Effective bedside shift reporting can decrease adverse events and patient care errors (U. S. Department of Health and Human Services, 2017). Communicating accurate and critical information from one nurse to the next is required for appropriate continuity of patient care. Patients participation in shift reporting between nurses can improve the safety of the nursing care provided.

Bedside shift report handoffs, like traditional shift reporting, can lack standardization, be unstructured and communicated haphazardly. This lack of standardization can contribute to transmitted information between nurses that varies in quality and may lead to communication failures. Such communication failures can compromise patient safety (Phillippe, 2017), and lead to errors in patient care which can result in patient deaths (Makary & Daniel, 2016).

**Purpose:**

To examine the bedside shift report process, a descriptive study was conducted at an acute care hospital with over 400 beds located in the Southeast region of Texas. Nurses participating in the study were asked to compile a change of shift report on a simulated patient case, just as nurses do for actual patients in preparation for shift changes. Study participants compiled data for a shift report on the simulated patient case to demonstrate what data the nurses identified as being important to share in a bedside shift report.

Participation in the study was voluntary. All RNs providing direct patient care received invitations to participate. The hospital offered participants credit toward their career ladder program and a $5 gift card as incentives.

**Methods:**

The RNs participating in the study had access to the electronic medical record (EMR) for the simulated case and a paper print out of the patient report used at the hospital where the study was conducted. Participants were asked to review the EMR and paper printout, then write/add all critically important data on the paper printout that would be needed to communicate effectively during the bedside shift report.

A panel of three expert clinicians with at least a BSN degree and over five years of clinical experience analyzed the bedside shift report data compiled on the paper printouts by the 16 RNs in the study. The panel review process determined if the 16 study participants identified the critically important information which should be shared in a bedside shift report for the simulated case. Each of the RNs also completed a brief demographic survey.

**Results:**
Sixteen RNs from various units (including Telemetry, Oncology, ICU and Medical-Surgical) participated in the study. Interrater reliability among panel reviewers will be provided. Analysis of the data will be provided at the conference.

**Conclusion:**

The findings have implications for nursing practice and patient safety. Critically important patient information needs to be communicated during bedside shift reporting for safe patient care. A simulated patient case can be used to analyze if nurses identify the critical information to communicate during the bedside shift hand off.

---

**Title:**

Quality Bedside Shift Report Data: Hit or Miss

**Keywords:**

Bedside Shift Report, Patient Handoff and Patient Safety

**References:**


**Abstract Summary:**
Bedside shift report (BSR) can lack standardization and compromise patient safety. A descriptive study was conducted to examine the quality of data identified for the BSR process. Sixteen nurses identified critical information for a BSR based on a simulated case. Three experts evaluated the BSR data identified by the RNs.

Content Outline:

I. Introduction: Bedside Shift Report (BSR)
   A. Poor Shift Report Information Can Lead to Patient Care Errors
   B. BSR can Decrease Adverse Events

II. Descriptive Study of Critically Important Data for BSR
   1. Sixteen RNs Participated
      a) Employed by an Acute Care Hospital
      b) Represented Various Units: Telemetry, Oncology, ICU and Medical-Surgical
   2. Identified Critical Patient Data for BSR Based on a Simulated Patient Case

III. Data Analysis
   1. Panel of Three Nurse Experts
   2. Comparison of Data Identified for BSR by 16 Participants
   3. Interrater Reliability Among Expert Panel

IV. Findings: Will be Shared at the Conference

V. Implications for Clinical Practice
   1. Critical Data Needs to be Communicated During BSR
   2. Simulated Patient Case Can be Used to Evaluate Quality of BSR Data

VI. Conclusion

First Primary Presenting Author

Primary Presenting Author

Eileen Deges Curl, PhD, RN, ANEF, ARNP-CNS
Lamar University
JoAnne Gay Dishman School of Nursing
Director Research and Professor of Nursing
Beaumont TX
USA

Author Summary: Dr. Eileen Deges Curl is Director of Research and Professor for the JoAnne Gay Dishman School of Nursing at Lamar University in Beaumont, Texas. Dr. Curl has collaborated with several hospitals on patient related research studies. She chairs the Institutional Review Board at Lamar University, and serves on a hospital IRB. Dr. Curl has received over two million dollars in federal and state grants.

Second Author

Kaushik Ghosh, PhD
Lamar University
College of Business
Associate Professor
Beaumont TX
USA
**Author Summary:** Dr. Kaushik Ghosh is an Associate Professor in the College of Business at Lamar University in Beaumont, Texas. Dr. Ghosh has conducted several research studies in healthcare settings, including acute care hospitals and outpatient clinics.

Third Author

Mary Goodwin, MSN, MBA, RN
CHRISTUS Southeast Texas Health - St. Elizabeth
Magnet Program Coordinator
Beaumont TX
USA

**Author Summary:** Mary Goodwin is Magnet Program Coordinator and Accreditation Manager for CHRISTUS Southeast Texas Health. Ms. Goodwin has a MSN degree and a MBA degree from Lamar University in Beaumont, TX.

Fourth Author

Keili L. Peterman, MSN, MBA, RN, NEA-BC
Lamar University
School of Nursing
Instructor
Beaumont TX
USA

**Author Summary:** Ms. Peterman has four years of experience as a nursing faculty member at Lamar University in Beaumont, TX teaching Leadership, Management, and Preceptorship nursing courses in which teamwork is a large focus. In addition, this author has seven years patient management and administrative experience in which teamwork is essential. She also attended TeamSTEPPS teamwork education and facilitated simulations in this research study.