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Optimizing the Implementation of Nursing Round and Nursing Handover in Fatmawati Hospital Jakarta: A Mini Project

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Abstract

Nursing is an integral part of medical services in a hospital, and its mission is to provide the continuum of care-based services throughout the life cycle. Nursing round and nursing handover are active elements in providing nursing services and ensure patients' safety. Optimizing the implementation of the nursing round and nursing handover aims to refresh, renew, and optimize required instruments. Therefore, renewing nurses' knowledge and commitment is required to adopt a better change as mentioned in the hospital's vision and mission, an, i.e., continuum of care. This research employed an analysis study with Fishbone analysis. The results reveal that the nurses' knowledge of nursing round management increases by 49.25%, and their experience of conducting nursing round increases by 39.13%. It proves that the implementation of nursing round and handover is effective to enhance the nurses' knowledge of nursing round management because, in this round, nursing handover is directed and monitored. The commitment of top management plays a significant role in optimizing this program. Therefore, the current issue of patient center care is well accommodated.

Keywords: Optimization, service management, care management, handover, round

1. Introduction

Health is a fundamental right of individual and is regulated in the law stating that providing healthcare must be appropriate and prioritize quality of the service. Nowadays, nursing service in hospitals has a strategic and crucial position in determining the variety of health services. Therefore, a reliable nurse manager who can understand and facilitate the work of executive nurses in providing nursing services is required (1). Nursing round and nursing handover are synergic series, which can improve the quality of health services.

Management role and function are needed in managing nursing round, starting from planning, organizing, instructing, supervising, and monitoring. Therefore, a nurse manager can increase the quality and standards of health care services (2). A nurse

manager can lead and manage nursing services. He knows that the nursing round is a part of the nursing process (3).

Nursing round is a proactive plan of nursing which provides chances to solve problems and plan collaboratively (4). A useful method of nursing services improves services for patients (3). Nurses often say they feel unsupported in the clinical situation and that these rounds give them an opportunity to ask for advice or seek help and support about patient care or management issues on the ward, giving them a feeling of confidence. Other health professionals can also see matron to resolve problems and seek support. It is essential that the matron is understood to be approachable by the staff of all grades. Health team did not raise issues because they should know how to handle all the situations. Therefore, they need more confidence and have critical thinking to perform that skill (5).

In nursing round, nurses visit patients to gain information, make a nursing plan, discuss nursing problems, and evaluate the nursing care. The nursing round will improve nurses' skill and knowledge, and enable them to know the needs or problems of service management in the field, i.e., Matron rounds (5). Nursing round is a strategy to develop autonomy, take a decision, create the team's operative relation, and provide nurses' professional status (6). It impacts on health service satisfaction of both patients and nurses.

By implementing nursing round, patients' satisfaction will increase five times more than not implementing it (Febriana, 2009). Nurses' satisfaction was influenced by several factors, such as autonomy, organization policy, assignment requirements, interaction, professional status, and retain (6). Therefore, the role of top management, which can motivate and facilitate round is required.

Nurses' conduct nursing round for patients, and it is required to solve the patients' problems. Consequently, the patients' basic need was fulfilled; the nurses' autonomy increases, and the nurses' performance satisfaction increases (7). Nursing Round has enabled shared by learning across all levels of nursing staff, information giving, clinical updates and case review providing an opportunity for focused professional development which has the potential to have a positive effect on patient care (7).

In nursing round, intense communication between nurses and patients occurs. It results in a collaboration which alleviates nursing errors (5). Synergic connection with nursing handover becomes the most essential in conducting handing over responsibility of care for patients.

Nursing handover is a professional and accountable process of handing over the responsibility of all cares for patients or from a group of patients for others or a professional group. This is conducted temporarily or permanently, and thus, patients receive satisfaction from nursing care (8). Nursing handover is planned as a way to provide relevant information for each nurse in each shift handover. Furthermore, it gives direction to inform the patients' condition, aims and plan of nursing, treatment, and care priority (9).

Nursing handover is a routine performed by a nurse during shift handover to continuously monitor patients' care in a hospital (8). Nursing shift handovers consider being a pattern of communication that is applied in everyday clinical nursing practice, to be fulfilled the goals of organization, continuity, consistency, and safety of care that nurses provide to patients (8). Communication errors frequently occur in nursing handover, and thus, it becomes a priority aiming to protect patients' safety (10) and

prevent any unexpected occurrence. In Fatmawati hospital, nursing handover is an essential element of assessing the quality of nursing care. Therefore, it becomes one of the achievements of quality indicators in nursing.

