



INITIATION OF THE DEVELOPMENT OF A BEDSIDE HANDOVER GUIDELINE IN THE EMERGENCY DEPARTMENT OF HOSPITAL X

Hinoveva Natalia Joaquin¹, Hanny Handiyani², Andi Amalia Wildani³, Harpendewisasmitha⁴

¹Master's Program in Nursing Science, Faculty of Nursing, Universitas Indonesia

²Department of Basic Nursing and Fundamental Nursing, Faculty of Nursing, Universitas Indonesia

³Universitas Indonesia Hospital,

⁴Harapan Kita National Cardiovascular Center

Nataliajoaquin1123@gmail.com

ABSTRACT

Emergency Department (ER) services are highly complex and carry significant risks to patient safety. Effective communication during the handover process is critical to improving patient safety and care quality. Bedside handover is a strategic form of communication between healthcare workers, ensuring that vital patient information—such as vital signs and urgent care needs—is conveyed accurately and directly, with involvement from both patients and families. The ISBAR communication tool provides a clear structure that helps reduce the risk of miscommunication. Objective to develop a guideline that serves as a consistent reference for nurses in performing bedside handover, fostering a culture of safety and high-quality care at Hospital X. Method: This study used a case report approach with both qualitative and quantitative methods to examine the nursing service system at Hospital X. Data were collected through interviews, document reviews, observations, and questionnaires, and analyzed using the nursing management function approach: planning, organizing, directing, and controlling. Questionnaires were distributed to unit leaders, unit coordinators, and all staff nurses working in Room X, with a total of 48 respondents with total sampling. In the Unfreezing Phase, many ER nurses resisted the bedside handover method, perceiving it as time-consuming and burdensome. Observations revealed continued reliance on traditional handover methods. In the Changing Phase, a Plan of Action (POA) was developed, including drafting supervision guidelines, conducting socialization, and evaluating bedside handover implementation. In the Refreezing Phase, bedside handover was expected to become standard practice, though implementation was limited by time constraints. The implementation of bedside handover in the ER, guided by Lewin's Change Theory and structured through ISBAR, is a strategic step to ensure care continuity and improve patient safety.

Keywords: bedside handover; emergency unit; kurt lewin change

How to cite (in APA style)

Joaquin, H. N., Handiyani, H., Wilda, A. A., & Harpendewisasmitha, H. (2025). Initiation of the Development of a Bedside Handover Guideline in the Emergency Department of Hospital X. *Indonesian Journal of Global Health Research*, 7(5), 391-396. <https://doi.org/10.37287/ijghr.v7i5.6869>.

INTRODUCTION

Emergency Department (ED) services are among the most complex and high-risk healthcare services concerning patient safety. A study by Alizadeh-Risani et al. (2024) highlights that the ED, in managing patients in critical or emergency conditions, requires accurate information to support swift and precise decision-making in patient care. Therefore, nurse communication in conveying information must be efficient and effective. Effective communication during handover is essential for improving patient safety and care quality (Do & Shin, 2024). Bedside handover is a form of strategic communication between healthcare providers. Poorly structured communication and incomplete information negatively impact patient safety (Reime et al., 2024). Thus, implementing bedside handover helps ensure continuity of care and fosters greater accountability among nurses.

According to The Joint Commission International, communication failures frequently occur during patient handovers (Gungor et al., 2022). In a busy, high-mobility environment like the ED, bedside handovers are rarely conducted, leading to suboptimal transmission of critical information. Research by Fischer et al. (2024) emphasizes the importance of the environment

in the information handover process during emergencies. Similarly, Alizadeh-Risani et al. (2024) underscore the need for effective information transfer during nursing shift handovers in the ED, which directly enhances patient safety and care quality. Bedside handover, originally introduced in general ward nursing practice, has been recognized as an important method for improving patient engagement in their own care process (de Lange et al., 2024a). The ED, characterized by its fast-paced, dynamic, and high-pressure conditions due to various emergencies, presents unique challenges to conducting structured handovers.

