Background:

In 2013, the Joint Commission reported that miscommunication between caregivers during patient hand-off resulted in an estimated 80% of serious medical errors. Hand-off or change of shift report allows nurses the opportunity to ask questions, confirm information and seek clarity (Cairns & Dudjak, 2013).

To enhance patient safety and promote continuity of care at KentuckyOne Health Louisville, our nursing research council wanted to further analyze the change of shift process and felt that an understanding of the nurse perception of their current change of shift report could aid implementation of improvements in the nursing handoff process and decrease the risk for potential miscommunication.

Purpose/Research Question:

Purpose of the Study: To gain insight into nurse perceptions of their current change of shift report.

Research Question: (1) How do nurses perceive their current change of shift report? (2) Do nurses who spend an increased time in a bedside report have a more positive perception of their change of shift report than those who spend more time in report away from the bedside? (3) Do select socio-demographic variables have an impact on or correlate with the perceived change of shift report process?

Methods:

Design: Descriptive, Correlational Survey.

Sample: All nurses from KentuckyOne Health Louisville facilities who use a change of shift report process.

Procedure: Nurses were invited to participate in an confidential on-line survey via mass email and bulletin board postings. They could access the survey either by clicking on a link placed in the recruitment email or via a link located on the internal on-line network. Key personnel also passed out informational cards while rounding in unit areas. Follow-up e-mails encouraging participation were sent out at 2 and 3 weeks after the initial recruitment email was sent. The Primary Investigator (PI) also sent a confidential link placed in the recruitment email.

Data collection: Used the validated Handover Evaluation Scale (O’Connell, Macdonald, & Kelly, 2009, O’Connell, Ockerby, & Hawkins, 2013) and additional questions developed by the research team.

Sample Demographics:

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<thead>
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<th></th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
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<td>Yrs as a Nurse</td>
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<td>Yrs in Current Unit</td>
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<td>Hrs work/per week</td>
<td>190</td>
<td>8</td>
<td>50</td>
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</table>

194 nurses completed the survey. All questions were optional.

Gender: (n=192) 89.6% Female, 10.4% Male.

Current Nursing Education: (n=188) 2.1% PhD/DNP, 45.7% BSN, 46.6% ADN/ASN, 4.3% Diploma, 1% LPN.

Shift: (n=190) 65.3% Day Shift, 22.6% Night Shift, 7.9% Evening Shift, and 4.2% Other.

Facility and Unit Work: (n=157) 42.3% JH (Included units: 4W-n=14, 7/8 Heart and Lung-n=11, 8/7 Towers-n=9, 5Towers-n=8, 3E=n=7, 5W=n=5, 4Towers ICU=n=4, 4S Transplant/Surgical-n=4, ED=n=4, Other=n=15), 15.5% MCE-Perioperative-n=29, 9.1% OLOP (Included units: 2Lourdes-n=4, 3Lourdes-n=3, Other=n=10), 7.0% SMCH-n=13, 5.3% Shelbyville-n=10, 4.3% Frazier Rehab=n=8, 4.3% MCS=n=8, 2.1% MCSW-n=4, and 9.1% Other=n=17.

Findings:

78.4% of respondents chose “Verbal report on the nursing unit (or away from the patient)” as their primary type/style of change of shift report. 10.8% of respondents indicated “Verbal report at the patient’s bedside (or in their presence)” and 8.8% of respondents specified “Other” such as combined verbal and written or at desk/office/nursing station as their primary report process.

53.7% of respondents indicated that “zero” percent of their current shift to shift report is spent in the presence of the patient. 14.0% of respondents indicated that 50 percent or more was spent in the presence of the patient, and 5.2% of respondents noted that over 80 percent is spent in the presence of the patient.

Respondents were asked to rate their level of agreement on survey questions using a 7 point Likert scale (strongly disagree, disagree, slightly disagree, Neither disagree nor agree, slightly agree, agree, strongly agree). The highest rated level of agreement were with “I have the opportunity to ask questions about things I do not understand” (5.80); “I am able to clarify information that has been provided to me” (5.67), “The way in which information is provided to me is easy to follow” (5.62), “I have the opportunity to discuss difficult clinical situations I have experienced” (5.59).

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• The highest rated level of disagreement were with: “Patients are involved in the change of shift report process” (2.87), and “I find the change of shift report takes too much time” (3.63).

• Open-ended question section was analyzed for themes. Respondents were asked to indicate their top 3 advantages and top 3 barriers about their current change of shift report process. The categories are listed in the graph below with the number of times respondents mentioned the activity:

Discussion:

• The nurse participants seemed to describe a preferred report that was fast, lacked interruptions from patients or new admits, had support during change of shift (secretary to answer/field calls and a nursing assistant to come in early to answer call lights), allowed for transfer of sensitive/private information away from the patient, but was interested in willing to rounding on them after an initial report is complete to ensure accuracy of information, visualization of the pt. introduction of the oncoming nurse, and increased patient safety.

• Effective change of shift report processes play an important role in ensuring sound communication of patient information (O’Connell et al, 2013). Finding out what nurses feel are the most important change of shift processes helps to gain a better understanding of the current change of shift process and helps to identify important interventions to remove barriers and improve nursing care quality and overall patient satisfaction.