

## TINJAUAN PELAKSANAAN HANDOVER DI RUMAH SAKIT: TINJAUAN PUSTAKA

### *Overview of The Implementation of Handover in Hospital: Literature Review*

**Diwa Agus Sudrajat, Mia Islamiati, Linlin Lindayani**

Sekolah Tinggi Ilmu Keperawatan PPNI Jawa Barat, Indonesia

#### **Riwayat artikel**

Diajukan: 7 November 2020

Diterima: 1 Maret 2021

#### **Penulis**

#### **Korespondensi:**

- Linlin Lindayani
- STIKep PPNI Jawa Barat

e-mail:

[linlinlindayani@gmail.com](mailto:linlinlindayani@gmail.com)

#### **Kata Kunci:**

*Nurse, Handover, Bedside hanover*

#### **Abstrak**

**Pendahuluan :** Serah terima merupakan kegiatan menyampaikan dan menerima laporan mengenai kondisi pasien. Pelaksanaan serah terima terdiri dari tiga tahap yaitu tahap persiapan, tahap pelaksanaan dan tahap pasca serah terima. Serah terima sebagai elemen penting dalam memberikan asuhan keperawatan dan memiliki peran dalam keselamatan pasien. **Tujuan:** Penelitian ini bertujuan untuk mengetahui hasil penelitian sebelumnya mengenai tahapan pelaksanaan serah terima perawat di rumah sakit. **Metode:** Metode yang digunakan dalam penelitian ini adalah studi pustaka dengan penilaian menggunakan JBI Critical Appraisal Checklist for Analytical Cross Sectional Studies. Cari menggunakan Google scholar dan Perpustakaan Fakultas Keperawatan UM. Kata kunci yang digunakan adalah perawat DAN serah terima ATAU timbang terima. **Hasil:** Berdasarkan lima artikel yang telah direview, secara keseluruhan gambaran pelaksanaan handover adalah satu artikel dengan kategori cukup, satu artikel dengan kategori baik dan tiga artikel dengan rata-rata implementasi nilai berkisar antara 50% sampai dengan 75,71%. Keempat artikel tersebut menggunakan tiga tahapan handover yaitu persiapan, pelaksanaan dan pasca serah terima dengan skor terendah pada tahap pasca serah terima dengan rentang nilai 14,5% sampai dengan 38,8% dan nilai tertinggi pada tahap pelaksanaan 59,4% -88%. Satu artikel menggunakan lima tahap yaitu tahap persiapan, pendahuluan, pertukaran informasi, observasi dan safety scan dengan range terendah pada tahap scan scan sebesar 51.24% dan nilai tertinggi pada tahap pengenalan 94.33%. **Kesimpulan:** Kegiatan serah terima dipengaruhi oleh efisiensi waktu dan sumber daya manusia. Perawat disarankan untuk melakukan serah terima sesuai SOP dan melakukan serah terima menggunakan format komunikasi efektif SBAR dengan penyerahan di samping.

#### **Abstract**

**Background:** Handover is an activity to deliver and receive reports regarding the patient's condition. Handover implementation consists of three stages, namely the preparation stage, implementation stage and post handover. Handover as an important element in providing nursing care and has a role in patient safety. **Objective:** This study aims to identify the results of previous studies regarding the stages of implementing nurse handovers in hospitals. **Methods:** The method used in this study is a literature review with an assessment using the JBI Critical Appraisal Checklist for Analytical Cross Sectional Studies. Search using Google scholar and Library of the Faculty of Nursing-UM. Keywords used are nurse AND handover OR weigh accept. **Results:** Based on the five articles that have been reviewed, the overall description of the implementation of the handover is one article with a sufficient category, one article with a good category and three articles with an average implementation of the value range from 50% to 75.71%. The four articles used three stages of handover, namely preparation, implementation and post handover with the lowest score at the post handover stage with a value range of 14.5% to 38.8% and the highest value at the implementation stage of 59.4% -88%. One article uses five stages, namely the preparation, introduction, information exchange, observation and safety scan stages with the lowest range in the scan scan stage of 51.24% and the highest value at the introduction stage of 94.33%. **Conclusio:** Handover activity is influenced by the efficiency of time and human resources. Nurses are advised to carry out handovers in accordance with the SOP and carry out handovers using the SBAR effective communication format with the beside handover.

