

YOU'VE ASKED

As a registered nurse (RN), what do I need to know about handing over clients?

COMMUNICATION BETWEEN RNs who are changing shift or assignment is referred to as “handover of patients” (Alvarado, 2006). The Nurses Association of New Brunswick’s *Standards of Practice for RNs (2012)* state that all RNs must communicate effectively with colleagues. Part of this expectation involves communicating relevant and detailed information to ensure the safe handover of care.

This fundamental component of nursing care is not a new concept. Handover of patients implies that there is sharing or transfer of information and knowledge between RNs. It ensures that patient care continues seamlessly and safely, providing the oncoming RNs with relevant information about the plan of care and the patient’s condition (Petersen, 2013). Inadequate or incorrect information puts patient safety and the continuity of care at risk (Alvarado, 2006). The Registered Nurses Association of Ontario (2014) *Care Transitions Best Practice Guideline* advises that in order “to avoid repetition, duplication or omission of critical client information during information exchanges between settings or health-care providers, discussion and documentation should be streamlined and standardized to ensure clear and accurate transfer of information”. Furthermore, the Accreditation Canada suggest that patient safety can be improved by employing “effective mechanisms for transfer of information at interface points, including shift changes” (Alvarado, 2006).

Depending on the work setting, different reporting mechanisms may be used. The most common modes of handover are bedside, recorded or written and face-to-face reports. Since



the primary goal of handover is to communicate important and relevant information about the patient and the plan of care, a combination of verbal and written is often required. The written report ensures information is captured and retained while the verbal communication can offer a “clearer” picture of the patient. RNs should advocate for employer policies on the handover of clients. These policies should outline the modes of handover, the retention and storage of written/recorded communications, etc. A number of studies have demonstrated that communication failure during handover of patients often leads to uncertainty in decisions about patient care, which could lead to patient harm.

For more information about the RN’s responsibility to communicate effectively with all members of the health care team, contact NANB’s Practice Department at 1-800-442-4417 or by email at nanb@nanb.nb.ca.

Handover Tips

Keep it client centered

Keep it confidential

Use standardized methods

Follow a structured approach

Use time wisely

REFERENCES

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- Registered Nurses Association of Ontario (2014). *Care Transitions-Clinical Best Practice Guidelines*. Toronto: Author. ■