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**Literature search results**

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<td>Richard Bridgen</td>
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**Search details**

What is the best way to do nursing handover between shifts?

**Resources searched**

NICE Evidence; TRIP Database; Cochrane Library; BNI; CINAHL; EMBASE; HMIC; MEDLINE; Google Scholar

**Database search terms:** handover, “hand over”; “hand off”; handoff; HAND OFF (PATIENT SAFETY); nurse*; nursing; exp NURSES; ward*; shift*; CLINICAL HANOVER; PATIENT HANDOFF

**Evidence / Google Scholar search string(s):** (handover OR handoff) (nurses OR nursing) / (nurses OR nursing) (handover OR handoff) (shift OR ward) adults

**Summary**

There is some research looking at different methods of nurse shift handover, some focusing on process and some on specific aspects such as verbal v written handover, or the use of electronic or paper to record observations etc.

**Guidelines and Policy**

Agency for Health Research and Quality – AHRQ
Nurses’ Association Uses AHRQ’s TeamSTEPPS® in Patient Handoff Toolkit 2014

Department of Health, Eire

Communication (clinical handover) in maternity services: national clinical guideline no. 5 2014

Royal College of Obstetrics and Gynaecologists

Improving Patient Handover 2010

Evidence Reviews

Cochrane Database of Systematic Reviews

Effectiveness of different nursing handover styles for ensuring continuity of information in hospitalised patients

There was no evidence available to support conclusions about the effectiveness of nursing handover styles for ensuring continuity of information in hospitalised patients because we found no studies that fulfilled the methodological criteria for this review. As a consequence, uncertainty about the most effective practice remains. Research efforts should focus on strengthening the evidence about the effectiveness of nursing handover styles using well designed, rigorous studies. According to current knowledge, the following guiding principles can be applied when redesigning the nursing handover process: face-to-face communication, structured documentation, patient involvement and use of IT technology to support the process.

Intensive Care Medicine

Improving clinical handover between intensive care unit and general ward professionals at intensive care unit discharge 2012

This review shows that liaison nurses and handover forms are promising interventions to improve the quality of patient handover between the ICU and general ward. More robust evidence is needed on the effectiveness of interventions aiming to improve ICU handover and supportive implementation strategies.

Joanna Briggs Institute

A systematic review of nurses’ inter-shift handoff reports in acute care hospitals 2010

There is evidence to support that the current process of inter-shift nurses’ reports serves several purposes in addition to transfer of information, including the development of group solidarity. It is apparent from this review that the nurse is the gatekeeper for the flow of information regarding patient care and chooses what information to impart and act upon. Multiple ways of transferring information are recommended for the inter-shift nursing handoff as a way to manage information decay or funneling and to address potential communication gaps due to incongruencies between the medical record, verbal handoff report and actual clinical condition.

National Nursing Research Unit

What are the benefits and challenges of “bedside” nursing handovers? 2012

In acute hospital settings nursing handover (also known as ‘change of shift’ or ‘nursing report’) has become the traditional and dominant form of communication between nurses caring for patients on one shift to the next [1]. A substantial body of nursing research appraising nurse handover has evolved and the necessity of such handover seems undisputed for enabling nurses to exchange information [2]. The literature identifies four
main types of nurse handover: bedside, verbal, taped and nonverbal. However, the impact
of the various handover methods on nursing care and patient outcomes remains unclear [3].

<table>
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<th>Published Research – Databases</th>
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<tr>
<td><strong>1. Nursing bedside clinical handover - an integrated review of issues and tools</strong></td>
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<td><strong>Author(s)</strong></td>
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<td><strong>Citation:</strong></td>
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| **2. Standardizing the OR to PACU patient hand over** |
| **Author(s)** | Bourdon, Leslie |
| **Citation:** | AORN Journal, Feb 2015, vol. 101, no. 2, p. P10., 0001-2092 (February 2015) |
| **Publication Date:** | February 2015 |
| **Abstract:** | Team members at Houston Methodist Hospital recognized the need for a standardized OR to postanesthesia care unit (PACU) hand-over process after instances of communication failures stemming from verbal hand overs occurred. Team members sought to reduce variance in hand overs by introducing a form that met the needs of both the OR and the PACU nurses. [PUBLICATION] 2 references |
| **Source:** | BNI |
| Available in fulltext from AORN Journal at EBSCOhost |
| Available in fulltext from Association of Operating Room Nurses, AORN Journal at ProQuest |

| **3. Expressing concern and writing it down: an experimental study investigating transfer of information at nursing handover** |
| **Author(s)** | Lee, Henrietta, Cumin, David, Devcich, Daniel A., Boyd, Matt |
| **Citation:** | Journal of Advanced Nursing, Jan 2015, vol. 71, no. 1, p. 160-168, 0309-2402 |
Publication Date: January 2015

Abstract: Aims. To examine the effects of two factors on the transmission of clinical information at nursing handover. These factors were: (i) an affective statement expressing concern about the information; and (ii) verbal reference to a written summary of the information. Background. Quality of communication at patient handover is inconsistent, compromising patient safety. Little is known about the nuances of communication that lead to effective handovers. Furthermore, effective information transmission during handovers is seldom evaluated using experimental research designs. Design. A randomized, single-blind, controlled experiment. Methods. Postanaesthesia care unit or surgical ward nurses and final-year nursing students were randomly assigned to watch one of four versions of a videorecorded handover. In each version, one piece of information was presented as either a simple statement (control), with an affective qualifier, with a written summary of the information, or with both an affective qualifier and a written summary. Primary outcome was assessed by questionnaire following a task directing attention away from the handover. Data were collected July-October, 2013 and analysed using 2 × 2 ANOVA. Results. A total of 157 nurses participated. Successful transmission of the clinical information did not significantly differ across the experimental conditions. Subgroup analysis revealed significantly higher transmission success among more experienced nurses when the affective statement was present compared to when it was absent (Kruskal-Wallis P = 0.002). Conclusions. Expressing concern about information or directing attention to written notes may not improve information transfer at handover. However, affective qualifiers may have differential receiver-specific influences on information retention. [PUBLICATION] 28 references