National Standards for Hospital Accreditation Year 2018 explains patients' safety goal 2, point 2.2 as increasing effective communication among care providers. Joint commission international (JCI) point IPSP 2.2 posits that hospitals are responsible for developing and applying a communication process for nursing handover (1). Effective, punctual, accurate, completed, unambiguous, and understandable communication will decrease errors and increase patients' safety (10).

There are four indicators, which become the assessment for nursing handover in Fatmawati hospital; they are punctuality, communication patterns of the situation, background, evaluation, and recommendation (SBAR), leadership, and documentation. These four indicators are monthly assessed and recapitulated by nursing section who are responsible for monitoring and evaluation. The document is utilized as data for accreditation standards, and it functions as communication as well as an indicator of quality services.

The existence of nursing handover can assist communication in nursing management. It results in data required by nursing section, nurses, or other health sections to plan patients' healthcare (2). Nursing shift handovers are a regular feature of the everyday clinical nursing practice, a ritual for the nursing team which happens every time a shift change is performed (11).

Nursing handover as a part of the nursing process is a crucial factor in providing care, and it requires a specific skill, critical thinking, and ability to communicate and document (12). When nursing handover occurs, communication is performed accurately and completely, and it is documented to protect the patients' safety and prevent any unexpected occurrence during nursing care (13).

Nursing care is influenced by nurses' ability to communicate patients' care. This affects the quality of available information as mentioned in SBAR when nursing handover occurs. In the interview, the head of nurses and the head of monitoring and evaluation section explain that nursing round and nursing handover are already implemented, but their quality is not optimally achieved.

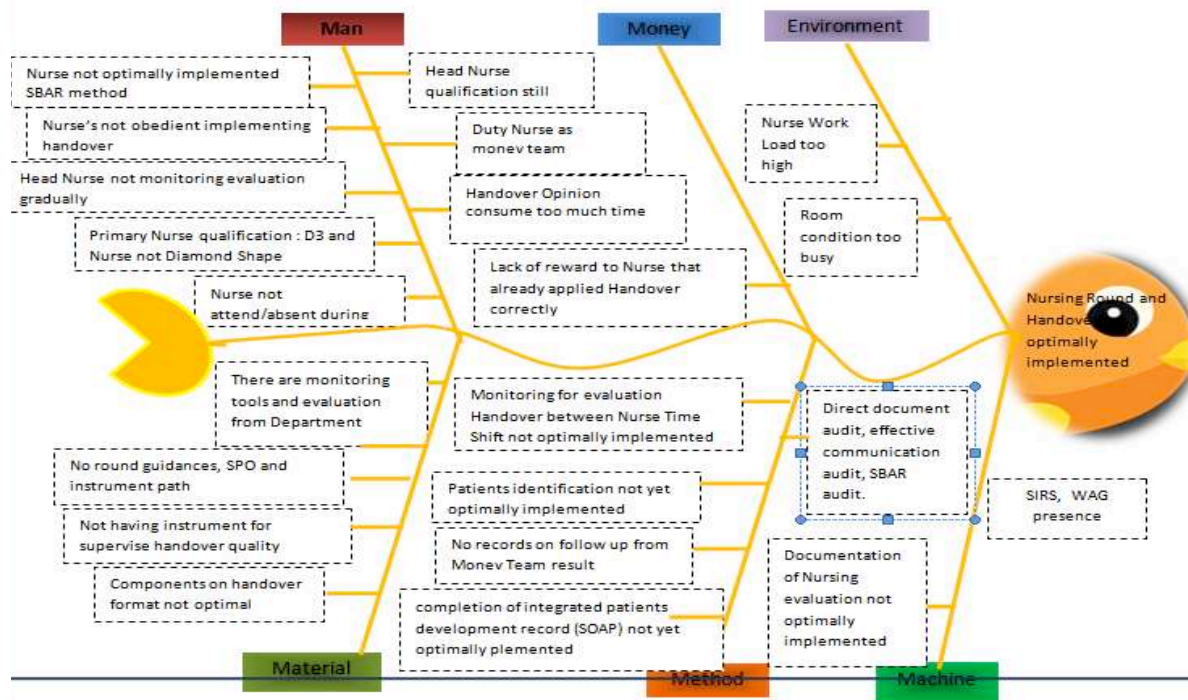
In Fatmawati Hospital, nursing round and nursing handover have run well, but they are not optimally implemented. Therefore, several efforts and innovations to improve nursing round and nursing handover are required. It is expected that they can provide suggestions to improve the quality of nursing care services in the hospital.

