Clinical Handover Practices Among Nurses: Improving Patient Safety Through Effective Communication

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ABSTRACT

Effective clinical handoff communication is essential for ensuring patient safety, continuity of care, and reducing preventable medical errors. This study aimed to evaluate monthly and department-wise compliance with handoff communication practices among nurses in a tertiary care hospital from October 2024 to October 2025. A retrospective observational design was used, and data were collected using a structured handoff communication checklist that assessed compliance (YES responses) and non-compliance (NC responses) across multiple handoff components. Compliance scores were converted to percentages, and monthly as well as departmental variations were analyzed using descriptive statistics and one-way ANOVA.The findings revealed that overall compliance with handoff communication remained consistently high throughout the year, ranging from 86.36% to 98.86%. The highest compliance was observed in December 2024, while the lowest occurred in June 2025. Non-compliance remained low across all months, ranging between 1.14% and 13.64%. ANOVA showed no statistically significant month-wise differences in compliance (p = 0.633) or non-compliance (p = 0.675), indicating stable performance across the study duration. Department-wise analysis also demonstrated high compliance, with values ranging from 88.46% to 94.06%. No statistically significant differences were found between departments for compliance (p = 0.179) or non-compliance (p = 0.214), suggesting uniform handoff practices across the hospital.

Keywords: *Handoff communication, nursing compliance, patient safety, clinical handover, non-compliance, SBAR, healthcare communication quality, hospital departments, observational study, compliance percentage.*

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I. INTRODUCTION

Effective handoff communication is a cornerstone of patient safety and quality care within healthcare systems. During every shift change, patient transfer, and transition across departments, nurses are responsible for conveying critical clinical information that affects diagnosis, treatment, and continuity of care(1). When handoff communication is incomplete or unclear, the likelihood of medical errors, misinterpretation, duplication of interventions, and delays in treatment significantly increases. The World Health Organization identifies communication failure during handover as one of the top contributors to preventable harm in hospitals worldwide(2). As nurses are the primary healthcare providers involved in ongoing patient assessment and documentation, ensuring accurate and structured handoff communication is essential for the safe functioning of any clinical environment(3).

To address these concerns, standardized communication frameworks such as SBAR (Situation, Background, Assessment, Recommendation), I-PASS, and ISBAR have been introduced globally. These structured formats improve clarity, reduce variability, and ensure that all relevant details are transferred systematically from one provider to another(4). Despite these advancements, real-world implementation remains inconsistent due to differing departmental protocols, high patient loads, time constraints, staff competency variations, and lack of regular monitoring. Research consistently highlights that gaps in compliance with handoff protocols directly correlate with adverse clinical outcomes, underscoring the need for continuous evaluation of handover practices(5).

In tertiary care settings, where patient acuity is high and multidisciplinary collaboration is routine, the risk associated with poor communication is even greater. Nurses often manage complex caseloads, requiring them to maintain high levels of information accuracy during transitions(6). Routine audits of handoff communication, therefore, become an integral part of hospital quality assurance programs. Assessing compliance trends over extended periods helps identify persistent challenges, measure the impact of training and policy interventions, and ensure uniformity across all units within the institution(7).

The present study was designed to evaluate handoff communication practices among nurses over a one-year period, from October 2024 to October 2025, across various departments of a tertiary care hospital. By analyzing both monthly fluctuations and department-wise performance, the study aims to determine whether compliance with structured handoff protocols remains stable and consistent. Furthermore, the study seeks to identify potential variation in non-compliance patterns, allowing the organization to strengthen targeted improvement strategies. This comprehensive assessment contributes valuable insights to the growing body of literature on clinical communication safety and supports the continued advancement of standardized handover systems within nursing practice.