Source: BNI

4. Improve handoff communication with SBAR

Author(s) Eberhardt, Stacey

Citation: Nursing, Nov 2014, vol. 44, no. 11, p. 17-20, 0360-4039 (November 2014)

Publication Date: November 2014

Abstract: Effective and efficient communication is vital in the fast-paced world of healthcare. Good communication skills are particularly important for nurses who regularly convey critical patient information to other healthcare professionals. Nowhere is this more evident than in the patient handoff report. Here, Eberhardt describes how nurses can achieve their primary objective to improve patient handoff by implementing an evidence-based handoff tool in Situation Background Assessment Recommendation format. [PUBLICATION] 10 references

Source: BNI

5. Adopting a patient-centred approach: an investigation into the introduction of bedside handover to three rural hospitals.

Author(s) Bradley, Stacey, Mott, Sarah

Citation: Journal of Clinical Nursing, 01 July 2014, vol./is. 23/13/14(1927-1936), 09621067

Publication Date: 01 July 2014

Abstract: Aims and objectives To study empirically the process and outcomes of the implementation of nurse-to-nurse bedside handover in three rural South Australian hospitals. Background While the importance of handover is identified in literature, little is written about its implementation. It is, however, suggested that bedside handover is a more patient-focused approach than others available. Design A mixed-method, pretest post-test evaluative approach involving quasi-experimental and ethnographic elements was used. The self-selected sample comprised nine inpatients (five women, four men) and forty-eight self-selected enrolled/registered nursing staff (forty-seven women, one man) from three acute hospital wards in rural South Australia. Lewin's (Human Relations, 1, 1947a, 2; Readings in Social Psychology. Henry Holt, New York, 1947b, 197) 3-stage model of change provided a theoretical basis and structure for the study. Methods Patient
perceptions were obtained using ethnographic interviewing. Staff perceptions of patient involvement were obtained through questions rated on a 7-point Likert scale and ethnographic interviewing. Results indicated that patients preferred the bedside handover method over the traditional closed-door office handover approach. The key differences (as defined by patients) are that the bedside handover process incorporates social aspects for the patient, patients have the opportunity to know who is looking after them and patients are included in discussion related to their care. Furthermore, results suggest that staff believed the level of patient involvement in their care had increased under the bedside handover process. Conclusions The results demonstrate that both patients and staff perceive patients to be more involved in their care under the bedside handover approach. The literature notes a recent move towards adopting patient-centred care approaches in clinical settings and the many benefits associated with this style of care. This study has proven that implementing bedside handover has resulted in a patient-centred approach. Relevance to clinical practice This study generates further knowledge about rural nursing and contributes insight into the importance of handover implementation method - areas that are not widely documented in existing literature.

Source: CINAHL


Author(s) Kerr, Debra, Lu, Sai, McKinlay, Louise

Citation: International Journal of Nursing Practice, 01 June 2014, vol./is. 20/3(250-257), 13227114

Publication Date: 01 June 2014

Abstract: The aim of this descriptive qualitative study was to explore perspectives of nurses and midwives towards the introduction of shift-to-shift bedside handover. Semistructured interviews with nurses (n = 20) and midwives (n = 10) occurred 12 months after the introduction of bedside handover. Data were analyzed using thematic content analysis. Two main themes were identified: enhanced individual patient care and documentation, along with improved patient-clinician partnerships; and protection of confidentiality and privacy. The newly introduced bedside handover model improved efficiency and accuracy of the handover process and led to the provision of safe, high-quality care. Development of ward-specific tools and relevant educational resources, along with clinical support, are identified as the facilitators to ensure the new model can be successfully integrated into normal clinical practice.

Source: CINAHL

7. Addressing Perceptions of Bedside Reporting for Successful Adoption

Author(s) Frazier, JoAnn A., Garrison, Wes

Citation: Nurse Leader, Apr 2014, vol. 12, no. 2, p. 70-74, 1541-4612 (April 1, 2014)

Publication Date: April 2014

Abstract: With the changing healthcare climate, healthcare organizations are increasing their focus on delivering high-quality care and improving patient safety.1 One nursing practice that is getting heightened attention is the practice of bedside reporting (BSR) as the preferred means of end-of-shift handoff communication. Extensive literature supports the practice of bedside reporting as a means of improving quality care, patient satisfaction, and patient-family participation in the plan of care.2 and 3 Additionally, BSR can increase communication and accountability between nurses, improve communication between the nurse and patient, improve coordination of patient care, and increase patient-family adherence with the plan of care.4 [PUBLICATION] 4 references

Source: BNI

8. Improving postoperative handover: a prospective observational study.

Author(s) Nagpal, Kamal, Abboudi, May, Manchanda, Chhavi, Vats, Amit, Sevdalis, Nick,
Abstract: The information provided during the postoperative handover influences the delivery of care of patients in the postoperative recovery unit through their care on the ward. There is a need for a structured and systematic approach to postoperative handover. The aim of this study was to improve postoperative handover through the implementation of a new handover protocol, which involved a handover proforma and standardization of the handover process. This prospective pre-post intervention study demonstrated the improvement in postoperative handover through standardization. There was a significant reduction in information omissions and task errors and improvement in communication and teamwork with the new handover protocol. There was a significant reduction in overall information omissions from 9 to 3 (P-