2. Method

This research employed study analysis method with fishbone diagram approach consisting of a man, process, machine, material, money, and environment to investigate the root of the problem of nursing round and nursing hand over in a hospital. The next stages were literary review and analysis to create a recommendation. This study was an innovation project licensed with number No. DM 01.01/VIII.2/1359/2019 by Fatmawati Hospital Jakarta.

The first phase was problem identification through interview, observation, and questionnaire. The questionnaire was distributed to 76 nurses as research respondents. The collected data from the interview, observation, and questionnaire were then categorized and analyzed. The analysis was conducted by employing root cause analysis

with the fishbone diagram, and determining problems of nursing management was done by applying Focus Group Discussion (FGD). It was agreed that the principal issue of nursing management would be resolved together by employing an innovative change in Fatmawati Hospital. This innovation program was initiated in detail in the form of Plan of Action (POA) created together during focus group discussion. Consequently, the program became a joint work program to improve the quality of nursing in Fatmawati Hospital. To solve nursing problems, this research employed plan, do check, and action approach (PDCA).



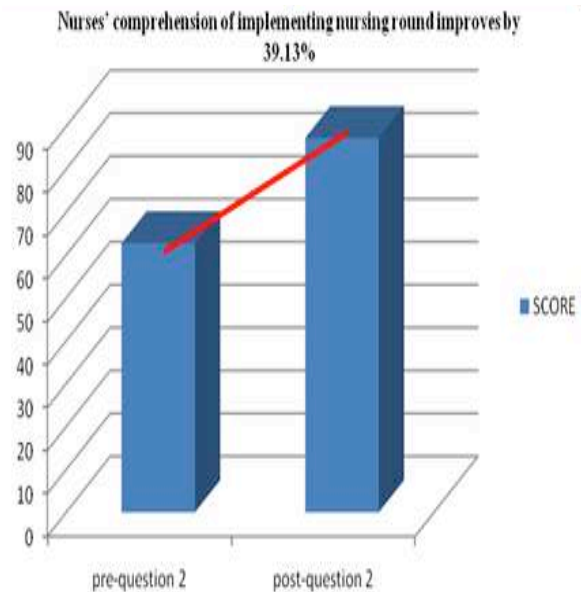
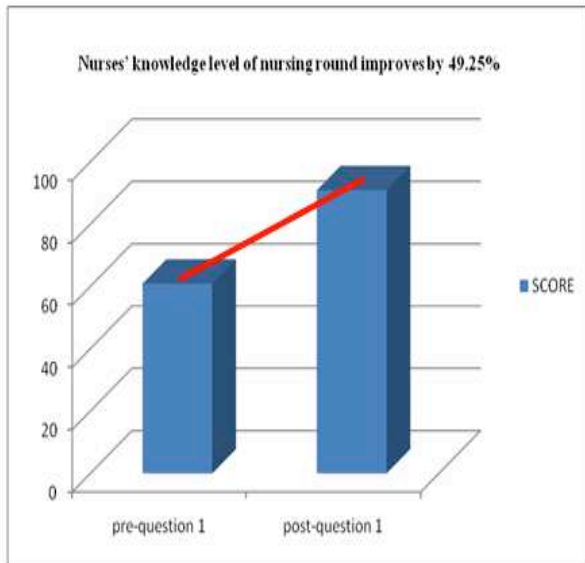
Picture 1. Fishbone Diagram