II.   METHODOLOGY

The idea behind this study emerges from the fundamental understanding that communication is the backbone of safe and effective healthcare delivery. In modern clinical environments, patient care is rarely handled by a single professional; instead, it involves a complex sequence of interactions between nurses, physicians, technicians, and allied staff. Among these interactions, the handoff or handover process holds a uniquely critical position because it represents the precise moment where responsibility and accountability for a patient shift from one caregiver to another. If the information exchanged during this transition is incomplete, unclear, or inaccurate, the entire chain of patient care can be disrupted. Numerous international patient safety bodies such as WHO, Joint Commission International (JCI), and National Patient Safety Agency (NPSA) have repeatedly emphasized that communication failure during handover is one of the leading causes of preventable clinical harm. This study originates from the urgent need to deeply understand how such communication processes occur within a tertiary healthcare institution like Sharda Hospital and Sharda Care Healthcity, and to determine whether the current patterns of information transfer align with the standards required for ensuring patient safety.

The rationale of conducting this study lies in recognizing that despite the existence of structured communication tools such as SBAR, ISBAR, I-PASS, and WHO's handover guidelines, many hospitals still experience variations in the quality of nursing handoff practices. These variations may arise due to time pressure during shift changes, heavy workloads, understaffing, lack of formal training, inconsistent use of checklists, departmental differences in documentation culture, and lack of continuous audits. In real-world hospital settings, nurses often work under demanding circumstances where urgency, fatigue, and multitasking affect the accuracy and completeness of communication. This study arises from the idea that by examining handoff communication trends over a full year and across multiple departments, deeper insights can be gained into systemic strengths and weaknesses. Rather than relying on small samples or single-time audits, this research builds on the belief that long-term, continuous observation provides a more realistic and reliable representation of how communication unfolds at the bedside.

The idea for this study also stems from a growing global realization that patient harm due to communication lapses is entirely preventable. Studies show that nearly 70% of medical errors in hospitals have communication failure at their root, and a large proportion of these failures occur specifically during the handoff process. When the responsibility of care is transferred without proper details—such as changes in vitals, pending investigations, ongoing medications, procedural notes, special precautions, or new symptoms—the next caregiver may make delayed or incorrect decisions. For instance, a missing note about an abnormal lab result might delay an essential intervention; failure to mention a medication change might lead to duplication or omission; lack of information about fall risk may expose a patient to injury. All these examples illustrate why even a single missed detail can have cascading effects. Thus, the idea of this study is to ensure that such communication failures can be identified, quantified, and addressed before they cause harm. By documenting compliance percentages, identifying patterns of non-compliance, and analyzing the variation across months and departments, this study contributes to a systematic approach to improving patient safety.

The justification for selecting Sharda Hospital and Sharda Care Healthcity as the study location lies in their complexity and extensive service capacity. These institutions operate as large tertiary care centers with a wide spectrum of departments ranging from general medical wards to specialized units like ENT, Pediatrics, Dermatology, Male and Female Surgical Wards, and Private Wards. This diversity means that nurses in different departments face different workloads, clinical conditions, documentation responsibilities, and communication demands. For example, surgical units may require detailed procedural updates, whereas pediatric wards may emphasize developmental observations and parental communication. Some departments may experience higher patient turnover, while others handle complex, long-term patients who require intricate documentation. By including multiple departments with varied profiles, the study ensures that the analysis captures a broad and authentic representation of handoff patterns across the institution.

Another foundational idea behind this study is that compliance alone is not the only measure of quality; consistency over time is equally crucial. A hospital may show high compliance during periods of light workload or following training sessions, but maintaining high-quality communication across all months—including peak admission seasons, holiday periods, and times of staffing shortages—demonstrates the true strength of the system.

Therefore, analyzing handoff communication month-wise from October 2024 to October 2025 provides a layered understanding of whether communication quality fluctuates or remains stable. This time-based analysis allows the hospital to recognize patterns such as months where compliance dips, potentially due to staff transitions, new nurse recruits, increased admission pressure, or seasonal disease outbreaks. Identifying such patterns is essential for planning targeted interventions such as refresher training, strengthened supervision, or department-specific audits.