Source: Medline
Available in fulltext from American Journal of Surgery at EBSCOhost
Available in fulltext from American Journal of Surgery, The at ProQuest

9. Implementing a computerized tool for shift handover report writing
Author(s) Oroviogoicoechea, Cristina, Beortegui, Elena, Asín, María
Citation: CIN: Computers, Informatics, Nursing, Aug 2013, vol. 31, no. 8, p. 388-393, 1538-2931 (August 2013)
Publication Date: August 2013
Abstract: Communication failures have been identified as the main cause of safety-related incidents in patient care. Shift handover, as communication between two shifts of nurses about patients' situations, is important in the exchange of information. Automation and use of computer technology are considered key for more effective and standardized communication. The aim of the study was to assess nurses' perceptions of the use of a computerized tool for shift report writing in a teaching hospital in Spain. A comparative-descriptive study was carried out. A questionnaire was designed and distributed among nurses in hospital wards; 87 nurses (72%) completed the questionnaire. Most deemed the tool useful: it conveyed the most important information about the patient and enhanced the quality of the information, and a decrease in time needed for report writing was perceived by nurses. Surgical wards had a more positive perception than medical wards. In conclusion, nurses' perception of the use of a computerized tool for shift handover report writing was positive and acknowledged the pivotal role of computerization. [PUBLICATION]

Source: BNI

10. Evaluating handover practice in an acute NHS trust
Author(s) Gage, William
Citation: Nursing Standard, Jul 2013, vol. 27, no. 48, p. 43-50, 0029-6570 (July 31, 2013)
Publication Date: July 2013
Abstract: Good nursing handover is central to the delivery of high-quality care. However, there are no national tools available to audit and benchmark practice standards in this area. Following a review of the literature, evidence-based best practice standards were identified and used by the author to audit nursing handover in one acute NHS trust in the UK. Results of the audit were used to assure quality of care and identify areas for improvement [Publication] 37 references

Source: BNI
Available in fulltext from Nursing Standard at EBSCOhost
Available in fulltext from Nursing Standard at ProQuest

Author(s) Wright, Suzanne M.
Citation: AANA Journal, 01 June 2013, vol./is. 81/3(225-232), 00946354
Publication Date: 01 June 2013
Abstract: Human factors, such as inadequate situation awareness, have been associated with preventable accidents in anesthesia practice. Integral to developing situation awareness in the operating room environment is the safe and efficient exchange of essential information when the care of a patient is transferred from one anesthesia provider to another for circumstances such as breaks, meals, and the end of a scheduled work shift. An effective transfer involves the communication of critical information in an effort to preserve the quality and continuity of care. This article describes a 2-phase, nonexperimental exploratory study with a purpose to (1) examine current transfer of care practices of Certified Registered Nurse Anesthetists during the intraoperative period and (2) develop, implement, and evaluate a communication checklist tool designed to improve situation awareness. Findings from this study have the potential to contribute to the understanding of current transfer of care practices, promote situation awareness in a swift and organized manner, and minimize variation in transfer of care processes that exist in practice today.

Source: CINAHL
Available in fulltext from AANA Journal at EBSCOhost
Available in fulltext from AANA Journal at ProQuest


Author(s) Criscitelli, T
Citation: AORN Journal, May 2013, vol. 97, no. 5, p. 582-585, 0001-2092 (May 2013)
Publication Date: May 2013
Abstract: Patient Safety First series: Describes the use of standardized hand-off tools in the surgical environment. The importance of communication in the multiple transfers (hand-offs) surgical setting, the role of perioperative nurses, standardizing and developing a hand-off process and evaluating the process are outlined. [ORIGINAL] 13 references

Source: BNI
Available in fulltext from AORN Journal at EBSCOhost
Available in fulltext from Association of Operating Room Nurses. AORN Journal at ProQuest

13. Nursing inter-shift handover process in mental health settings: a best practice implementation project

Author(s) Poh, Chee Lien, Parasuram, Rajni, Kannusamy, Premarani
Citation: International Journal of Evidence-Based Healthcare, Mar 2013, vol. 11, no. 1, p. 26-32, 1744-1595 (March 1, 2013)
Publication Date: March 2013
Abstract: Aims: Nursing inter-shift handover remains an important traditional ritual in nursing. Timely and effective handover of critical information ensure continuity of patient care and safe delivery. This project took place in a tertiary mental health institution in Singapore. The project aims to (i) examine existing handover practices/process in the tertiary mental health institution; (ii) determine the strengths and limitations of the existing handover practice/process; and (iii) identify, implement and evaluate an evidence-based nursing inter-shift handover process to enhance patient safety and service delivery. Methods: This project was conducted in three phases using the Joanna Briggs Institute Practical Application of Clinical Evidence System and Getting Research Into Practice programmes. It was implemented over a period of 4 months from end of August 2011 to
beginning of December 2011. Evidence-based strategies such as town hall meetings and education sessions that reinforce proper handover techniques and its importance were implemented to enhance the handover processes and practices in four acute admitting wards. Pre- and post-audit data were observed and recorded for each case handover during each inter-shift handover session in four acute admitting wards. Results: The handover processes for 212 cases for four acute admitting wards were observed using the seven audit criteria. Post-implementation audit findings show that compliance rate had improved significantly for the four criteria: an improvement of 49% compliance rate in the use of standardised documentation during shift handover session; an increase of 74% compliance rate in proper identification of patient at the start of each case report; a 31% increase in proper handing over of significant patient's history; and 18% increased compliance in providing detailed observation of patients. Conclusion: This project had shown that handover sessions can be made effective by translating evidence into practice through ongoing evidence-based audit. Continuous evidence-based evaluation, identification and implementation of nursing inter-shift handover process are imperative to enhance patient safety and service delivery. [PUBLICATION] 14 references