3. Finding and Discussion

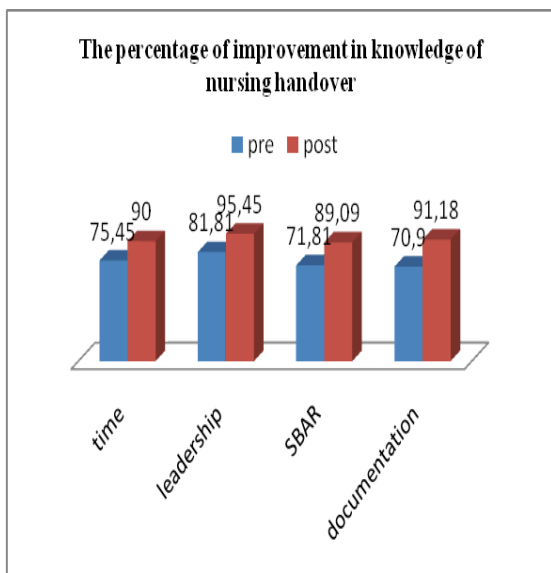
Fatmawati Hospital has 1100 health workers consisting of 1027 nurses with various academic background, such as a master in nursing, nursing specialist, nurse, vocational nurses, and health care schools (14). The nursing round has already been conducted in Fatmawati Hospital though they are not optimally implemented. Nursing round in the hospital includes case reflection which is a small part of nursing round (7), while the intended series in this research is nursing round in which top management performs round to investigate the function of control in the field (5).

Fishbone analysis reveals several problems which will be resolved in nursing round and nursing handover by employing questionnaire distributed to 76 nurse participants. The result of the questionnaire distributed to the nurses in Teratai Installation Unit reveals that the nurses' knowledge of nursing round management is 60.91, after conducting innovation and implementing nursing round and it increases by 90.91%. In other words, it improves by 49.25%. The nurses' experience of implementing nursing round increases by 39.13%, (from 62.72 % to 87.27 %). It indicates a significant improvement. This implementation conducted through socializing round, creating guideline draft, SPO, arranging instruments, and drawing

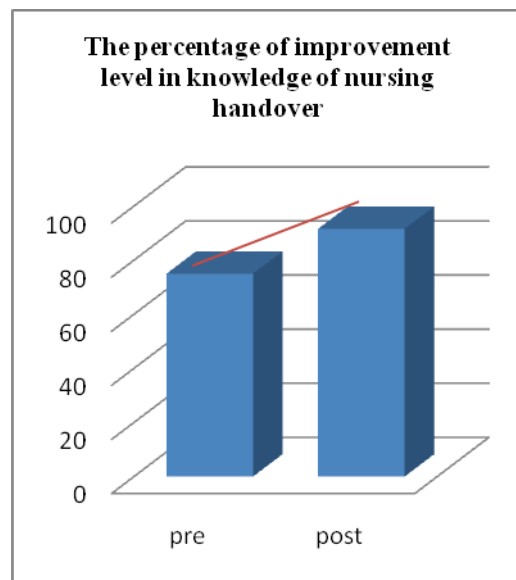
round plot is effective to enhance the nurses' knowledge of nursing round and improve patients.



Handover in the nursing shift is a primary element in communication among nurses. It facilitates patient information exchange and professional responsibility transfer. Errors or derelictions in exchanging information of nursing handover result in consequences for the patients' sustainability and safety. The result of the questionnaire of nursing handover reveals that the nurses' knowledge of four indicators of nursing handover increases by 22.12% (from 75% to 91.59%).



It



The diagram indicates a significant improvement because the implementation of nursing handover in the form of SPO draft, toolkit forms, socialization, and simulation of nursing handover in the patient room is considerably effective to improve the nurses' knowledge of it. The result of the focus group discussion indicates a change at the beginning of nursing handover implementation from the afternoon shift to the evening shift or from 8.30 p.m. to 9 p.m. Meanwhile, delivering nursing handover for patients with intensive care requires 3-5 minutes and for other patients with non-intensive care requires 1.5 minutes (8)

This is in line with the assessment result for the completeness of nursing handover conducted by nursing section for 80-90%, while the target is 100%. This research reveals several problems, such as ineffective time, delayed start of a nursing handover, and non-optimal technique of SBAR, leadership, as well as nursing handover documentation. Duty nurses as the assistance of the head of nursing always motivate and guide nurses to conduct nursing handover carefully and correctly. This agrees with the function of management in supervising nursing staff (2).

The program of optimizing nurses' roles and functions in providing nursing care is required, starting from planning, organizing, directing, supervising, and monitoring. Therefore, a well-prepared and sustainable process plot is needed in this program. In this innovation, a draft of the guidebook, standard operational procedure, plot, and instruments related to nursing round and nursing handover which become an initial step are composed. Then, the commitment from nursing staff, either managerial staff or duty nurse, in Fatmawati Hospital is required.