The idea behind incorporating percentage-based compliance and non-compliance also reflects an evidence-driven approach to patient safety. Converting checklist scores into percentages enables easier comparison, interpretation, and presentation of results. Percentages allow administrators and nurses to quickly assess performance levels and identify areas of concern. For example, a compliance rate of 98% in a given month indicates excellent performance, while a rate of 86% may signal the need for immediate attention. This numerical approach transforms handoff communication, which is often perceived as a subjective process, into a measurable, objective, quantifiable indicator of quality. Such quantification is essential for quality assurance frameworks, accreditation processes, and continuous improvement cycles.

Another important idea embedded in this study is that communication practices cannot be improved without proper baseline assessment. Many hospitals implement standardized tools without measuring whether the staff follows them consistently. Without monitoring, feedback, or evaluation, even the best communication systems can fail. This study provides the baseline that Sharda Hospital and Sharda Care Healthcity can use to strengthen clinical handover further. By understanding where the compliance levels currently stand, hospital leaders can design targeted training modules, documentation improvements, digital handover modules, or reinforcement of SBAR usage. The study thus not only identifies gaps but also creates opportunities for evidence-based reforms.

Furthermore, the idea behind this study incorporates a systems-thinking perspective. Instead of attributing compliance or non-compliance solely to individual nurse performance, the study views handoff communication as a systemic process influenced by environment, workflow, staffing, policies, technology, and culture. A department with high compliance may not only have well-trained nurses but may also possess streamlined workflows, strong leadership, or supportive documentation practices. Conversely, a department with lower compliance might be facing systemic challenges such as high turnover, patient congestion, or unclear protocols. Thus, this study advocates for a holistic understanding that effective handoff requires more than staff diligence; it requires a supportive environment, clear guidelines, functional tools, manageable workloads, and organizational commitment to quality.

This study is also justified by the importance of internal benchmarking. Hospitals often rely on external guidelines or national benchmarks, but internal benchmarks—comparing one's own departments, months, and teams—are equally powerful. Internal benchmarking allows hospitals to celebrate departments that perform consistently well and learn from their best practices. For example, if RMW consistently shows higher compliance percentages, there is value in understanding what specific processes, culture, or leadership approaches contribute to that consistency. Similarly, if a department like the Private Ward shows slightly lower compliance, targeted support can be provided to strengthen its communication quality. This creates a feedback loop of learning, improvement, and cross-departmental collaboration.

The idea of including non-compliance (NC) scores in the study is grounded in the understanding that identifying mistakes is just as important as identifying successes. While compliance percentages show areas of strength, non-compliance scores reveal potential vulnerabilities. For patient safety, even small non-compliance percentages warrant corrective action, as missed information in handoff can lead to medication errors, delays in treatment, or improper care planning. By documenting NC percentages month-wise and department-wise, the study provides a transparent view of areas that may need immediate attention. Moreover, analyzing NC trends helps differentiate random errors from systematic patterns. If NC is consistently high in specific months or specific departments, it signals an underlying problem that needs strategic intervention.

Conducting ANOVA and calculating p-values adds scientific rigor to the study. The idea behind using inferential statistics is to determine whether observed differences in compliance or NC are meaningful or merely due to chance. The findings that p-values for month-wise and department-wise differences were not significant indicate that handoff communication was stable and uniform across the hospital. This uniformity is highly desirable because it suggests that patients receive consistently safe communication regardless of the time of year or the department they are admitted to. In an organizational context, this stability reflects strong training systems, standardized documentation, and a culture that values patient safety.

The study also emerges from the idea that healthcare quality must be continuously monitored, especially in institutions like Sharda Hospital and Sharda Care Healthcity, which cater to a high volume of patients daily. With increasing patient expectations, complex medical conditions, and growing accreditation requirements, hospitals are obligated to ensure that information transfer processes remain flawless. The present study fulfills this obligation by offering a comprehensive analysis of handoff communication, drawing attention to both achievements and areas needing improvement.