Forde et al. (2020) focused their study on the structure, process, and content of information transferred during handovers, and how this affects patient safety and quality of care. Another study by de Lange et al. (2024) demonstrated that patient-centered handover practices can enhance care quality in the ED, reduce errors, and improve patient experience. Both studies emphasize the need for structured, patient-centered handovers to ensure safe and high-quality care continuity. Studies have found that the structure of communication during handovers improved significantly with the implementation of the ISBAR tool (Identification, Situation, Background, Assessment, and Recommendation) (Chaica et al., 2024). ISBAR provides a clear structure for handover communication, reducing the risk of errors that could endanger patients. Thus, ISBAR has proven to be an effective tool for ensuring more organized and safer handover communication.

As discussed in several journals, the handover situation in emergency rooms differs from that in inpatient wards. Although staff may perform handovers properly, there remains room for improvement in the use of communication tools, documentation, and training. In research by Tortosa-Altet et al. (2021), several tools are identified to assist healthcare professionals in patient handovers, especially in emergency contexts. These tools include standardized SBAR formats, the use of checklists, electronic tools such as EMR systems or mobile applications, and visual or graphic aids. Bedside handover ensures that essential information about the patient's condition, including vital signs and urgent care needs, is communicated directly and accurately, while also promoting the involvement of patients and their families. Alizadeh-Risani et al. (2024) developed a modified handover model specifically designed for emergency departments, incorporating the use of written forms and templates to enhance the reliability and effectiveness of the handover process.

Kurt Lewin's Change Theory, which consists of three stages: unfreezing, changing, and refreezing, provides a relevant framework for implementing change—specifically the implementation of bedside handover in the ED. By utilizing Lewin's theory as a guide, it is hoped that a supportive work environment for positive change can be created, ultimately improving patient safety, communication efficiency, and overall quality of care among team members. This research to develop a guideline that serves as a consistent reference for nurses in performing bedside handover, fostering a culture of safety and high-quality care at Hospital X.

METHOD

This study employed a case report approach using both qualitative and quantitative methods to examine the nursing service system at Hospital X. The study process was guided by Lewin's Three-Step Change Model as a framework to understand and manage changes within the nursing care system. The activities began with data collection through interviews, document reviews, observations, and questionnaire surveys. Interviews were conducted with the Nursing Care Service Team Manager and Assistant Manager, the Head of the Nursing Committee, Unit Managers, and randomly selected emergency department nurses. Document review was carried out to analyze data related to nursing human resources and the use of SBAR documentation format within the hospital's EMR system.

Observations were conducted to identify the handover and bedside handover practices and to assess the availability of SBAR-related communication documents in the Emergency Department. Questionnaires were distributed to unit leaders, unit coordinators, and all staff nurses working in Room X, with a total of 48 respondents. The questionnaire focused on the roles and responsibilities of nurse managers and the implementation methods of Bedside Handover in the Emergency Department. Data obtained from interviews, document reviews, observations, and questionnaires were analyzed using the nursing management function approach, which includes planning, organizing, directing, and controlling. A Fishbone Diagram was used to analyze the root causes of identified problems.