## **Background**

Handover is a routine activity as a form of handover of managed patients between one shift and another before and after the nurse carries out their duties (Mugianti, 2016) 1. Patient handover activities should be carried out by nurses who are directly responsible for providing nursing care to nurses who will be responsible for providing care for the next shift. This is intended to avoid neglect or errors in the service activities that will be provided to patients (Mugianti, 2016) 1. A well-executed handover can help identify errors and facilitate continuity of patient care. In addition, communication on handovers has a very important relationship in ensuring continuity, quality and safety in health care for patients (Morika, 2017) 2.

Handover activities consist of three stages, namely the preparation stage, the implementation stage and the post handover stage (Nursalam, 2015) 3. Patient handovers must be carried out as effectively as possible by explaining briefly, clearly, and completely about the independent actions of nurses, collaborative actions that have been taken / not, and the patient's development at that time (Nursalam, 2015) 3. The information submitted must be accurate so that the continuity of nursing care can run perfectly. Receipt is carried out by primary nursing nurses to primary nurses (person in charge) in the afternoon or evening services in writing and orally (Nursalam, 2015) 3. Effective patient handover supports important information and continuity of care, treatment, and has an impact on patient safety (Kamil, 2011) 4.

Handover as an important element in providing nursing care has a role in ensuring patient safety, it is a major contributing factor in errors and delays in service to the next patient (Herawati, 2018) 5. Communication disturbances can occur when handing over patient care is carried out which can result in incidents that occur. adverse events or sentinel events

(SNARS 2017) 6. Ineffective handovers can contribute to errors and violations in patient care safety, including medication errors, surgery errors, and patient deaths (Kamil, 2011) 4. Medication errors lead to significant fear, contributing to the patient's loss of confidence in the system (Christiansen, 2019) 7.

Based on the results of research by Febrina (2018) 8 on 30 nurses in the hospital ward Dr. Achmad Mochtar Kota Bukit Tinggi in 2017 it is known that there are 15 (50.0%) with poor patient handovers according to the SOP and 15 (50.0%) nurses with the implementation of patient handovers according to good SOPs. The results of Pobas (2018) 9's research regarding the evaluation of patient handovers by nurses at the Asylum Insan Hospital Banjarmasin for 58 respondents, most of them were in the moderate category, as many as 30 respondents (52%) and 28 respondents were in good category (48%). According to the research of Soliyati, et al (2019) 10. handover suitability in the morning, afternoon and evening shifts is the most appropriate implementation of the morning shift, due to the participation of the head of the room and the team leader so that most team members carry out the appropriate flow from the place where nurses or nurses gather. nurse room to the treatment room or patient room and back again to the nurse room or nurse station. Based on some of the above studies and the absence of research on the implementation of handovers using the literature review method, the authors are interested in conducting research on "Overview of Nurse Handovers in Inpatient Rooms at Government Hospitals: Literature Review"

## **Research methods**

This study is a systematic review of the existing literature to determine the results of previous studies. The search was conducted through Google Scholar and the Library of the Faculty of Nursing, UMJ.

The search for articles in the database uses the "AND" and "OR" operators combined with the keywords used, namely the combination of nurse AND handover OR weigh accept. Keywords are taken based on PICOT. The inclusion criteria for search were studies conducted in hospitals, nurse respondents or nursing teams working in inpatient rooms, nurse respondents or nursing teams working in intensive care rooms, journals in Indonesian or English, and full text journals. The assessment of the quality of each article is carried out using the standard format of the JBI Critical Appraisal Checklist for Analytical Cross Sectional Studies which is in Indonesian which consists of eight checklist items of questions used with a choice of answers that are yes or no or unclear or not applicable.

## **Result**

Based on the results of searches conducted through Google Scholar and the Library Journal of the Faculty of Nursing-UMJ, it was found that 1573 journals were used with the keywords used, namely the combination of nurse AND handover OR weigh accept with the time span of the journals published in the last ten years (2010-2020). The process of selecting and eliminating articles is illustrated in the form of a flowchart (PRISMA, 2009). Then only five articles were left that met the inclusion and exclusion criteria. In the five articles, there are similarities and differences from the number of respondents, the place of research, the research methods, the instruments used and the results of the research.