Source: BNI
Available in fulltext from International Journal of Evidence-Based Healthcare at EBSCOhost

14. Improving change-of-shift report
Author(s) Ortega, Lorenzo, Parsh, Bridget
Citation: Nursing, Feb 2013, vol. 43, no. 2, p. 68., 0360-4039 (February 2013)
Publication Date: February 2013
Abstract: A question and answer advisory regarding tips for improving change-of-shift report is presented. Here, Ortega and Parsh reply that patient handoffs at shift change seem routine, but during this transfer, vital nursing, medical, and personal information passes through multiple care providers in a short time. The potential for an information gap causing an error is very real. The Joint Commission has identified communication as the primary cause for preventable medical errors, with handoffs accounting for 80% of these instances. Because the handoff lays the foundation for a nurse's shift, any discrepancy from the true clinical picture can be devastating. These steps are vital to an effective handoff including communicating clearly and considering a checklist. [PUBLICATION] 6 references
Source: BNI

15. Improving the patient experience through bedside shift report
Author(s) Reinbeck, Donna, Fitzsimons, Virginia
Citation: Nursing Management (USA), Feb 2013, vol. 44, no. 2, p. 16-17, 0744-6314 (February 2013)
Publication Date: February 2013
Abstract: Communication between caregivers is an important aspect of patient care. Consistent and accurate exchange of patient information is imperative to maintain patient focus and promote a culture of safety and trust. The American Nurses Association estimates that 80% of serious medical errors involve miscommunication between caregivers when patients are transferred or handed off. In addition to patient harm, defective hand-offs can lead to delays in treatment, inappropriate treatment, and increased length of stay in the hospital. Hand-off, or shift, is the transfer of information from one caregiver to another and includes vital information pertaining to patient care. Effective communication is a key component when providing quality care. Initially, staff members were concerned that bedside shift report would increase the length of hand-off. Using a standardized method of reporting such as SBAR, a systematic process was created that eliminated impertinent information. [PUBLICATION] 4 references
Source: BNI
16. Evaluation of a Mobile Shift Report System on Nursing Documentation Quality

Author(s) Wu, Mei-Men, Lee, Ting-Ting, Tsai, Tzu-Chuan, Lin, Kuan-Chia, Huang, Chi-Yi, Mills, Mary Etta

Citation: CIN: Computers, Informatics, Nursing, Feb 2013, vol. 31, no. 2, p. 85-93, 1538-2931 (February 2013)

Publication Date: February 2013

Abstract: Nursing shift report is vital for patient care. Accordingly, healthcare facilities have made great efforts to establish a standardized nurse-to-nurse shift handoff process to ensure patient care quality. The purpose of this study was to determine whether the use of a standardized mobile intershift handoff system would affect the quality of nursing documentation. The study is based on nursing handoff records from 19 inpatient units in four major care areas (internal medicine, general surgery, obstetrics/pediatrics, and long-term care) of a medical center in central Taiwan. Data collection was performed before and after implementation of the mobile, point-of-care handoff system in 2010. A medical review tool was used to compare 25-item charting compliance on 228 charts. Results show that the designed content of the handoff system was related to a corresponding compliance change in initial assessment, pain reassessment, and use of accurate abbreviation. Although overall compliance rates among inpatient units varied, the statistical test showed that the pattern of changes was consistent. As more items were added to the new handoff system for reminder purposes, documentation compliance increased; however, since the new handoff system did not include nursing diagnosis, patient outcome tracking compliance was reduced. The results of the study reveal that implementing a standardized point-of-care handoff system could improve nursing documentation compliance and quality. [PUBLICATION]

Source: BNI

17. What makes handover communication effective?

Author(s) Petersen, Mary A, Blackmer, Michelle, McNeal, Joanne, Hill, Pamela D

Citation: Nursing Management (USA), Jan 2013, vol. 44, no. 1, p. 15-18, 0744-6314 (January 2013)

Publication Date: January 2013

Abstract: Handover communication is a term that isn't new to the healthcare profession. It implies that there's a sharing or transfer of information and knowledge along with authority and responsibility among healthcare providers. The provision of quality nursing care depends on the handover process. In 2010, The Joint Commission's Center for Transforming Healthcare indicated that an estimated 80% of serious, preventable adverse events are related to miscommunication between caregivers. The Clinical Handover Staff Survey, developed to foster information from nurses about their perceptions of the handover process, consisted of 20 statements on a 7-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (7). This study found that the length of time worked on the behavioral health unit, as well as length of time worked in nursing, was positively associated with being able to locate handover information from the patient record. This finding makes intuitive sense because the nurse becomes more familiar with where specific information is located in the patient record over time. [PUBLICATION] 10 references

Source: BNI

Available in fulltext from Nursing Management at Ovid

18. Nurses discuss bedside handover and using written handover sheets.

Author(s) Johnson, Maree, Cowin, Leanne S.

Citation: Journal of Nursing Management, 01 January 2013, vol./is. 21/1(121-129), 09660429
19. Patient handover in the oncology setting: an evidence utilisation project.