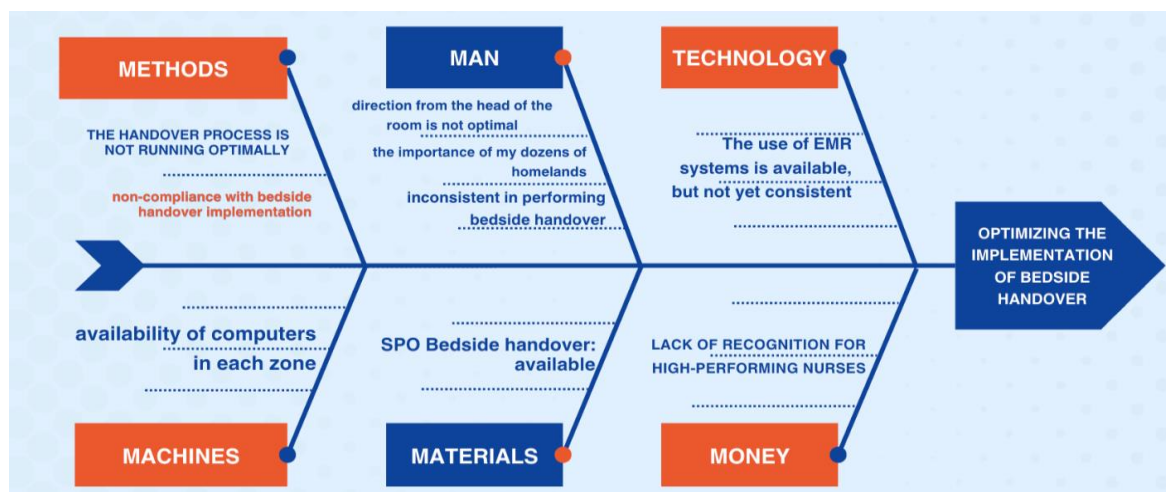


Figure1 : Identified oRCA

RESULT

Organizational change is a complex process that requires a planned and systematic approach. This study utilized Kurt Lewin’s Change Theory, namely the Three-Step Model, to guide the change process.

Unfreezing Stage

In this stage, the focus is on preparing staff to accept change by raising awareness about the importance and benefits of bedside handover. A common issue during this phase is resistance to change, particularly among nurses. Field observations revealed that many nurses in the Emergency Department (ED) were still accustomed to traditional handover methods—typically verbal and recorded in the EMR, without involving patients. Resistance observed included concerns from ED nurses that bedside handovers would increase their workload and that they lacked time to conduct handovers directly at the patient’s bedside.

Changing/Movement Stage

This stage involved implementing bedside handover in the ED, aiming to shift staff behavior and work habits toward adopting the new approach. In line with the views of Nurhasanah et al. (2024) and Rosdiana & Aslami (2022), this stage is designed to ensure that the change is accepted and internalized by all organizational members, fostering understanding and commitment for long-term success. Given the fast-paced, high-pressure nature of the ED, changes must still maintain accuracy and communication effectiveness. However, weak supervisory presence from unit heads contributed to suboptimal bedside handover implementation. A series of activities were outlined in a jointly agreed Plan of Action (POA), which included: Developing a draft supervision guideline for unit heads. Socializing the supervision guidelines in bedside handover implementation. Evaluating bedside handover practices. The bedside handover process for nurses included information on the importance of bedside handover in accordance with SOPs, Standard Operating Procedures for nurse shift reports, and observation checklists to be used by unit heads for supervision.

Refreezing Stage

This stage aims to ensure that bedside handover becomes a standardized practice in the ED.

DISCUSSION

The importance of bedside handover cannot be overstated. In the emergency department, it is considered a high-risk period for medical errors if handovers are not conducted properly or without patient involvement (Campbell & Dontje, 2019). One of the key risks in the ED is miscommunication during shift changes. If bedside handover is not optimized, patient safety is jeopardized. Bedside handover involves direct, face-to-face communication between outgoing and incoming nurses at the patient's bedside and/or in the presence of the family. This ensures that essential information regarding the patient's condition and care plans are accurately conveyed, enhancing patient and family satisfaction.

Hospital X, a specialized cardiovascular hospital, plays a vital role in providing fast and effective healthcare services. With rising global rates of heart disease—one of the leading causes of death—Hospital X's emergency department is equipped with modern facilities and trained medical personnel specifically for cardiovascular emergencies. To improve patient safety, Hospital X implements strict protocols and efficient information systems. This allows accurate and appropriate care through direct nurse-to-nurse communication via bedside handover, ensuring clarity in patient conditions, performed care, and future treatment plans.

In the context of bedside handover, several aspects must be adapted—most notably, nurses' communication skills. Room X has 27 beds, divided into four zones (Red, Yellow, Green, Blue), plus a transit room with 8 beds (used when ED patients await transfer), and an isolation unit, with a total of 48 nurses, including the unit manager. Based on problem identification and analysis, Hospital X's ED has the potential to become a national model emergency department. Observational data showed that before implementation, only 60% of unit leaders conducted safety briefings during major handovers at the nurse station; this improved to 80% after implementation, with leaders becoming more focused and structured in addressing patient safety concerns. Bedside handover execution improved from 20% to 80%, with nurses becoming more attentive to patients and environmental cues in each zone. Associate nurses using the SBAR method during bedside handovers increased from 20% to 40%.