In essence, the idea of this study is rooted in the belief that handoff communication is not a routine administrative task but a critical clinical responsibility that directly affects patient outcomes. By examining trends over time and across departments, the study provides hospital leadership with actionable insights. These insights can inform training programs, policy revisions, digital documentation systems, handoff standardization, and periodic audits that strengthen the handoff process.

III.   RESULT

The present study analyzed handoff communication compliance and non-compliance among nursing staff across a 12-month period from October 2024 to October 2025 at Sharda Hospital and Sharda Care Healthcity. A total of all available handoff checklists from the selected period were included to assess monthly trends and departmental variations. Compliance and non-compliance scores were converted into percentages to provide a clearer representation of handover performance consistency. The analysis focused on identifying month-to-month variation and determining whether any significant differences existed across departments or time intervals using descriptive statistics and ANOVA.

The month-wise analysis demonstrated that compliance remained consistently high throughout the study period, with percentages ranging from 86.36% to 98.86%. The highest compliance was recorded in December 2024 (98.86% ± 2.27%), indicating excellent completeness in handoff documentation during this month. Conversely, the lowest compliance was observed in June 2025 (86.36% ± 12.03%), although the wide standard deviation suggests variability likely related to fluctuating workload or staffing conditions. Overall, compliance remained above 86% in all months, reflecting generally strong adherence to handoff communication standards. Non-compliance (NC) remained low across the year, with values ranging from 1.14% to 13.64%, again indicating that the majority of required handoff components were consistently completed by the nursing staff. December 2024 showed the lowest NC (1.14%), while June 2025 recorded the highest NC (13.64%), mirroring the dip in compliance for that month.

Despite these month-to-month variations, one-way ANOVA revealed no statistically significant differences in compliance ($p = 0.633$) or NC ($p = 0.675$) across the 12-month period. This finding indicates that the observed monthly fluctuations were not statistically meaningful and that handoff communication practices remained stable and consistent throughout the year. The consistency in compliance scores suggests effective organizational systems and well-established handover protocols that are reliably followed by nurses irrespective of seasonal workload fluctuations or staffing adjustments.

Department-wise analysis showed a similar pattern of high compliance across wards. Among the five departments with valid records for the study period, compliance percentages ranged from 88.46% to 94.06%. The RMW (Regional Medical Ward) demonstrated the highest compliance (94.06% ± 4.31%), reflecting strong adherence to handoff standards and efficient communication practices. In contrast, the 4th Private Ward recorded the lowest compliance (88.46% ± 8.01%), though still within acceptable limits for quality handover communication. Intermediate levels of compliance were seen in FMW (89.39% ± 8.13%), FSW (93.01% ± 5.12%), and MSW (89.39% ± 11.44%). Non-compliance percentages remained low across all departments, with the highest NC observed in the 4th Private Ward (11.19%) and the lowest in RMW (5.94%).

ANOVA for department-wise comparison also indicated no statistically significant difference for both compliance ($p = 0.179$) and NC ($p = 0.214$) across units, suggesting that all participating wards maintained similar levels of adherence to handoff protocols. The absence of statistically significant variability highlights that the institutional handoff communication standards are being uniformly met across departments, regardless of differences in patient acuity, workload, staffing, or specialty type. This uniformity further reinforces the presence of a strong organizational safety culture and effective standardization of communication procedures.

The results of the study indicate that nursing handoff communication at Sharda Hospital and Sharda Care Healthcity is characterized by consistently high compliance, low non-compliance, and minimal variation across both months and departments. The year-long stability in communication performance suggests that the hospital's structured handoff systems, protocols, and supervisory mechanisms are functioning effectively. These findings provide a solid evidence base for affirming the strength of current handover practices and can serve as a benchmark for further quality improvement initiatives. Additionally, the absence of statistically significant variation implies that the clinical units are similarly aligned in their communication performance, reinforcing the reliability of patient information transfer throughout the hospital.