## **DISCUSSION**

From the five articles from the literature review results, an overview of the implementation of the handover is obtained, namely one article with a sufficient category (41.7%), one article

with a good category (63.3%) and three articles with an average implementation of the value range from 50% to 75.71%. The four articles use three stages of handover, namely preparation, implementation and post handover with the values in each stage, namely the preparation stage with a value range of 12.39% - 63.3%, at the implementation stage with a value range of 26.39% - 88% and at the evaluation stage with a value range of 14.5% - 38.8%. One article for each stage is the preparation stage (70.57%), the introductory stage (94.33%), the information exchange stage (8.59%), the observation stage (77.30%) and the safety scan stage (51.24%). In the four articles, the implementation of handovers at the preparation stage, most of the nurses did not arrive on time so that the implementation of the weigh-in was not carried out on time this was due to a lack of motivation in the nurses, a lack of nurses in the room and a lack of appreciation from the hospital, nurses always gathered in the nurse station before they serve, most of the nurses always prepare special notes about what the previously guarded nurses will delegate. According to Nursalam (2015) 3 the implementation of handovers in the preparation stage consists of Weighing and receiving carried out every shift of shift / operant, the principle of weighing accept, all new patients enter and patients who are received, especially patients who have problems that have not been resolved and who need observation further and PA / PP convey the consideration to the PP (who received the delegation) next.

The handover implementation stage of the nurse handover implementation only weighed the nurse's acceptance, the nurse did not observe the patient. In addition, the handover was not attended by all nurses, the information conveyed focused on the results of the history, medical diagnosis, physical examination and supporting examinations for patients with serious problems. Meanwhile, information related to nursing diagnoses, actions that have been taken, and recommendations for

further action plans were not submitted because they were considered not very important. According to Nursalam (2015) 3 things that need to be conveyed in Handover, namely the number of patients, patient identity and medical diagnosis, data (complaints / subjective and objective), nursing problems that still arise, nursing interventions that have and have not been implemented (in general), interventions collaborative and dependent; general plans and preparations that need to be done (preparation for operations, supporting checks, and other programs). Operant activities should be followed by the head of the room, the team leader and all the nurses on duty at that time and who will be on duty, this is intended to be able to provide clear (real) information about the situation and condition of the patient and make it easier to receive overload of tasks, as well as input when carrying out pre conference (Mugianti, 2016) 1. Handovers should not only be carried out in nurse stations, but must also do beside handovers. Patients are more satisfied with the bedside handover method compared to handover using traditional methods (Nur et al, 2016) 11.

The post handover stage records or reports problems to the on duty doctor to get the lowest possible implementation due to several factors, one of which is because the on duty doctor does not stay (standby) in each inpatient installation but the nurse still reports conditions related to the patient via telephone. This is not in line with post handover activities according to Nursalam (2015) 3 which consists of discussions, reports for Handovers are written directly in the Handover format signed by the PP who is on duty at that time and the PP that is on guard next is known by the Head of the Room, closed by KARU. Conclusion of patient handovers, discussing patient data with other nurse friends needs to be considered so that the patient data obtained is more accurate (Manopo, 2013) 14.

In the research of Maurisa.A and Yuswari (2019) 12 four stages have been carried out and one stage has not been carried out. Implementation of handovers in the preparation stage (70.57%). According to Maurisa.A and Yuswani (2019) 12 these studies are in line with the statement of Chaboyer et al (2010) 13 explaining that good and correct preparation will make nurses appropriate in carrying out handover actions and be able to explain the patient's latest condition. There are four aspects in the preparation stage for the implementation of handovers, namely the allocation of staff and patients, updating the handover sheet, notifying patients and families and other visitors (Chaboyer et al, 2008) 1. The delinquency at the introductory stage (94.33%) according to Maurisa.A and Yuswari (2019) 12 introducing the next team when changing shifts is a routine activity. Handover is led by the team leader who is going home, the team leader introduces the nurse who will be on duty next to the patient and the patient's family (Chaboyer et al, 2008) 13. Implementation of bedside handover at the information exchange stage (8.59%). The delivery of information between the nurse administrators during the bedside handover is carried out briefly and clearly, as well as the delivery of information to patients, by avoiding word choices that are difficult to understand and medical terms that are not understood by the patient (Maurisa.A and Yuswani, 2019) 12. According to Chaboyer et al (2008) 13 The information conveyed during the handover at the information exchange stage is the date and reason for administration, relevant medical history including new referrals, investigations, treatment and patient response, nursing care plans and patient responses, safety issues, discharge planning and recommendations for further treatment. In addition, at the information exchange stage, the effective communication format SBAR or ISOBAR can be used.