**Author(s)** Kasinathan, Sharmila, Ang, Emily, Lee, Jenny

**Citation**: International Journal of Evidence-Based Healthcare, Dec 2012, vol. 10, no. 4, p. 369-376, 1744-1595 (December 2012)

**Publication Date**: December 2012

**Abstract**: Background: Handover is an essential activity in nursing and is an integral part of communication as it will improve and ensure quality patient care in clinical practice. However, handover could be ineffective and harmful to patients and nurses if the information communicated is incorrect, irrelevant or omitted. Thus to achieve optimal care as well as to maintain patient safety, these information needs to be accurately communicated. In recent time, registered nurses in the ward have been staying late beyond their working hours as handover is taking more time than is required. The nurses were taking almost an hour to hand over their reports to the oncoming staff. There was also a lot of distraction and interruption which further prolonged the time spent handing over. This has led to much unhappiness and dissatisfaction in the ward. In addition, it also took the registered nurses away from direct clinical care. Aim: The aim of this project was to improve the quality and duration of inter-shift patient handover from morning to afternoon shift. Methods: This project utilised a pre- and post-audit methodology using the Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI PACES) and Getting Research into Practice module. It was implemented in three phases over a 6-month period from June 2011 to December 2011. The audit utilised four out of the six criteria recommended by Joanna Briggs Institute clinical handover best practice sheet. It took place in a 16-bed oncology ward within an acute care hospital in Singapore, involving a sample size of 15 registered nurses. It involved educating the registered nurses in the process of patients' handover with the aid of cue cards. Results: All four Criterions achieved 100% compliance. Compliance rate among the registered nurses increased for Criterion 2 to Criterion 4, showing significant improvement, especially in Criterion 4. Fisher’s exact test was carried out to determine statistical significance between results of the two audits. Compliance for Criterion 1 remained at 100%. Criterion 2 achieved 100% compliance compared with 80% in the pre-implementation audit, highlighting an improvement of 20% (c² = 3.333, P = 0.068). Criterion 3 showed 100% compliance compared with 80% in the pre-implementation audit, indicating an improvement of 20% (c² = 3.333, P = 0.068). Criterion 4 now showed 100% compliance compared with 47% in the pre-implementation audit, indicating a significant improvement of 53% (c² = 9.130, P = 0.003). Conclusion: This project not only showed a significant improvement in the inter-shift patient handover, but also shortened the duration of handover by 21.67 min per registered nurse. This project also showed that commitment, acceptance, enthusiasm and support from all the registered nurses and stakeholders are essential contributing factors towards the success of improving clinical practice. Utilising the JBI PACES approach of audit and feedback has helped in reducing the time spent on handover. It has demonstrated that the use of evidence to improve clinical practice is possible in a challenging acute care environment. [PUBLICATION] 10 references

**Source**: BNI

Available in fulltext from International Journal of Evidence-Based Healthcare at EBSCOhost

20. Handover: faster and safer?

**Author(s)** Bradley, Stacey, Mott, Sarah

**Citation**: Australian Journal of Advanced Nursing, Sep 2012, vol. 30, no. 1, p. 23-32, 1447-4328 (Sep-Nov 2012)

**Publication Date**: September 2012
Abstract: Objective: This study aimed to introduce bedside handover to three rural South Australian hospitals. Design: A mixed-method, pre-test post-test evaluative approach involving quantitative (quasi-experimental) and qualitative (ethnographic) elements was used. Setting: This study was set in three acute hospital wards. Subjects: The sample comprised forty-eight self-selected enrolled/registered nursing staff; forty-seven females and one male. Main outcome measure(s): A 7-point Likert scale (19 items) and ethnographic interview questions covered themes relating to nurses satisfaction of pre and post-handover processes, frequency of incidents and estimations of time taken to conduct handover processes. Pre and post-handover processes were digitally timed. Documentation review of pre and post incident frequencies and journaling were also undertaken. Results: With regard to handover duration, the average total time taken to conduct handover had decreased between 13% and 70% depending on the site. From a practical aspect, this can be regarded as significant. With regard to incident comparison, there is a clear trend from pre to post; the total number of incidents dropping from eighteen to seven. Conclusions: The results of this study indicate that bedside handover approach is significantly less time consuming than the closed door approach previously adopted. The findings indicate a trend in the reduction of frequency of incidents under the bedside handover process. Literature suggests that incident reduction is directly correlated with increased information accuracy, however, this was not found to be the case in this study. Further research is warranted into factors, other than information accuracy, that may increase safety in clinical settings. [PUBLICATION] 17 references

Source: BNI
Available in fulltext from Australian Journal of Advanced Nursing at ProQuest
Available in fulltext from Australian Journal of Advanced Nursing at EBSCOhost
Available in fulltext from Australian Journal of Advanced Nursing at Free Access Content


Author(s) Jefferies, Diana, Johnson, Maree, Nicholls, Daniel

Citation: Contemporary Nurse, Aug 2012, vol. 42, no. 1, p. 129-138, 1037-6178 (August 2012)

Publication Date: August 2012

Abstract: Patient safety is compromised if vital clinical information is not available to all members of the healthcare team. Therefore, it is important to understand the differences between patient information found in nursing documentation and information presented at clinical nursing handover. Content and textual analyses of two data sets were undertaken: one containing 67 examples of nursing documentation and the other containing 195 transcripts of clinical handover to understand the scope and construction of patient information found in each communication system. Clinical handover produced a comprehensive picture of the patient's condition and care whereas nursing documentation tended to present a series of descriptions of tasks performed by nurses. There is a need to investigate new systems of communication promoting congruence between clinical handover and nursing documentation to ensure that all patient information can be accessed by all interested parties. [PUBLICATION] 51 references

Source: BNI
Available in fulltext from Contemporary Nurse: A Journal for the Australian Nursing Profession at EBSCOhost
Available in fulltext from Contemporary Nurse : a Journal for the Australian Nursing Profession at ProQuest

22. Developing a standardized tool to improve nurse communication during shift report.

Author(s) Jukkala, Angela M, James, David, Autrey, Pamela, Azuero, Andres, Miltner, Rebecca

Citation: Journal of Nursing Care Quality, 01 July 2012, vol./is. 27/3(240-246), 10573631
Publication Date: 01 July 2012

Abstract: Standardization of communication has been suggested as an effective approach to improve communication during patient handoffs such as shift report. Using the clinical microsystem framework, unit leaders and nursing staff developed and pilot tested the medical intensive care unit communication tool. Findings from the pilot study indicated that perceived communication among nurses in general and communication specific to shift report improved significantly following implementation of the tool.

