Change from an office-based to a walk-around handover system

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This project stemmed from a desire to review the interdisciplinary handover system in an over-65s rehabilitation ward. The idea was to involve staff, including all members of the interdisciplinary team, in the decision-making process, and to canvass patients’ opinions about the walk-around report.

The unit is a 12-bed rehabilitation ward with two respite beds, located within a 142-bed community hospital for older people in West Limerick, Republic of Ireland. Patients are admitted for a variety of conditions requiring rehabilitation to facilitate an effective discharge. During this time some are found to be unsafe for discharge home and so other arrangements are made, for example discharge to a carer’s home or nursing home.

The team consists of seven nurses, one clinical nurse specialist in rehabilitation, three physiotherapists, one occupational therapist, one physiotherapist aid, one occupational therapist aid, seven ward attendants and a medical consultant who attends once a week.

James and Biley (1989) state that each patient, when able, should be involved in their care. The authors believed that the emphasis should be more on interdisciplinary care than medical interventions and that the patient should be part of that process.

**The office-based report**

Previously, handover took place in the nurses’ office with all members of the team apart from ward attendants present. The nurse in charge would begin the discussion and others would contribute. Although this type of report could be informative, the discussion could be subjective. Watkins (1993) reports that bedside handover is more efficient as less time is spent in the office chatting.

**Study aims**

The aims of the study were:

- To ascertain the team’s opinion on the present system;
- To successfully introduce a change of practice;
- To include all members of the team in the report;
- To canvass patients’ opinion on the walk-around report;
- To evaluate staff opinion after the change in practice.

**Change in practice**

The first stage was to find out what the team felt about the ‘traditional’ report, so an initial questionnaire was used to ascertain opinion and attitudes. A total of 18 questionnaires were sent out and 15 were returned, an
improved rapport between nurses and patients: 12 nurses agreed or agreed strongly but five thought there had been no change and one said that it was worse.

Patient questionnaire
As the unit is striving to become a practice development unit, patients’ opinion should be assessed and taken account of. The RCN (1987) says each patient has a right to be a partner in her or his own care. Therefore, a short questionnaire was developed. Ten copies were given out to a random group of patients. Results were as follows:

- Six understood what the walk-around report was for;
- All were comfortable with the report system;
- Eight thought that they were more involved in their care because of the new report system.

Evaluation of change in practice
Approximately four months after the introduction of the walk-around report, an evaluation questionnaire was issued. A total of 22 questionnaires were sent out and 15 were returned, a 68 per cent return rate. Most nursing staff indicated that they had been better informed about patients’ condition since the new system started (Fig 3) and many thought that patients were now more involved in their care (Fig 4).

Participants were also asked if the new system had improved rapport between nurses and patients: 12 nurses agreed or agreed strongly but five thought there had been no change and one said that it was worse.

Conclusion
The main aim was to investigate changing the format of the ‘office-based’ report to include all members of the interdisciplinary team and the patients. Staff and patient questionnaires helped introduce the change of practice as staff felt part of the process.

At this time the team also implemented the Functional Independence Measure (FIM), an interdisciplinary outcome tool (Keith et al, 1986) that assesses physical and cognitive disability. A goal-setting programme was introduced in parallel. FIM scoring is now done during the walk-around report and incorporates the whole team and, most importantly, the patient.

Change is not easy. Trust, acceptance and involvement are essential. The change of practice within this interdisciplinary team was slow, but involvement and discussion made it easier to move forward.

**KEYWORDS** Older person ■ Ward report ■ Patient involvement

**REFERENCES**