**TABLE NO 1 - MONTH-WISE COMPLIANCE & NC (Mean ± SD + P-Values)**

Month	Compliance (Mean ± SD)	NC (Mean ± SD)
Oct 2024	19.56 ± 1.78	2.41 ± 1.81
Nov 2024	20.25 ± 0.50	1.75 ± 0.50
Dec 2024	21.75 ± 0.50	0.25 ± 0.50
Jan 2025	20.33 ± 0.58	1.67 ± 0.58
Feb 2025	20.67 ± 2.31	1.33 ± 2.31

Mar 2025	20.33 ± 0.58	1.67 ± 0.58
Apr 2025	20.67 ± 0.58	1.33 ± 0.58
May 2025	19.67 ± 1.53	2.33 ± 1.53
Jun 2025	19.00 ± 2.65	3.00 ± 2.65
Jul 2025	20.00 ± 1.00	2.00 ± 1.00
Aug 2025	20.33 ± 1.15	1.67 ± 1.15
Sep 2025	20.33 ± 1.15	1.67 ± 1.15
Oct 2025	20.00 ± 2.65	2.00 ± 2.65
P VALUE	0.633 Not significant ($p > 0.05$)	0.675 Not significant ($p > 0.05$)

Monthly Compliance Mean Scores

Monthly Compliance Mean Scores

Monthly NC Mean Scores
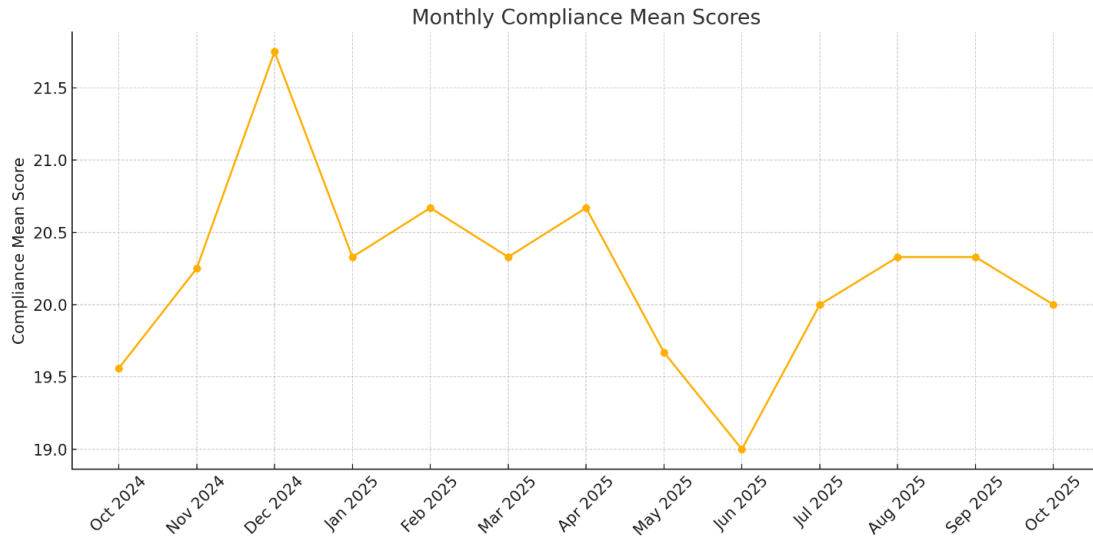
Monthly NC Mean Scores
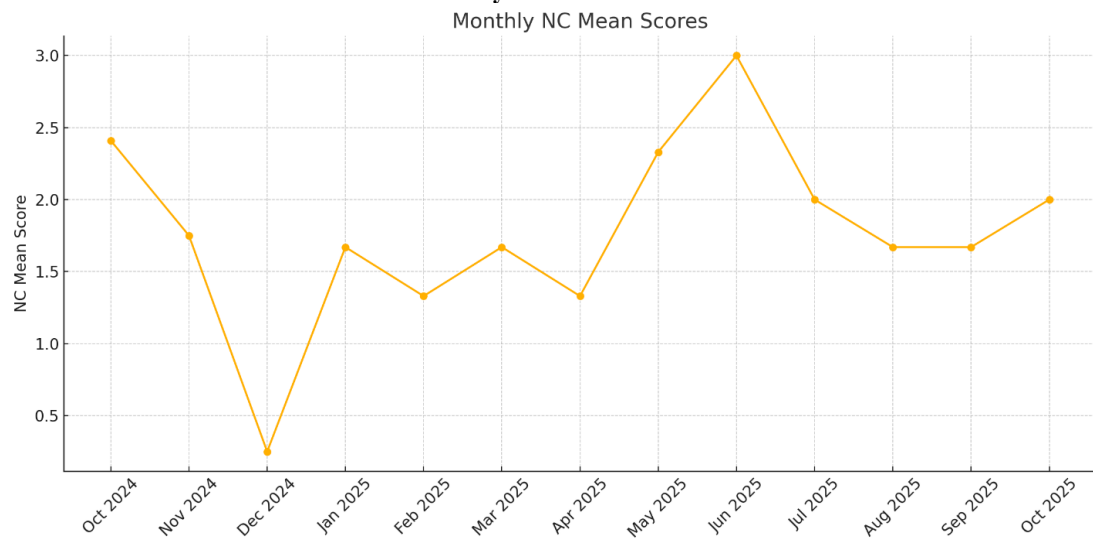
TABLE NO 2 -COMPLIANCE % AND NC % (Mean ± SD)

