Developing standard data for handover

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Recent research has emphasised the importance of having some form of standardisation in nursing documentation (Johnson et al, 2012a).

Clinical information is routinely delivered in verbal handover. Differences in reporting priorities and interruptions can lead to a mix of understandings, which is often not in the best interests of patients.

We believe there should be a more uniform stance in clinical reporting. This would not be with the intention of eradicating differences in style and approach. Instead, it would be about providing a baseline of high-quality care that leaves no room for doubt among clinicians.

Structured approach
We developed a minimum data set that increased the scope of information provided at handover and offered a more structured approach to the prompts nurses might use in oral reporting.

To begin with, we observed handovers in 10 clinical settings to determine the extent to which standardisation of information took place and the extent to which any deviation led to confusion or misinformation.

It was interesting to note the impact of the setting on reporting, including the types of patients involved. Depending on the setting and patients, reported items could be prioritised or missed completely. For example, one setting may concentrate on presenting symptoms, while another may focus on discharge planning.

This is all well and good if reporting was solely around the emphasis of practice in that setting. But it is possible that crucial factors in the assessment and treatment of particular patients may be glossed over or missed altogether if the setting emphasis was the sole focus.

We noted that, for example “a complex patient within aged care is more likely to have clinical risks such as pressure areas and falls reported than a patient from the post-natal unit.” (Johnson et al, 2012b). The emphasis then, was around the place rather than the person.

Naturally, different issues will be reported according to particular patients’ needs in particular clinical settings. But flexibility is also required so that important information is not missed altogether – particularly risk factors.

The question remains whether using a minimum data set covers the extent of items that need to be reported and allows the kind of flexibility that may be required for reporting on a particular patient.

Risk factors
Following the initial investigation, we developed a minimum data set to give a more detailed picture of a patient’s presentation and treatment for an electronic handover system. More emphasis was placed on risk factors, which could apply to a variety of clinical settings.

Not all items will apply to a particular patient, but there is certainly more choice and more flags for the nurse who is reporting. This is the kind of flexibility that will allow nurses to be more comprehensive in reporting.

Conclusion
One benefit of an electronic system is that the notes developed from the populated fields can be downloaded and printed off, thus acting as a prompt to nurses in oral handover.

We believe there is a need for consistency in reporting using a structured content approach. (Johnson et al, 2012b).

Daniel Nichols is associate professor and clinical chair in mental health nursing, University of Canberra; Professor Maree Johnson is director, Centre for Applied Nursing Research (Joint facility of South Western Sydney Local Health District and the University of Western Sydney); and Diana Jefferies is lecturer in clinical leadership, School of Nursing and Midwifery, University of Western Sydney.


References
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