Background/ Problem

- Jewish Hospital 3E/Transplant unit is focused on finding new methods to improve patient safety and satisfaction.
- Shift change report had typically taken place between nurses at the nurses station without inclusion or visualization of the patient until the completion of the report and the previous nurse had left for the day.
- New evidence was noted in the literature on the use of bedside shift report to improve outcomes prompting the development of a clinical question.

PICO

- In a medical-surgical and acute care hospital unit, does the addition of bedside change-of-shift reporting increase nurse satisfaction, patient safety and/or patient satisfaction scores compared with traditional centralized change-of-shift reporting?

Literature Review

- The literature describes barriers, interventions and nursing attitudes toward the addition of a bedside report. The traditional end-of-shift report given to the oncoming nurse at the change-of-shift is retrospective and the patient is not present. The addition of bedside shift report facilitates reporting in real time at the bedside therefore improving the accuracy of information exchanged between shifts (Thomas, 2012). It also has documented improved patient safety, increased nursing satisfaction and higher patient satisfaction scores (Tidwell, 2011; Evans, 2012).

Interventions/Practice Change

- A team of stakeholders was developed to plan the implementation strategies that included unit leadership, nurses and nursing assistants from each shift. Prior to implementation, education was provided to nurses via meetings, unit postings and access to an educational video in an effort to remove barriers and facilitate the change.
- Bedside shift report practice changes were divided into 2 phases for implementation.
- Phase I lasted three weeks and focused on three areas: (1) Addressing the patients’ needs prior to bedside report. This was achieved through rounding prior to report and addressing five p’s: plan, pain, potty, position, possessions. (2) Change of shift introduction and “managing up” the oncoming nurse. (3) Updating the whiteboard and discussing the patient’s current condition and plan of care.
- Phase II added a patient and room safety check. The patient safety check included the use of two identifiers for verification of patient identity. A focused visual assessment noting changes in neuro status and/or breathing pattern. A visual confirmation that if required, oxygen and bed alarm were in place. Safety check of all lines, catheters, IV insertion sites, and if telemetry ordered lead placement checked. Room safety check included recognition and correction of falls hazards, removal of any medications and live plants or flowers.

Outcomes

- The falls rate was analyzed three months pre- and post-implementation to see if patient safety was affected. However, no improvement was noted.
- Nursing satisfaction with the current system of shift report remained consistent pre- (2.74) and post- (2.79) implementation (on a 4 point Likert scale).
- Nurses identified multiple barriers to implementation in the post survey including: interruptions during report to meet patient needs, locating and exchanging report with multiple nurses and the need for a designated individual to be at the nurses’ station to answer phones and call lights.

Discussion/Implications

- The literature supports that bedside shift report is likely a component in the improved patient satisfaction scores.
- Although no improvement was noted in falls rate, the literature supports bedside report should improve patient safety. Other patient safety measures may have been positively affected but were not compared in this project.
- The nursing barriers that were identified likely affected the lack of increase in nursing satisfaction with the bedside shift report.
- No formal written policy was developed during the project on the utilization of bedside report.
- The development of guidelines and the addition of education demonstrating bedside shift report would provide a clearer understanding of how to do it and emphasize its importance, potentially having a greater effect on patient safety and patient/nurse satisfaction.
- Future implementation plans would benefit from further discussions on the removal of the barriers to help ensure its success.

References