Objectives

- Understand background and methods
- Explore experience with family engagement
- Examine process and outcomes
  - Toolkit development
  - Nurse engagement
  - Evaluation findings
- Discuss key learning
  - Confidentiality
  - Sensitive information
  - Interruptions
  - Time & efficiency
- Consider barriers and enablers to spread & sustainability
The Hospital for Sick Children


Canada’s largest children’s hospital
- Serving diverse population > 10 million
- ~ 100,000 inpatient days/yr
- ~ 11,000 surgeries/yr
- ~ 300,000 ambulatory visits/yr

As innovators in child health, we lead and partner to improve the health of children provincially, nationally and internationally through the integration of care, research and education.
What is Nursing Shift Handover?

An organizational assessment and environmental scan revealed that...

**IMPERATIVE for Child and Family Involvement**

- 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
suggest 'when the outgoing nurse hands over accountability for the child and family to the incoming nurse'
**ALIGNMENT with SickKids Values**

**EXCELLENCE**
- Enhances patient safety, health outcomes

**COLLABORATION**
- Promotes partnership, considers preferences

**INTEGRITY**
- Focuses on complete, unbiased information

**INNOVATION**
- Tests novel practice, builds on the evidence

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**INFORMED by the literature**

**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)
March, 2015

FAMILY ENGAGEMENT

Participated in Priority Setting

Photo by J. Blumberg (Sept 2012) SickKids Family-Centred Care Advisory Council
Involved in Initiative Leadership & Support

Steering Committee
- Sets and communicates direction regarding the handover tool/process
- Provides direction regarding change management approach

Development Team
- Develops the standardized handover tool and process
- Develops supporting implementation toolkit
- Initiates execution of the change management approach with the support of the Steering Committee

Unit-based Implementation Teams
- Contribute to the development of the tool/process
- Customization of toolkit to meet unit needs
- Lead unit implementation while continuing execution of the change management approach

Thought Partners
- RN Council
- Children & Youth Advisory Council
- Family Centred Care Advisory Council
- Families as Partners in Patient Safety

Developed 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
- Process will promote visualization of the child and/or environment
- 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.
Developed processes & procedures

- Evidence informed
  - Patient engagement
    - Goal setting
  - Synthesis
    - Summarizing
    - Asks questions
    - Validates understanding

(Starmer et al [IPASS Study Group], 2012; 2014)

Participated in KT activities

Award for Child & Family-Centred Care

10th Annual SickKids Patient Safety Symposium
Engaged in staff recognition

Families asked...
“What can we do to help and let the nurses know much we appreciate this?”

TOOLKIT DEVELOPMENT
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

Nurse Education

Simulations: to promote ‘hands-on’ learning and build confidence and competence

Teaching videos: to introduce anticipated challenges & related strategies
Audit & Feedback

NURSE ENGAGEMENT & IMPLEMENTATION
Phase 1: Implementation on 3 Diverse Units

<table>
<thead>
<tr>
<th>Type</th>
<th>Specialty</th>
<th>Size</th>
<th>Report</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Haem/Onco</td>
<td>medium</td>
<td>~1:3</td>
<td>nursing station</td>
</tr>
<tr>
<td>Surgical</td>
<td>Burns &amp; Plastics</td>
<td>small</td>
<td>Group</td>
<td>report room</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Cardiac</td>
<td>large</td>
<td>1:1</td>
<td>bedside</td>
</tr>
</tbody>
</table>

Stepwise & Customizable Process
Practice Development

What we had...

✓ History of child & family centred care
✓ Many unit champions
✓ Solid administrative support
✓ Some vocal ‘naysayers’

What we did...

CLAIMS? CONCERNS? ISSUES?

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 we found: 4 Key Challenges Identified

CONFIDENTIALITY

COMMUNICATING SENSITIVE INFORMATION

TIME FOR NURSING HANOVER

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
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: Time

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

Testing: Interruptions

- PDSA- to understand interruptions / opportunities to minimize
- n=10 handovers included; collected by unit clerk; surgical unit
- Action
  - internal: establish shift-change routines
  - external: ‘no call zone’ planned; in progress
Aligned with SickKids Model of C&FCC

Data were collected:
- 3 diverse units
- proximal to shift-change
- baseline & post implementation

Child & family data:
- used ‘bedside diaries’
- single & repeated observations

Nurse data:
- self-report surveys
- agreement scales and short-answer
**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><strong>TOTAL</strong></td>
<td><strong>N=84</strong></td>
<td><strong>N=82</strong></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

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**Family data: ELEMENTS of C&FCC**

**On this unit at nursing shift handover...UNITS COMBINED**

- **I am at ease with the current process**
  - Baseline: 7.6
  - Post: 9.3

- **I feel the right information is discussed**
  - Baseline: 8.5
  - Post: 9.1

- **I have input into what is discussed**
  - Baseline: 6.4
  - Post: 8.5

**Note:** *p<.02, results of MANOVA; 10 point agreement scale, with 10 being highest score possible
Family data: ELEMENTS of C&FCC

