LOCAL PROBLEM
Each patient entering the health care environment expects and deserves to receive the safest care possible. To ensure optimal patient safety and outcomes are met, accurate and thorough communication is required at the nurses’ change of shift, also known as handoff. As accreditation guidelines and standards have changed throughout the course of time, performing handoff at the nurses’ station has transitioned to the patients’ bedside to involve the patient in the plan of care. This new process is known as bedside shift report (BSR). The clinical problem identified on the medical patient care unit was the lack of a standardized tool and process for bedside shift report during the nurses’ change of shift. The health care facility is a 650-bed non-profit hospital located in the Southeastern United States. A need for implementation of a standardized approach to bedside shift report and its sustainability was identified from the evidence obtained through research, personal communication, and field observations.

PROJECT PURPOSE
The purpose of this project is to increase nurses’ compliance with performing handoff at the bedside, while increasing patient satisfaction as a result.

METHODOLOGY
Kurt Lewin’s Change Theory and Change Model guided the implementation of this project and served as the framework for directing change from the current practice of giving handoff at the nurses’ station to performing handoff at the bedside of the patients. Lewin’s Change Theory describes the process a recognized and needed change should progress through in order to be successful and is comprised of the three phases of unfreezing, moving, and refreezing. Compliance with bedside shift report was monitored through observations of each RN. A core team of individuals, which included the unit nurse manager, the unit nurse educator, unit staff, and identified champions, assessed the need for a practice change, located the best evidence, conducted a review of aggregated patient satisfaction data, and critically analyzed the correlation between the use of bedside shift report and the patient satisfaction question “nurses always communicated well” for the pre- and post-implementation time frame.

RESULTS
Regional and statewide statistics demonstrate that 83% and 82%, respectively, of patients in the acute care setting reported that their nurses always communicated well. For the identified patient care unit, the year-to-date (YTD) score of patients reporting that their nurse always communicated with them is 79.8%, while the YTD score for the organization is 80.5%. The goal for the unit and the organization is 90% overall on the patient satisfaction survey, which places the unit and organization at the 65th percentile when compared to their benchmark group. Baseline data from the hospital patient
satisfaction survey was compared to post-implementation results at monthly intervals: December (baseline month) – 82.5%/68th percentile; January – 98.0%/99th percentile; February – 54.9%/1st percentile; and March – 84%/80th percentile. Direct observation showed registered nurses used bedside shift report 86% of the time during handoff. This was an increase from a reported 81%.

**IMPLICATIONS FOR PRACTICE**

Every organization strives to provide a positive patient experience, which includes good communication between patients and nurses. The evidence from this project, as well as the literature, confirms that collaboration between all health care team members, their patients, and administration contribute to the success of implementation of bedside shift report and lead to safe patient care, positive patient outcomes, and increased patient satisfaction. There was a large percentage of staff turnover during the 3-month time period for a variety of reasons, such as staff leaving for other organizations, maternity leave, family medical leave, and changes to prn status from full-time status. All of these reasons attributed to the varying number of observations performed per RN. In order to improve compliance related to the high staff turnover, the charge nurses educated resource pool nurses on the new process and tool as they worked on the designated unit. The staff were supportive of the change to bedside shift report with a focused, condensed tool. The staff made recommendations for revisions of the tool during the implementation process. The recommendations were made to the nurse manager and nurse educator to facilitate the development of a more user-friendly tool that would increase compliance. It is crucial for nurses to realize the importance of their role in patient safety and quality of care, as well as patient satisfaction, through standardized bedside shift report. Additional data collection over a longer period of time is needed to assess patient satisfaction related to utilization of bedside shift report. The organization’s plan post implementation is to expand adoption of the standardized tool and process for bedside shift report to all nursing units, educate all registered nurses, and continue the compliance monitoring process.

**Keywords:** bedside shift report, Lewin’s Change Model, compliance, communication, patient satisfaction

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