Socialization and orientation activities improved nurse performance in bedside handover, as shown by significant improvements in questionnaire results, though observational increases were moderate. Still, the writer believes this should be maintained, improved, and institutionalized. The study concludes that specific change approaches are necessary, and the Kurt Lewin model was used to guide this organizational change—from initial awareness to stabilization of new practices into the work culture. Data presented provide in-depth analysis of the root causes behind suboptimal bedside handover implementation in the ED, categorized into: Human, Environment, Methods, Materials, Finance. A corrective action plan followed, including interventions to increase compliance and regular evaluation processes.

Challenges in Bedside Handover Implementation. The bedside handover at Hospital X's ED has yet to reach optimal performance. Several factors are involved, including human resources, infrastructure, and leadership. Research highlights the importance of structured handover systems in improving quality, workflow efficiency, and teamwork (Zhou et al., 2022). Nurses in small to mid-sized hospitals have adopted coping strategies like checklists and handover practice to improve their bedside handover skills (Kim et al., 2022). The location of handover—whether at the bedside, nursing station, or meeting room—can significantly impact the receiving nurse's ability to assess the patient (Dorgahm & Obied, 2021).

According to Gunawan et al. (2019), ineffective handovers can lead to patient safety incidents, highlighting the need for efficient communication. A culture of open communication is also a key leadership trait in unit heads. Therefore, unit head supervision is vital to foster collaborative communication among healthcare professionals. Ghosh et al. (2021) emphasized the impact of structured bedside handover protocols on communication and patient satisfaction. Ahn et al. (2020) also noted that bedside handover is essential for patient-centered care and care continuity, making it a core nursing practice.

Simulation-based learning helps nurses gain confidence in performing bedside handover in front of patients. Tailored interventions addressing handover communication in specific organizational and cultural contexts can enhance patient-centered care (Chien et al., 2022). Training and competency development are critical to ensuring nurses possess the skills and knowledge to perform bedside handovers effectively. Adherence to procedures must also be a priority. Additionally, strong leadership from unit heads is essential to provide guidance, support, and ensure effective shift handovers.

CONCLUSION

The implementation of bedside handover in the Emergency Department is an essential component of healthcare service, aimed at ensuring continuity of care. Initiating the development of a bedside handover guideline is a strategic step toward successful implementation. Using Lewin's Change Theory: In the Unfreezing stage, group discussions were held with ED staff to highlight the importance of bedside handover in improving patient safety and care quality. The Changing stage involved a phased implementation, including developing and initiating a bedside handover guideline tailored for the ED, using the ISBAR structured communication tool. The Refreezing stage could not be fully optimized due to limited time, but with the right approach, it is expected that bedside handover can be practiced consistently, improving patient safety and providing long-term benefits for the ED.

REFERENCES

- Ahn, J.-W., Jang, H.-Y., & Son, Y. (2020). Critical Care Nurses' Communication Challenges During Handovers: A Systematic Review and Qualitative Meta-synthesis. *Journal of Nursing Management*, 29(4), 623–634. <https://doi.org/10.1111/jonm.13207>
- Alizadeh-risani, A., Mohammadkhah, F., Pourhabib, A., Fotokian, Z., & Khatooni, M. (2024). Comparison of the SBAR method and modified handover model on handover quality and nurse perception in the emergency department: a quasi-experimental study. *BMC Nursing*, 23(1). <https://doi.org/10.1186/s12912-024-02266-4>
- Campbell, D., & Dontje, K. (2019). Implementing Bedside Handoff in the Emergency Department: A Practice Improvement Project. *Journal of Emergency Nursing*, 45(2), 149–154. <https://doi.org/10.1016/j.jen.2018.09.007>
- Chaica, V., Marques, R., & Pontífice-Sousa, P. (2024). ISBAR: A Handover Nursing Strategy in Emergency Departments, Scoping Review. In *Healthcare (Switzerland)* (Vol. 12, Issue 3). Multidisciplinary Digital Publishing Institute (MDPI). <https://doi.org/10.3390/healthcare12030399>
- Chien, L., Slade, D., Dahm, M. R., Brady, B., Roberts, E., Goncharov, L., Taylor, J., Eggins, S., & Thornton, A. (2022). Improving Patient-centred Care Through a Tailored Intervention Addressing Nursing Clinical Handover Communication in Its Organizational and Cultural Context. *Journal of Advanced Nursing*, 78(5), 1413–1430. <https://doi.org/10.1111/jan.15110>
- de Lange, S., Heyns, T., & Filmlater, C. (2024a). Clinical practice guidelines for person-centred handover practices in emergency departments: a scoping review. *BMJ Open*, 14(10), e082677. <https://doi.org/10.1136/bmjopen-2023-082677>