OVERALL—perceptions of bedside nursing shift handover related to elements of respect, communication & partnership

<table>
<thead>
<tr>
<th>Perception</th>
<th>Score out of 10*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was made to feel comfortable</td>
<td>9.3</td>
</tr>
<tr>
<td>I was well prepared to participate</td>
<td>9.0</td>
</tr>
<tr>
<td>I had the opportunity to ask questions</td>
<td>9.5</td>
</tr>
<tr>
<td>My child had the opportunity to ask questions</td>
<td>9.4</td>
</tr>
<tr>
<td>It was easy to understand the information</td>
<td>9.6</td>
</tr>
<tr>
<td>I was made to feel like a valued member of the team</td>
<td>9.1</td>
</tr>
<tr>
<td>What matters most to me/my child was discussed</td>
<td>9.1</td>
</tr>
<tr>
<td>I was able to contribute to the plan of care</td>
<td>8.9</td>
</tr>
<tr>
<td>It helped me understand the plan of care</td>
<td>9.2</td>
</tr>
</tbody>
</table>

Note: n=29, responses for those who participated in handover; 10 pt agreement scale; where 10 is the highest possible score.

Minutes to first encounter with in-coming nurse

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

MEDICAL UNIT p < .001

Baseline: 6.3, Post: 49.8

SURGICAL UNIT p < .001

Baseline: 9.7, Post: 39.3

Note: Independent samples t-tests, MEDICAL n= 65 baseline, n=27 post; SURGICAL n= 51 baseline, n=17 post.
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>ALL</td>
<td>127</td>
<td>105</td>
<td>232</td>
</tr>
</tbody>
</table>

Distribution of Nurses by Role

- Staff Nurse: 81%
- CSN: 14%
- Other/both: 2%, 4%
- Missing: 2%

N=232
Nursing Data: ELEMENTS of C&FCC

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

<table>
<thead>
<tr>
<th>Enables that concerns are addressed*</th>
<th>Allows for relevant information*</th>
<th>Promotes partnership w/ children &amp; families*</th>
<th>Includes child &amp; family identified goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4</td>
<td>4.6</td>
<td>3.9</td>
<td>3.7</td>
</tr>
<tr>
<td>4.0</td>
<td>3.9</td>
<td>3.7</td>
<td>3.8</td>
</tr>
<tr>
<td>Baseline</td>
<td>Post</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: OUTCOMES of C&FCC

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

<table>
<thead>
<tr>
<th>Patient safety issues</th>
<th>Risk assessments*</th>
<th>Pain management</th>
<th>Discharge planning*</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3.5</td>
<td>4.5</td>
<td>4.3</td>
</tr>
<tr>
<td>4</td>
<td>4.3</td>
<td>4.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Baseline (n=80)</td>
<td>Post (n=110)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>is to the point*</td>
<td>3.7</td>
<td>4.1</td>
</tr>
<tr>
<td>follows a consistent format*</td>
<td>4</td>
<td>3.6</td>
</tr>
<tr>
<td>is completed in reasonable time*</td>
<td>3.9</td>
<td>3.6</td>
</tr>
<tr>
<td>discusses everything necessary in one exchange</td>
<td>3.5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

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: PROFESSIONAL PRACTICE

Nursing shift handover on my unit...

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>promotes team building*</td>
<td>3.6</td>
<td>4.7</td>
</tr>
<tr>
<td>allows for sensitive information to be discussed*</td>
<td>3.2</td>
<td>3.1</td>
</tr>
<tr>
<td>makes accountabilities clear*</td>
<td>4.1</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Note. *p < .02; results of MANOVA; 5 point agreement scale where 5 was the highest level of agreement possible; n=122 baseline, n=102 post
Nursing data: LENGTH of handover

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

![Bar chart showing length of handover in different units.

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]

What nurses told us...

Note. Represents categories identified through content analysis of short-answer responses to what nurses described as the strengths, challenges and ideals of family involvement in nursing shift handover; the larger the text- the more frequent the category was cited
Perspective of critical care nurses

Consistency
• “... the tool has helped our handover be more streamlined.”

Strengthened Relationships
• “...overall it’s just improved relationships between staff and the families.”

Setting the Stage
• “... on admission explaining to them what bedside handover is.”

Making it Work
• “... we had a very engaged, very affective team here on the unit to implement the change.”

Conveying Sensitive Information
• “I never know how much to tell.”

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

Note. Findings of semi-structured interviews, n= 10
Nicole LeBlanc RN, MScN, Mary McAllister RN(EC), PhD, Krista Keilty NP – Paeds, PhD,
Andrea McCormick RN, MN, Sarah Haliburton RN, BScN
Discussion

• 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
Acknowledgements

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SickKids staff, children and families who have informed this work

Thank you!

QUESTIONS & DISCUSSION
Finding an Error during Handover