THE CHILDREN'S CANCER CENTRE
- BEDSIDE HANDOVER – NURSE:PARENT:NURSE EVERY SHIFT EVERY PATIENT



Challenges\approaches

- Engagement of staff in process
- Sustaining the practice change
- Leadership group –
 - Group membership
 - Handover Challenges
 - How are they role modelling it?
- Ongoing evaluation – e.g. CCI with Leadership group

Leadership group

- Representation from all grades of nurses
- Encouraging 'leadership' qualities
- Providing an environment of high challenge and high support
- Developing a core group of nurses who will support change and encourage an environment of clinical inquiry

Learnings

- Recognising and responding to the challenges – culture of change
- Open and collaborative processes
- Practice changes require mechanisms to support and encourage enthusiasm
- Change is a process – commitment is central to success
- Learning from resistance
- Development of Leadership group

Acknowledgements

- Families and staff
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