- de Lange, S., Heyns, T., & Filmalter, C. (2024b). Reaching consensus on the definition of person-centred handover practices in emergency departments: A modified online Delphi. *Journal of Clinical Nursing*, 33(5), 1751–1761. <https://doi.org/10.1111/jocn.16967>
- Do, J., & Shin, S. (2024). Development of nursing handoff competency scale: a methodological study. *BMC Nursing*, 23(1). <https://doi.org/10.1186/s12912-024-01925-w>
- Dorgahm, S. R., & Obied, H. K. (2021). Factors Affecting Nurses' Experiences Related to Current Handover Process Between Emergency Department and in-Patient Units. *Tanta Scientific Nursing Journal*, 20(2), 182–200. <https://doi.org/10.21608/tsnj.2021.171327>
- Fischer, P., Abendschein, R., Berberich, M., Grundgeiger, T., Meybohm, P., Smul, T., & Happel, O. (2024). Improved recall of handover information in a simulated emergency – A randomised controlled trial. *Resuscitation Plus*, 18. <https://doi.org/10.1016/j.resplu.2024.100612>
- Forde, M. F., Coffey, A., & Hegarty, J. (2020). Bedside handover at the change of nursing shift: A mixed-methods study. *Journal of Clinical Nursing*, 29(19–20), 3731–3742. <https://doi.org/10.1111/jocn.15403>
- Ghosh, S., Ramamoorthy, L., & Pottakat, B. (2021). Impact of Structured Clinical Handover Protocol on Communication and Patient Satisfaction. *Journal of Patient Experience*, 8, 237437352199773. <https://doi.org/10.1177/2374373521997733>
- Gunawan, D., Hariyati, Rr. T. S., & Fitri, D. (2019). Fishbone Analysis Method of Communication Handover in the Emergency Installation in Jakarta Army Hospital. *International Journal of Nursing and Health Services (Ijnhs)*, 1(2), 75–82. <https://doi.org/10.35654/ijnhs.v1i2.40>
- Gungor, S., Akcoban, S., & Tosun, B. (2022). Evaluation of emergency service nurses' patient handover and affecting factors: A descriptive study. *International Emergency Nursing*, 61. <https://doi.org/10.1016/j.ienj.2022.101154>
- Kim, E. M., Kim, J. H., Kim, C., & Cho, S. (2022). Experiences of Handovers Between Shifts Among Nurses in Small and Medium-sized Hospitals: A Focus-group Study. *Nursing and Health Sciences*, 24(3), 717–725. <https://doi.org/10.1111/nhs.12970>
- Reime, M. H., Tangvik, L. S., Kinn-Mikalsen, M. A., & Johnsgaard, T. (2024). Intrahospital Handovers before and after the Implementation of ISBAR Communication: A Quality Improvement Study on ICU Nurses' Handovers to General Medical Ward Nurses. *Nursing Reports*, 14(3), 2072–2083. <https://doi.org/10.3390/nursrep14030154>
- Tortosa-Altet, R., Reverté-Villarroya, S., Martínez-Segura, E., López-Pablo, C., & Berenguer-Poblet, M. (2021). Emergency handover of critical patients. A systematic review. In *International Emergency Nursing* (Vol. 56). Elsevier Ltd. <https://doi.org/10.1016/j.ienj.2021.100997>
- Zhou, J., Zhang, F., Wang, H., Yin, Y., Wang, Q., Yang, L., Dong, B., Yuan, J., Liu, S., Zhao, L., & Luo, W. (2022). Quality and Efficiency of a Standardized E-handover System for Pediatric Nursing: A Prospective Interventional Study. *Journal of Nursing Management*, 30(8), 3714–3725. <https://doi.org/10.1111/jonm.13549>