The nursing section as top management is expected to be involved in and commit to improve and facilitate the program. As a result, the program will be in line with the standards, and it can motivate the implementation of the program (15). The hospital's perception about optimizing nursing round and nursing handover process must be similar. Therefore, it is expected that the director of Fatmawati Hospital will legalize the draft of guidance, SOP, plot, and instruments. Then, they can be socialized to all room leaders as well as team leaders as a form of the hospital are following up. Socialization aims to improve the nurses' understanding and decrease their confusion over the implementation of nursing round and nursing handover process when providing nursing care.

4. Conclusion

Nursing round and nursing handover in Fatmawati Hospital have been implemented, however, the nursing round implementation was optimal because inundated the guidance and SOP. Optimizing the program by preparing multiple-required equipment such as guidance, SPO, plot, and instruments is necessary.

Support and commitment from the managerial staff, as well as nurses' readiness and commitment to creating change, are necessary. Moreover, socialization and simulation can elevate nurses' insight into nursing round and nursing handover.

The quality of nursing services is a duty and responsibility of all parties, and thus, it is expected that optimizing the implementation of nursing round and nursing handover can run effectively. Periodic monitoring and evaluation of assessing the application of nursing round and nursing handover become crucial elements to achieve the hospital's quality. Training in conducting nursing round and nursing handover,

workload evaluation, and creating a conducive working environment can become the strategy to improve the quality of nursing,

It is recommended that the hospital director make policy in the form of decree to implement nursing round and nursing handover. Therefore, the guidebook, SPO, plot, and instruments become legal documents underlying the implementation of nursing round and nursing handover in Fatmawati Hospital.

References

1. Komisi Akreditasi Rumah Sakit. Standard Nasional Akreditasi Rumah Sakit. 2017;Edisi 1.
2. Basyony BM. Management Development Strategy For Developing Nurse Intern ' S Managerial Skills. 2018;17(5):1-12.
3. Sastre-fullana P, Morales-asencio JM, Sesé-abad A, Bennasar-veny M, Fernández-domínguez JC, Pedro-gómez J De. Advanced Practice Nursing Competency Assessment Instrument (APNCAI): clinimetric validation. 2017;
4. Rutherford BP, Moen R, Taylor J. STEPS. 2009;109(11):5-17.
5. Close A, Castledine G. Clinical nursing rounds part 1 : matrons ' rounds. 2005;14(15):816-7.
6. Aitken LM, Burmeister E, Clayton S, Dalais C, Gardner G. International Journal of Nursing Studies The impact of Nursing Rounds on the practice environment and nurse satisfaction in intensive care : Pre-test post-test comparative study. Int J Nurs Stud [Internet]. 2011;48(8):918-25. Available from: <http://dx.doi.org/10.1016/j.ijnurstu.2010.10.004>
7. Haigh R. Development and implementation of nursing grand rounds in a cancer centre. 2016;15(5):24-30.
8. Athanasakis. Synthesizing Knowledge about Nursing Shift Handovers : Overview and Reflections from Evidence-Based Literature Synthesizing Knowledge about Nursing Shift Handovers : Overview and Reflections from Evidence-Based Literature Efstratios Athanasakis , BSc , RN. 2014;(January 2013).
9. Kilic SP. The Approaches and Attitudes of Nurses on Clinical Handover. 2017;10(1):136-46.
10. Kerr D, Klim S, Kelly A, Mccann T. Impact of a modified nursing handover model for improving nursing care and documentation in the emergency department: A pre- and post-implementation study. 2016;89-97.
11. Athanasakis E. Synthesizing Knowledge about Nursing Shift Handovers : Overview and Reflections from Evidence-Based Literature. 2013;6(3):300-14.
12. Delrue KS. An Evidence-Based Evaluation of the Nursing Handover Process for Emergency Department Admissions. 2013;
13. Spooner AJ, Dip G, Leanne ICU, Hons BHN. Implementation of an Evidence-Based Practice Nursing Handover Tool in Intensive Care Using the Knowledge-to-Action Framework. 2018;1-9.
14. Fatmawati BKR. BYK pro Rakorkep Feb 2018. 2018.
15. Chase LK. Nurse manager competencies. 2010;