

Patients Prefer Clinical Handover at The Bedside

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Abstract

The survey was administered by an electronic tablet-assisted face-to-face survey. Respondents made repeated choices between two hypothetical bedside handover alternatives and a third alternative of handover away from the bedside. Handover alternatives were described according to six attributes

Keywords: Patient

Introduction

A discrete choice experiment (DCE) was undertaken to investigate preferences for the implementation of bedside handover. The DCE methodology provides a robust understanding of preferences for delivery of healthcare services and interventions, and is complementary to qualitative interviews. In a DCE, respondents are presented with a survey which contains a series of choices between two or more alternatives, and are asked to select the alternative they prefer in each choice set. Each alternative is defined according to a combination of attributes and levels. The levels of the attributes are varied systematically across the alternatives. The relative importance of the attribute levels in driving handover choice and the trade-offs individuals make when choosing one alternative over another are estimated through regression analysis of the choice data. The study was performed in two public hospitals, both part of the same University Hospital setting, in Sweden. The two hospitals were geographically diverse, but located in the same city. They admit patients with similar kind of medical diagnoses; however, the catchment areas vary in terms of socio-economic groups. Altogether, the University Hospital employs about 5300 nurses and approximately 80 Registered Nurses were employed on the wards studied. Patients who were 18 years of age or older, with chronic medical conditions with at least one co-morbidity, and who had a hospital length of stay of at least three days at the wards were invited to participate. If their condition did not allow them or if they had cognitive impairment, they were excluded. Registered nurses working as bedside nurses or team leaders at the designated wards were invited to participate. Nurses with temporary employment were excluded. Bedside handover had not been implemented on the participating wards.

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