1.0 Introduction

Nursing change of shift, change-over and “giving report” are significant processes in day-to-day practice that involve the exchange of patient information and responsibility at the end of a given time period or shift and at the beginning of the next (Alvarado et. al, 2006).

Nursing shift handover focuses on the transfer of accountability for care of the child from the outgoing to the incoming nurse. In recognizing the critical role of the child and family in safe continuity of care (WHO, 2007) and in keeping with a commitment to advancing child and family-centred care at The Hospital for Sick Children (SickKids), the ‘Transfer of Accountability Involving Child and Family During Nursing Shift Handover’ policy stipulates that, except under highly exceptional circumstances, nursing shift handover occurs at the bedside and involves the child and family based on their preference.

2.0 Definitions

2.1 Transfer of Accountability - Involving the transfer of rights, duties, and obligations from one person or group of people to another (Solet et. al, 2005). Handover communication relates to the process of passing patient-specific information from one caregiver to another, from one team of caregivers to the next, or from caregivers to the patient and family for the purpose of ensuring patient care continuity and safety (WHO, 2007).

2.2 Nursing Shift Handover - Facilitating effective information exchange among the child, family, and nurses, face-to-face bedside shift handover enables:

2.2.1 Nurses to:

- Transfer responsibility and accountability of care through the communication of the most current health-related information about the child
- Plan and facilitate continuity of patient care
- Engage family in the plan of care
- Identify safety concerns and issues
- Build team cohesion
- Educate and support one another within the nursing team
- Encourage the family to be present at handover

2.2.2 Child and family to:

- Be introduced to the oncoming nurse
Transfer of Accountability Involving Child and Family During Nursing Shift Handover

- Have an opportunity to understand the plan of care
- Be encouraged to ask questions and clarify information relating to plan of care
- Share their goals and priorities for the shift
- Identify safety concerns and issues

2.3 Highly Exceptional Circumstances – In consultation with the child and family, nurses exercise sound clinical judgment in determining situations that may be considered as highly exceptional circumstances. These include, but are not limited to, situations where safety, physical and/or psychological well-being of the child, family, and/or nursing staff is at risk.

In the events where highly exceptional circumstances are identified, the process of nursing handover should be determined by the outgoing nurse, in consultation with the child and family.

3.0 Policy

Nursing shift handover practice at SickKids will occur at the bedside and will involve the child and family based on their preference, unless prohibited by highly exceptional concerns for the child’s, family’s or others’ safety and well-being.

3.1 All patients and families are provided the opportunity to participate in nursing shift handover at the bedside, and this preference is re-evaluated and confirmed by the outgoing nurse as close to the upcoming handover period as possible.

3.2 At a minimum, a bedside safety check is completed at nursing shift handover by the outgoing and oncoming nurse even if the child and/or family chooses not to be actively involved in the exchange of information during nursing handover. Mandatory components of this safety check include:

- Patient identification wrist band
- Allergy alert
- Intravenous sites, solutions, and medication infusions

3.2.1 Other required safety checks, guided by the Inpatient Safety Checklist, are to be completed at the beginning of each shift by the oncoming RN (usually after nursing shift handover), with each new admission/transfer and/or when care is transferred to another RN during a shift.

Additional components may be included for unit-specific safety checks. These components are determined by the unit.

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#### 3.2.2 The oncoming RN will sign off electronically on the Safety Checklist at the beginning of each shift. By signing off, the RN is acknowledging that the iPPASS/Inpatient Safety Checklist has been completed and measures have been taken to ensure all safety requirements are met.

#### 3.3 A unit-specific standardized format is used for all verbal transfer of accountability during bedside shift handover (e.g., IPPASS). Mandatory components of this standardized format include:

- Identification of the Patient (e.g. reason for admission)
- Patient summary
- Patient engagement (child and family goals and priorities)
- Action plans (e.g. specific activities expected to take place that shift)
- Safety and situation awareness assessment
- Synthesis (talk-out-loud by incoming nurse to validate shared understanding)

#### 3.4 In multi-patient rooms or areas where a breach in confidentiality and/or privacy is possible, patient confidentiality and privacy must be considered before initiating the verbal exchange of information during bedside handover.

### 4.0 Attachments and Related Documents

- Inpatient Safety Checklist
- SickKids’ Model of Child and Family-Centred Care
- Child and Family Involvement in Nursing Shift Handover
- Multi-patient Rooms and Privacy / Confidentiality – “Position Statement”

### 5.0 References


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Attachments:

SK Inpatient Safety Checklist.docx