Source: CINAHL

23. Blending evidence and innovation: improving intershift handoffs in a multihospital setting.

Author(s) Thomas, Lily, Donohue-Porter, Patricia

Citation: Journal of Nursing Care Quality, Apr 2012, vol. 27, no. 2, p. 116-124, 1057-3631 (Apr-Jun 2012)

Publication Date: April 2012

Abstract: Ineffective handoffs have been identified as a barrier to patient safety and quality and as a key area for improvement. Handoffs require a process for effective transfer of critical information. A redesigned nurse-to-nurse intershift handoff was implemented in 7 hospitals of a multisite system. The redesign included combining evidence and an innovative approach developed by nurse managers to improve intershift report. Results included an increase in nurse and patient satisfaction. [PUBLICATION] 32 references

Source: BNI


Author(s) Staggers, Nancy, Clark, Lauren, Blaz, Jacquelyn W, Kapsandoy, Seraphine

Citation: Western Journal of Nursing Research, Mar 2012, vol. 34, no. 2, p. 153-173, 0193-9459 (March 2012)

Publication Date: March 2012

Abstract: Little evidence is available about nurses use of electronic tools during handoffs. This qualitative study explored information management and use of electronic tools during nursing handoffs. The sample included 93 handoffs by 26 nurses on 5 medical/surgical units in 2 western hospitals with a robust electronic health record (EHR). Data collection included audiotaping handoffs, semi-structured interviews, observations, and fieldnotes. The dataset was inductively coded into 33 categories and 5 themes: good nurse expectations for handoffs, paper forms are best, information at a glance, only pertinent information please, and information tools that work. Two-thirds of the nurses abandoned use of the leadership-endorsed electronic handoff form, preferring personal paper forms. The findings suggest effective electronic solutions will require extensive contextually-based information, information integrated across EHR modules and portable, electronic support throughout shifts. This is a call to action for leaders and informaticists as they select and design future electronic tools. [PUBLICATION]

Source: BNI

25. The ins and outs of change of shift handoffs between nurses: a communication challenge.

Author(s) Carroll, John S., Williams, Michele, Gallivan, Theresa M.

Citation: BMJ Quality and Safety, 2012, vol./is. 21/7(569-575), 0963-8172

Publication Date: 2012

Abstract: BACKGROUND: Communication breakdowns have been identified as a source of problems in complex work settings such as hospital-based healthcare. METHODS: The authors conducted a multi-method study of change of shift handoffs between nurses,
including interviews, survey, audio taping and direct observation of handoffs, posthandoff questionnaires, and archival coding of clinical records. RESULTS: The authors found considerable variability across units, nurses and, surprisingly, roles. Incoming and outgoing nurses had different expectations for a good handoff: incoming nurses wanted a conversation with questions and eye contact, whereas outgoing nurses wanted to tell their story without interruptions. More experienced nurses abbreviated their reports when incoming nurses knew the patient, but the incoming nurses responded with a large number of questions, creating a contest for control. Nurses’ ratings did not correspond to expert ratings of information adequacy, suggesting that nurses consider other functions of handoffs beyond information processing, such as social interaction and learning.

DISCUSSION: These results suggest that variability across roles as information provider versus receiver and experience level (as well as across individual and organisational contexts) are reasons why improvement efforts directed at standardising and improving handoffs have been challenging in nursing and in other healthcare professions as well.

26. Examination of current handover practice: evidence to support changing the ritual.

Author(s) Kerr, D, Lu, S, McKinlay, L

Citation: International Journal of Nursing Practice, Aug 2011, vol. 17, no. 4, p. 342-350, 1322-7114 (August 2011)

Publication Date: August 2011

Abstract: Research in Australia identifying nursing handover practices and nurses’ views on the quality of shift handover communication and style. Permanent and casual nurses on acute clinical wards completed a survey to examine whether information was transferred verbally, or in taped or written form and whether they wanted this to change. Perceived adequacy of handover information was also explored. ([BNI unique abstract]) 38 references

Source: BNI

Available in fulltext from International Journal of Nursing Practice at EBSCOhost

27. Examination of current handover practice: evidence to support changing the trial

Author(s) Kerr, Deborah.

Citation: International Journal of Nursing Practice, 2011, vol./is. 17/4, 1322-7114 (Aug 2011)

Publication Date: 2011

Abstract: Record in progress Examining systems of nursing handover provides the opportunity to identify areas in need of improvement and modification. The aim of this study was to describe nursing handover practices for one organisation and explore clinical nurses’ opinions regarding the quality of the current shift-to-shift handover style. One hundred and fifty-three registered nurses employed in 23 wards in an acute tertiary hospital in Australia completed a survey. The survey collected information about demographic data, current methods and preferences for style of handover and opinions about the quality of nursing handover. This study found that existing handover practice is time-consuming, lacks patient involvement and essential information, and is varied in style. Only one ward (4.3%) conducted handover at the bedside. The majority (82%) expressed reluctance to change their current handover style. Modification of existing nursing handover is needed but might be challenging in view of the reluctance to change this ritual. Cites 38 references.
28. Why patient summaries in electronic health records do not provide the cognitive support necessary for nurses' handoffs on medical and surgical units: Insights from interviews and observations

Author(s) Staggers, Nancy.

