Key Findings

- Knowledge is exchanged during handoffs on Medical and Surgical units
- Information and knowledge distribution differ between Medical and Surgical units
- Knowledge can be increased by linking handoff content to patient care goals and problems

Background

- Change of shift reports are a critical exchange of patient information
- Preventing errors and improving patient care quality require knowledge and critical thinking

Problem

- Definitions for handoffs focus on information transfer; nurses are considered knowledge workers
- No research is available on the knowledge content of nursing handoffs

Research Question

Is there evidence of knowledge exchange during patient care handoffs and if present, how is this knowledge expressed?

Methods

Design: Secondary data analysis using deductively driven, directed content analysis of 93 patient care handoffs

Settings: 2 acute care hospitals in the Western USA

Participants:
- 23 female and 3 male nurses
- Average age = 37 years
- Modal education level = Bachelor’s degree
- Experience = 6 months to 20 years

Results

- 1718 entries coded
- 59% Information (n=1010) phrases
- 41% Knowledge (n=708) phrases
- Total of 15 subcategories defined

Discussion

- Nursing handoffs across Medical and Surgical Units comprise similar amounts of knowledge and information
- No explicit information or knowledge about plans of care, nursing diagnoses, multidisciplinary goals or patient problems during handoffs
- Electronic health records must be designed to support both standardization and purposeful tailoring for different patient care units