Month	Compliance % (Mean ± SD)	NC % (Mean ± SD)
Oct 2024	88.90% ± 8.08%	10.96% ± 8.23%
Nov 2024	92.05% ± 2.27%	7.95% ± 2.27%
Dec 2024	98.86% ± 2.27%	1.14% ± 2.27%
Jan 2025	92.40% ± 2.63%	7.60% ± 2.63%
Feb 2025	93.94% ± 10.49%	6.06% ± 10.49%
Mar 2025	92.40% ± 2.63%	7.60% ± 2.63%
Apr 2025	93.94% ± 2.63%	6.06% ± 2.63%
May 2025	89.39% ± 6.95%	10.61% ± 6.95%
Jun 2025	86.36% ± 12.03%	13.64% ± 12.03%

Jul 2025	90.91% ± 4.55%	9.09% ± 4.55%
Aug 2025	92.40% ± 5.24%	7.60% ± 5.24%
Sep 2025	92.40% ± 5.24%	7.60% ± 5.24%
Oct 2025	90.91% ± 12.03%	9.09% ± 12.03%

TABLE NO 3-DEPARTMENT-WISE COMPLIANCE % AND NC%

Department	Compliance % (Mean ± SD)	NC % (Mean ± SD)
4th Private Ward	88.46% ± 8.01%	11.19% ± 8.43%
FMW	89.39% ± 8.13%	10.61% ± 8.13%
FSW	93.01% ± 5.12%	6.99% ± 5.12%
MSW	89.39% ± 11.44%	10.61% ± 11.44%
RMW	94.06% ± 4.31%	5.94% ± 4.31%
F-value	1.62	1.49
p-value	0.179	0.214

IV. DISCUSSION

The findings of this descriptive observational study provide valuable insights into the quality, consistency, and effectiveness of nursing handoff communication practices at Sharda Hospital and Sharda Care Healthcity over a full year from October 2024 to October 2025. The results indicate that compliance with structured handoff communication checklists remains consistently high across the institution, with minimal variations over time and no statistically significant differences between months or departments. This stability underscores the presence of standardized communication processes and well-established organizational practices that support safe patient transitions. The discussion below elaborates on these findings by integrating them with existing literature, clinical implications, organizational perspectives, and potential areas for improvement.