Citation: Health Informatics Journal, 2011, vol./is. 17/3, 1460-4582 (Sep 2011)

Publication Date: 2011

Abstract: Record in progress Patient care handoffs are cognitively intense activities, especially on medical and surgical units where nurses synthesise information across an average of four to five patients every shift. The objective of this study was to examine handoffs and nurses' use of computerised patient summary reports in an electronic health record after computerised provider order entry (CPOE) was installed. The authors observed and audio taped 93 patient handoffs on 25 occasions on five acute care units in two different facilities sharing a vendor's electronic health record. The authors found that the computerised patient summary report and the electronic health record were minimally used during the handoff and that the existing patient summary reports did not provide adequate cognitive support for nurses. The patient summary reports were incomplete, rigid and did not offer 'at a glance' information, or help nurses encode information. The authors make recommendations about a redesign of patient summary reports and technology to support the cognitive needs of nurses during handoffs at the change of shift. Cites 65 references.

Source: HMIC

29. Handoff communication: Using failure modes and effects analysis to improve the transition in care process

Author(s) Freitag, Michelle.

Citation: Quality Management in Health Care, 2011, vol./is. 20/2, 1063-8628 (Apr 2011)

Publication Date: 2011

Abstract: Handoff communication is a high-risk process that causes errors that lead to ineffective care delivery and patient safety breaches. A failure modes and effects analysis was utilised to proactively evaluate handoff through a risk priority scoring process that focused the improvement plan on communication from shift to shift and between units. The electronic medical record was utilised to standardise the handoff tool in SBAR (situation, background, assessment, and recommendation) format for both nurses and patient care technicians. Key concepts of Jean Watson's caring model were incorporated into workflow, along with team huddles, to hardwire team communication and patient-centred care. Changes to the handoff process were piloted on the telemetry unit then launched on remaining nursing units over time. Data targeting patient satisfaction and nurse-sensitive outcomes were collected pre and post-implementation with notable gains. Sustaining change in light of care-related variables is a challenge leadership, quality, and patient care teams are committed to achieving. Cites 14 references.

Source: HMIC

30. Review: bringing patient safety to the forefront through structured computerisation during clinical handover.

Author(s) Matic, J, Davidson, P, Salamonson, Y

Citation: Journal of Clinical Nursing, Jan 2011, vol. 20, no. 1-2, p. 184-189, 0962-1067 (January 2011)

Publication Date: January 2011
Abstract: Literature review of current processes used during nursing shift handovers and recent trends in the use of electronic methods. The risks of current communication methods and the potential for a computerised system to improve patient safety through the optimisation of data transfer are discussed and illustrated by examples of e-health systems currently in use. [BNI unique abstract] 50 references

Source: BNI
Available in fulltext from Journal of Clinical Nursing at EBSCOhost

31. The value of adding a verbal report to written handoffs on early readmission following prolonged respiratory failure.

Author(s) Hess DR, Tokarczyk A, O'Malley M, Gavaghan S, Sullivan J, Schmidt U
Citation: CHEST, 01 December 2010, vol./is. 138/6(1475-1479), 00123692
Publication Date: 01 December 2010
Abstract: Patients who survive the acute phase of respiratory failure often are transferred to units with specialized expertise. These patients have a high risk of being readmitted to the acute care hospital. We conducted this study to determine whether supplementing a written report with a verbal telephone report reduces readmission rates within the first 72 h after discharge and decreases hospital costs. The study design was observational with a historical control group that included patients admitted to our respiratory acute care unit between November 2003 and October 2005. In November 2005, we implemented a strategy in which a written report at discharge was supplemented with a telephone report by the physician or nurse practitioner, nurse, and respiratory therapist. The intervention group began in November 2005 and continued through October 2007. The primary end point was readmission to Massachusetts General Hospital within 72 h of discharge. We also determined the cost related to readmission. The study included 362 patients. The OR for readmission if the handoff included a verbal report was 0.42 (95% CI, 0.17-1.04). The total hospital cost was significantly lower in the group where verbal report was used ($111,723 vs $148,574; P = .002). Supplementing a written report with a verbal telephone report was associated with a significant reduction in cost and an average savings of ~$184,000 for every 100 patients discharged, representing added value in delivered care.

Source: CINAHL
Available in fulltext from Chest at Free Access Content

32. Barriers and facilitators to nursing handoffs: recommendation for redesign.

Author(s) Welsh, C, Flanagan, M, Ebright, P
Citation: Nursing Outlook, May 2010, vol. 58, no. 3, p. 148-154, 0029-6554 (May-Jun 2010)
Publication Date: May 2010
Abstract: Qualitative research in the USA examining communication issues in shift handover processes leading to errors and poor care, comparing taped and written end-of-shift reports. Registered and licensed practical nurses working in inpatient units during day, evening and night shifts were interviewed about effective shift reports, including the amount, quality and content of information provided. [(BNI unique abstract)] 28 references