The implementation of bedside handover at the observation stage was 77.30%)%. According to Maurisa.A and Yuswani (2019) 12 the results of their research are in line with the statements of Sand-Jecklin and Sherman (2013), it is said that the implementation of bedside handovers by ensuring that patients are well informed, allows patients to contribute more to their own care. During the handover, the patient should be given the opportunity to seek clarification, ask questions and the nurse confirms the information, family members should be invited to participate in handover with the patient's consent (Chaboyer et al, 2008) 13. Implementation of bedside handover at the safety scan stage (51.24%) was not implemented. This is because the results are different from the study of Chaboyer et al. (2010) 13 which states that the things that need to be done during bedside handover are patient safety scans such as call bells must be within the reach of the patient, patient comfort, the latest bedside communication boards, checking equipment is functioning properly (e.g. oxygen hoses), alarm parameters, Access to mobility aids, and urine catheter checked (records insertion date and removal plan), wound, GCS completion, Circulation observation, diet

modification, fluid balance chart and other devices in close proximity to the patient.

## CONCLUSION

Based on the five articles that have been reviewed, it is obtained an overview of the implementation of the handover as a whole, namely one article with a sufficient category (41.7%), one article with a good category (63.3%) and three articles on average implementation in the range of values from 50% to 75.71%. The four articles use three stages of handover, namely preparation, implementation and post handover with the lowest score at the post handover stage with a value range of 14.5% to 38.8% and the highest value at the implementation stage of 59.4% -88%. One article uses five stages, namely the stage of preparation, introduction, exchange of information, observation and safety scan with the lowest value range at the social scan stage of 51.24% and the highest value at the introduction stage of 94.33%.

## SUGGESTION

The hospital holds seminars or training on handover implementation. The head of the room recalculates the needs of nurses in his room, conducts supervision, provides rewards and punishments for the nurse's performance.

Table 1 Article Analysis

No.	Name, Year and Place	Sample	Measuring tool used	Data Analysis	Result
1	Rudi Kurniawan, Nur Ayu Yulirocita, Nur Hidayat, 2018, Ciamis Hospital	The sample size is 7 2 nurses	Observation sheet	Data analysis in this study used a frequency distribution	The research results from this journal are: The overall <i>handover</i> execution of the evening-night shift is 55%. With the category of the preparation stage of 51.4%, the implementation stage of 59.4%, and the post <i>handover</i> stage of 38.8%.
2	Dian Hadinata, Widaningsih, Syamsul Anwar, 2019	The sample size is 1 16 implementing nurses	Check list sheet includes identity of respondents, the head function role questionnaire room, and observation sheet effective communication during <i>handover</i> . Variable instrument scale	Data analysis in this study used analysis univariate and inferential analysis.	The research results from this journal are: Implementation of the handover obtained a mean value of 58.28%. <i>Handover</i> at the orientation stage was 12.39%, the interaction stage was 26.39%, and the termination stage was 19.50%.