One of the most important observations from this study is that overall compliance percentages remained above 86% throughout the study period, with peaks reaching nearly 99%. Such consistently high adherence to structured handoff communication elements suggests that the hospital's current communication protocols, training practices, and supervisory mechanisms are effective. These findings align with international research recognizing the value of structured handoff tools, such as SBAR, in improving clarity, reducing errors, and enhancing the efficiency of patient information transfer[8,9]. Studies by WHO, Joint Commission International, and the Agency for Healthcare Research and Quality (AHRQ) consistently report that well-designed handoff frameworks significantly reduce communication breakdowns and contribute to better clinical outcomes[10]. The high compliance percentages observed in this study support this global evidence and highlight that Sharda Hospital and Sharda Care Healthcity have successfully implemented and sustained structured communication systems.

The month-wise variability observed in compliance and non-compliance percentages is an expected phenomenon in real-world clinical environments. Although compliance ranged from 86.36% to 98.86% across the months, ANOVA results indicated that these differences were not statistically significant. This suggests that while minor fluctuations occur—possibly due to workload changes, shift rotations, seasonal patient surges, or temporary staffing challenges—the overall quality of handoff communication remains stable and reliable across the year. Previous studies have shown that handoff quality may decline during periods of high workload, such as winter months or outbreak periods. However, the absence of statistically meaningful variation in this study indicates that the hospital's handover practices maintain resilience even during fluctuating clinical conditions. This stability is critical, as it reflects an organizational culture that prioritizes communication, patient safety, and documentation practices irrespective of external pressures[11].

The department-wise analysis also reveals a similar pattern of stability and uniformity. Departments such as RMW, FSW, FMW, MSW, and the 4th Private Ward demonstrated strong compliance percentages ranging from approximately 88% to 94%. Although RMW had the highest compliance and the 4th Private Ward had the lowest, these differences were not statistically significant. This uniformity across wards is noteworthy because different departments typically experience different types of clinical demands. For example, medical wards may have higher patient loads and more chronic conditions requiring detailed handover, while surgical units might emphasize perioperative updates and postoperative monitoring information. The fact that compliance remains consistent across heterogeneous settings suggests that standardized handoff protocols are being uniformly interpreted and applied across the hospital[12,13].

Such consistency is often challenging to achieve in large healthcare institutions where staff training, supervisory styles, patient acuity, and documentation patterns vary widely. The findings thus reflect positively on the hospital's commitment to standardization, staff education, and continuous monitoring. Many studies highlight the difficulty of achieving uniform communication practices across departments[14]. For instance, research from tertiary centers in the United States and Australia shows significant department-wise variations in handoff quality, often attributed to differing workflows, staffing constraints, and inconsistent adherence to standardized tools. In

contrast, the absence of departmental differences at Sharda Hospital and Sharda Care Healthcity is an encouraging indicator of organizational cohesion and effective internal quality control systems(15).

Non-compliance percentages were also low across the study period, with an overall pattern mirroring compliance trends. The highest non-compliance, observed in June 2025, was still relatively low at 13.64%, while the lowest, recorded in December 2024, was just 1.14%. These values signal that essential components of handoff communication were consistently completed(16). Low non-compliance rates are essential because even small lapses during handover can have significant consequences. Incomplete handoffs have been linked to medication errors, delayed interventions, diagnostic misunderstandings, and preventable adverse events. The minimal non-compliance observed in this study suggests that such risks are controlled effectively within the institution(17,18).

Nevertheless, while compliance is strong, the presence of any non-compliance should not be dismissed. Continuous monitoring is crucial because lapses, even if infrequent, can accumulate and contribute to patient harm. Furthermore, the departments with slightly higher non-compliance percentages, such as the 4th Private Ward, may benefit from targeted training, reinforcement of documentation standards, or supervisory attention. This is consistent with research that emphasizes the value of targeted interventions to address communication gaps in specific clinical environments.