Source: BNI

33. Nursing Handoffs: A systematic review of the literature

Author(s) Riesenberg, Lee Ann.
Citation: American Journal of Nursing, 2010, vol./is. 110/4, 0002-936X (Apr 2010)
Publication Date: 2010
Abstract: Handoffs of patient care from one nurse to another are an integral part of nursing
practice; but there is abundant evidence that poor communication and variable procedures result in inadequate handoffs. The authors sought to conduct a systematic review of articles that focused on nursing handoffs, conduct a qualitative review of barriers to and strategies for effective handoffs, and identify features of structured handoffs that have been effective. The authors conducted a systematic review of English-language articles, published between January 1, 1987 and August 4, 2008, that focused on nursing handoffs in the United States. The search strategy yielded 2,649 articles. After title review, 460 of these were obtained for further review by trained abstractors. Ninety-five articles met the inclusion criteria; of these, 55 (58%) were published between January 1, 2006 and August 4, 2008. Content analysis yielded identification of barriers to effective handoffs in eight major categories and strategies for effective handoffs in seven major categories. Twenty articles involved research on nursing handoffs. Quality assessment scores for the research studies ranged from two to 12 (possible range, one to 16). The majority of the research studies on nursing handoffs (17 studies; 95%) received quality scores at or below eight and only three achieved scores above 10. Ten (50%) of the studies included measures of handoff effectiveness. The conclusion was, despite the well-known negative consequences of inadequate nursing handoffs, very little research has been done to identify best practices. There is remarkable consistency in the anecdotally suggested strategies, but there is a paucity of evidence to support them. The authors call for high-quality studies of handoff outcomes that focus on system factors, human performance and the effectiveness of structured protocols and interventions. Cites 119 references. [Journal abstract]

Source: HMIC

Available in fulltext from American Journal of Nursing at the ULHT Library and Knowledge Services’ eJournal collection

34. The content and context of change of shift report on medical and surgical units.

Author(s) Staggers N, Jennings BM

Citation: Journal of Nursing Administration, 01 September 2009, vol./is. 39/9(393-398), 00020443

Publication Date: 01 September 2009

Abstract: OBJECTIVE: This study was conducted to describe the current content and context of change of shift report (CoSR) on medical and surgical units and explore whether nurses use computerized support during the CoSR process. BACKGROUND: Change of shift report is a commonly occurring handoff that could contribute to gaps in care. METHODS: Bedside, face-to-face, and audiotaped CoSRs were audiotaped and observed on 7 medical and surgical units in 3 acute care facilities in the Western United States. RESULTS: Conventional content analysis revealed 4 themes: the Dance of Report, Just the Facts, Professional Nursing Practice, and Lightening the Load. Observations exposed the lack of content structure, high noise levels, interruptions, and no use of electronic health records in these facilities as a part of the report process. CONCLUSION: Improvements to CoSR include determining a consistent and tailored structure for report, evaluating types of report suitable for particular units, reducing interruptions and noise, and determining content amenable to computerization.

Source: CINAHL

35. Understanding best practice within nurse intershift handover: what suits palliative care?

Author(s) Messam, K, Pettifer, A

Citation: International Journal of Palliative Nursing, Apr 2009, vol. 15, no. 4, p. 190-196, 1357-6321 (April 2009)

Publication Date: April 2009

Abstract: Literature review on nurse inter-shift handover in order to identify best practice for terminal care settings. Emergent themes relating to purpose, content and type of inter-shift handover are considered, with regard to their appropriateness for a specialist hospital palliative care unit. [BNI unique abstract] 30 references
36. Improving handoff communication.

Author(s) Mascioli, S, Laskowski-Jones, L, Urban, S

Citation: Nursing, Feb 2009, vol. 39, no. 2, p. 52-55, 0360-4039 (February 2009)

Abstract: Improvements in handover communication methods between doctors and nurses in a hospital in the USA to prevent clinical errors. The development of standardised communication tools in handover to other departments, nurse-to-nurse reporting and nurse-to-doctor reporting is described. Elements that should be included in the communication are considered, and improvements in nurse-doctor relationships are discussed. ([BNI unique abstract]) 5 references

Source: BNI

37. Using a communication framework at handover to boost patient outcomes.

Author(s) Christie, Peggy, Robinson, Hazel

Citation: Nursing Times, 2009, vol./is. 105/47(13-15), 0954-7762

Abstract: This article provides nurses with a simple structure to aid effective communication. It explains how one trust [South Devon Healthcare Foundation Trust] implemented the situation-background-assessment-recommendation (SBAR) structure to improve patient handover, and outlines the benefits for nurses and patients. 1 fig. 2 tables 4 refs. [Abstract]

Source: HMIC

Google Scholar

From the 1st fifty results:

Translating an Evidence-Based Protocol for Nurse-to-Nurse Shift Handoffs
M Dufault, CE Duquette, J Ehmann - ... - Based Nursing, 2010 - Wiley Online Library
... Twenty-three nursing handovers covering all shifts were audio-taped and observed by two researchers. Mixed method, 93.5% of information passed at handover was already available in the ... hospital-wide research roundtable discussions sponsored and led by staff nurses on two ...
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Research on nursing handoffs for medical and surgical settings: an integrative review
N Staggers, JW Blaz - Journal of advanced nursing, 2013 - Wiley Online Library
... The search terms were nurs$ AND research AND handoff$ OR handover$ OR intershift ... observation, field notes, interviews, audio taped, document, event analysis, nursing language, jargon ... meanings in shorthand, skill with jargon reflects clinical ability, excludes non-nurses. ...
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Effective handover communication: an overview of research and improvement efforts
T Manser, S Foster - Best practice & research Clinical anaesthesiology, 2011 - Elsevier
... A study assessing handover quality based on recovery-room nurses' perceptions after the handover ... studies, systematic reviews assessing the quality of published handover
research for nursing handover 20 and ... Clinical handover incident reporting in one UK general hospital. ...  
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Improving clinical handover in emergency departments: Ron Wilson reviews findings from an audit of a simplified handover process that can involve patients and their …

R Wilson - Emergency Nurse, 2011 - rcnpublishing.com
... into orientation programmes until all clinical staff could use the same handover procedure and ... the nursing team, including the clinical nurse consultant, clinical nurse educator and nursing unit manager ... patient's bedside, and files are returned to the bedsides when nurses are no ...
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Published Research – Database Search Strategy

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<td>77 [Limit to: Human and English Language and Publication Year 2008-2015 and (Human Age Groups Adult 18 to 64 years or Aged 65+ years)]</td>
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