No.	Name, Year and Place	Sample	Measuring tool used	Data Analysis	Result
			measured with a 4 level Likert scale each item score weight: Value 4 (SL) for criteria always, value 3 for (SR) often, values 2 for (J) are rare and value 1 for (TP), namely never.		
3	Kornelia Riskah, Ernawati, Muhammad Nur Hidayah, 2017	The number of samples is 36 nurses	Work motivation questionnaire and <i>handover</i> observation sheet	Data analysis using Kolmogorov Semirnov	Overall <i>handover</i> was sufficient (41.7%). The preparation stage is carried out around 61.8%, the implementation stage is 88% and the evaluation stage is 14.5%.
4	Quiteria Manopo, Frangky R. R Mramis, Jehosua SV Sinolungan, 2013	The total sample is 60 nurses	The research instrument was a questionnaire containing 30 statement items consisting of 14 <i>handover</i> statement items and 16 patient safety statement items.	Bivariate analysis using the chi square test	The overall implementation of the <i>handover</i> is good In the preparation stage the results obtained were categorized as either 38 respondents or 63.3% and 22 respondents or 36.7% less. <i>Handover</i> implementation stage 61.7%.
5.	Andra Maurisa and Yuswardi, 2019	Number of samples 188	instrument in the form of an observation sheet adopted from the Australian Commission on Safety and quality in health care in 2008 which consists of 5 components	Data analysis using descriptive statistics	The results showed that the <i>handover</i> had been implemented (75.71%). Which consists of the preparation stage (70.57%), the introductory stage (94.33%), the information exchange stage (8.59%), the observation stage 77.30%) and the safety scan stage (51.24%).

## REFERENCES

- Mugianti, S. (2016). *Manajemen dan Kepemimpinan dalam Praktek Keperawatan*. Kementrian Kesehatan Republik Indonesia.
- Morika, H. D. (2017). Hubungan Beban Kerja Perawat dengan Timbang Terima (Overan) Pasien di Ruang Rawat Inap Rumah Sakit Islam Ibnu Sina. *The Indonesian Journal Of Health Sciene*, Vol. 9 No. 1.
- Nursalam. (2015). *Manajemen Keperawatan Aplikasi dalam Praktik Keperawatan Profesional Edisi 5*. Jakarta: Salemba Medika.
- Kamil, H. (2011). *Handover dalam Pelayanan Keperawatan. Idea Nursing Jurnal*, 144-152.
- Herawati, R., Yeti, K., dan Dewi N.A (2018). Analisis Pelaksanaan Timbang Terima Perawat Jaga Menggunakan Diagram Tulang Ikan di Rumah Sakit Fatmawati Jakarta.
- Standar Akreditasi Rumah Sakit (SNARS). (2018). NASIONAL AKREDITASI RUMAH SAKIT Edisi 1,.
- Christiansen AB, Simonsen S, dan Nielsen GA (2019). Patients Own Safety Incidents Reports to the Danish Patient Safety Database Possess a Unique but Underused Learning Potential in Patient Safety. *Journal Patient Safety*, 1-8. <https://doi.org/10.1097/PTS.0000000000000604>
- Febrina, W., Yenni dan Ramadhani, S. (2018). Pengetahuan Perawat Terhadap Pelaksanaan Timbang Terima Pasien Sesuai SOP. *REAL in Nursing Journal (RNJ)*, Vol. 1, No. 2, 60-66.
- Pobas, S., Chlimilasari, L.A dan Warjiman (2018). Evaluasi Timbang Terima Pasien oleh Perawat di Ruang Rawat Inap Rumah Sakit.
- Soliyanti, E. P. (2019). *Handover* Pada Pelaksanaan Model TIM di Ruang Rawat Inap RSUD Z di Kalimantan Selatan. *Nerspedia*, 7-15.
- Nur, S.A., Bachtiar, H., dan Medawati, L.. (2016) Pengaruh Kepuasan Pasien Mengenai Metode Serah Terima Pasien Dengan Metode Beside Handover. *Jurnal Kesehatan Medika Saintika*. Vol. 10 No 2. 130-141
- Maurisa.A danYuswardi (2019).Pelaksanaan Bedside Handover oleh Perawat di Ruang Rawat Rumah Sakit Banda Aceh. *Idea Nursing Journal*. Vol X No 1. 63-68
- Chaboyer, W., McMurray, A., Wallis, M. & Chang, H.Y. (2008) Standard Operating Protocol for Implementing Bedside Handover in Nursing, Griffith University, Australia
- Manopo, Q., Maramis, F.R.R., dan Sinolunga, J.SV. (2013). Hubungan Antara Penerapan Timbang Terima Pasien Dengan Keselamatan Pasien Oleh Perawat Pelaksana Di Rsu Gmim Kalooran Amurang. Fakultas Kesehatan Masyarakat Universitas Sam Ratulangi Manado