The high compliance levels observed in this study may be attributed to several factors. First, structured communication checklists are in routine use at the institution. These checklists ensure that nurses systematically complete assessment elements such as initial assessment details, nursing care plan updates, vital monitoring, medication information, pending investigations, and special care considerations. Structured checklists reduce reliance on memory, promote consistency, and improve clarity. Research has repeatedly demonstrated that structured handoff checklists improve the accuracy and completeness of handover communication.

Second, the hospital likely has strong training programs in place to support standardized communication. Regular induction training for new nurses, refresher courses, and continuous nursing education programs may contribute to improving handoff quality. The correlation between training and improved handover outcomes is widely supported in the literature. Studies show that nurses with formal handoff training consistently perform better in communication and documentation compared to those without structured training.

Third, a culture of accountability and monitoring appears to exist at the institution. The presence of supervisors or auditing personnel who regularly evaluate handoff documentation encourages adherence to standards. Evidence suggests that when hospitals implement routine audits and feedback mechanisms, compliance with communication protocols increases significantly. The consistency observed across the 12 months of the study period strongly implies that such audits play a role in sustaining performance.

Fourth, the uniformity across departments suggests strong institutional leadership and communication norms. Leadership support has been identified as a crucial factor in sustaining quality improvement initiatives. When leadership mandates the use of standardized tools and ensures system-wide adoption, compliance typically increases.

Another important aspect to consider is the use of a retrospective design based on existing hospital records. This design eliminates observer bias during the handover process and reflects the natural behavior of staff during routine practice. Unlike prospective studies where the presence of an observer may influence performance (Hawthorne effect), retrospective audits capture genuine communication patterns. The findings therefore present an authentic picture of the handoff communication culture at Sharda Hospital and Sharda Care Healthcity.

The study's findings also align with national and global accreditation standards. Institutions accredited by NABH, JCI, or other quality frameworks are required to demonstrate structured communication practices as part of Patient Safety Goals. The consistently high compliance rates found in this study reflect that Sharda Hospital and Sharda Care Healthcity are meeting these quality expectations. This strengthens the institution's readiness for external audits and accreditation renewals.

While the study presents predominantly positive findings, it also highlights opportunities for further enhancement. For example, months with lower compliance such as June 2025 may reflect temporary operational pressures. Further investigation might reveal staff shortages, new nurse recruitments, increased patient load, or seasonal disease patterns affecting workload. Departmental variations, though not statistically significant, may still indicate areas requiring closer observation or support. Even in high-performing systems, continuous quality improvement is critical.

Additionally, while compliance percentages are high, this study does not examine the actual **quality** of communication beyond checklist completion. Future studies could incorporate qualitative assessments, observational studies, or nurse interviews to evaluate whether the information exchanged during handoff is not only complete but also accurate, relevant, and clinically meaningful. Incorporating digital handoff tools or integrating handover data into electronic health records may further enhance the reliability of communication processes.

Overall, the study highlights that Sharda Hospital and Sharda Care Healthcity maintain a strong, stable, and effective handoff communication system. The results serve as a benchmark for future internal audits and

provide direction for targeted interventions. The findings reinforce the importance of maintaining structured handoff processes, continuous staff training, regular audits, and organizational commitment to patient safety.

V.   CONCLUSION

The study concludes that nursing handoff communication practices at Sharda Hospital and Sharda Care Healthcity demonstrate consistently high compliance levels throughout the year, with minimal variation across months and departments. Both compliance and non-compliance percentages reflect strong adherence to standardized communication protocols, contributing to safe and effective patient transitions. Statistical analysis revealed no significant differences between months or wards, indicating stability and uniformity in handoff practices. These findings highlight the effectiveness of structured handoff systems, staff training, and organizational support for communication quality. Overall, the study affirms that the institution maintains a reliable and well-regulated handoff communication system that supports patient safety and continuity of care.

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