



# Identifying Benefits and Barriers to Bedside Handoff of Care

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## BACKGROUND

- Improved communication effectiveness among caregivers is a Joint Commission National Patient Safety Goal.
- Poor communication is a major factor in healthcare errors.
- The Joint Commission estimates 80% of serious medical errors involve miscommunication between caregivers when a patient is transferred or handed off.
- Bedside Handoff of Care**– the process through which pertinent patient information is transferred from one nurse to another to ensure continuity of care of the patient-- **can improve communication between nurses.**
- This practice was introduced at Sentara Martha Jefferson Hospital (SMJH) in 2010.
- Despite initial support from both staff and administration, the practice has failed to become hardwired among staff.
- To address this issue, a literature review was initiated, so that nurses could be reeducated about this practice using current evidence.

The purpose of this literature review was *to identify benefits and barriers to bedside handoff of care.*

## METHODS

- The literature was searched using the EBSCO search engine.
- Keywords included: Bedside Report, Handoff of care, Bedside Handoff, Nursing.
- Limits included 2010 – current literature and research articles.
- Titles and abstracts were reviewed for their fit with the literature review purpose. Those articles that were not related to bedside handoff of care, bedside report, or nursing were excluded from further review.

## RESULTS

Our review of current research revealed many benefits *AND* barriers to bedside handoff of care from both a nursing and patient perspective.

NURSING

### Benefits

- ❖ Improved insight into care each patient requires an opportunity to ask questions of off going caregiver.
- ❖ Improved consistency continuity and safety of care by engaging patient in plan of care discussions.
- ❖ Allows oncoming caregiver opportunity to better plan and prioritize care in more timely manner.
- ❖ Improved hand off efficiency.
- ❖ Improved nursing accountability.
- ❖ Increased reporting accuracy with visualization of lines/tubes/drains, pumps and other equipment.
- ❖ Improved nurse/patient relationship and involvement of patient in their own care.
- ❖ Decrease in call light use.

PATIENTS

- ❖ Increased adherence with completion of whiteboards.
- ❖ Fewer patient complaints and perception of improved care.
- ❖ Patients feel more informed about and involved in their care.
- ❖ Improved nurse/patient relationship with early introduction of oncoming nurse
- ❖ Improved patient safety; decreased falls, CAUTIs, medication errors and skin issues.
- ❖ Reassurance with staff knowledge about them and their care.
- ❖ Opportunity to receive and share information and correct errors.
- ❖ Decreased discharge time due to improved patient education

### Barriers

- ❖ Concerns regarding patient confidentiality.
- ❖ Inconsistency in information shared during handoff
- ❖ Lack of confidence in knowing what to say/how to engage patient during handoff
- ❖ Perception that this type of handoff is more time consuming
- ❖ Managing patient (over) involvement in handoff
- ❖ Medical jargon difficult to understand.
- ❖ Tiring repetition of information each shift.
- ❖ Anxiety from incorrect information being shared.
- ❖ Anxiety from too much information.
- ❖ Lack of privacy.
- ❖ Anxiety in hearing about illness.
- ❖ Increased length of time of call bell to be answered.

## IMPLICATIONS FOR PRACTICE

Bedside handoff of care has multiple benefits to both nurses and patients, but many barriers to successful implementation exist. Each organization and unit should take the time to identify the barriers that exist in order to develop targeted and focused staff education. Consideration should be given to identifying and implementing a standardized tool (Sbar, ICCCO, P-VITAL, MIST, NUTS) to improve consistency of use and information shared during handoff.