

BEDSIDE NURSING REPORT
IN THE ACUTE CARE SETTING WHAT IS THE EFFECT OF BEDSIDE NURSING

1

REPORT ON PATIENT SAFETY WHEN COMPARED WITH
TRADITIONAL REPORTING METHODS:

An Evidence-Based Project

By

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Abstract

The purpose of this evidence-based project was to examine the effect of bedside report on patient outcomes and nurse/patient satisfaction. Many key components to the report could be affected if report is done through audiotaping or through written reports during handoff. The PICO(T) question for this evidence-based project was “In the acute care setting, what is the effect of bedside nursing report on patient safety when compared with traditional reporting methods?” A literature search was conducted using Cumulative Index of Nursing & Allied Health (CINAHL Plus), PsycINFO, MEDLINE, and Cochrane Database of Systematic Reviews (CDSR) databases. Six research articles were determined to have clinical and statistical significance in relation to this evidence-based project. Evidence from the critical analysis of these articles supported the position that bedside reporting had a positive impact on patient safety. The evidence-based review provided insight to stakeholders that not only patient safety and outcomes could be affected, but also the satisfaction of patients and nurses. Implications for practice and nursing administration included potential safety improvements with implementation of a bedside reporting, decreasing overtime costs with a shortened reporting timeframe, and promoting the support and encouragement from all levels in the process of change. The implications for nursing education included mentor guidance and support while providing a stimulating learning environment for the nursing students. Implications for nursing research included further follow up studies to investigate the long term results of bedside reporting and the impact on patient safety and satisfaction.

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Table of Contents

Title Page.....	1
Abstract.....	2
Acknowledgements.....	3
Table of Contents.....	4

Introduction.....	6
Problem.....	6
Purpose.....	6
Background Description of Topic.....	7
Theory and Connection.....	8
Significance.....	10
Setting.....	12
Stakeholders.....	12
Cost Benefits/Effectiveness.....	13
Desired Outcomes.....	15
PICO(T).....	15
Search Plan Method.....	15
Search Plan.....	16
PICO(T) Terms.....	16
Database Search Strategy.....	17
Inclusion and Exclusion Criteria.....	18
Analyzing the Literature.....	19
Levels of Hierarchy of Evidence.....	29
Critical Appraisals.....	21
Article one.....	21
Article two.....	22
Article three.....	24
Article four.....	25
Article five.....	27
Synthesis discussion of Evidence.....	28
New Understandings Generated by the Evidence.....	29
Limitations.....	31
Implications/Impact of Evidence.....	31
Future Recommendations about Nursing Research.....	32
Future Recommendations about Nursing Education.....	33
Future Recommendations about Nursing Administration.....	33
Future Recommendations about Nursing Practice.....	35
Conclusion.....	36
References.....	38

BEDSIDE NURSING REPORT	5
Appendix A.....	44
Search Flow Diagram.....	45
Appendix B.....	46
Critical Appraisal Tables.....	47
Appendix C.....	61
Matrix Tables	62
Appendix D.....	71
SBAR Examples.....	72
Appendix E.....	75
Query Letter.....	76

The Effect of Bedside Nursing Report on Patient Safety

Introduction

The demand for quality care and cost containment while caring for an aging population with multisystem, complex diagnoses calls healthcare providers to analyze ways to provide more efficient care while improving patient safety and outcomes. Nursing practice has always strived for improved communication systems and patient safety outcomes (The Joint Commission, 2012).

Bedside reporting is one nursing intervention which can be implemented to improve communication and patient safety.

Traditionally, end of shift nurse reporting on patients has been performed at the nurse's station or in a conference room away from the patients. Because the acuity of patients has changed in a more complicated way, it has become more and more beneficial for not only the nurses, but the patients as well, to complete end of shift reporting at the patient's bedside.

Problem

Lapses in communication can lead to patient safety errors and has been a known cause of sentinel events (Laws & Amato, 2010). One of the biggest origins of costly medical errors is the miscommunication between nurses during end of shift reports (Spivey, 2014). The handoff of the patient from one nurse to another is one of the most opportune times for gaps to occur in the patient's care (Staggers & Mowinski Jennings, 2009). Often, many key components to the report can be lost in translation if report is done through audiotaping or through written reports handed off at the end of shift.

Purpose

According to Chung, Davis, Moughrabi, and Gawlinski (2011), an effective end of shift report can provide the oncoming nurses all of the information they need to effectively, safely, and appropriately care for the patient. However, incomplete end of shift reports can cause confusion for the oncoming nurse, as well as possibly threatening the patient's care. Bedside reporting also allows for the patient and family to feel they are actively participating in the cares (Laws & Amato, 2010). The purpose of this project was to discuss what effect bedside reporting has had on the acute setting patient's safety in comparison to other traditional methods of end of shift reporting.

Background Description of Topic

As described by Staggers and Mowinski Jennings (2009), end of shift reporting has not been evaluated for almost a decade. It is important this subject is brought to the forefront of nursing practice as the implications for it are of utmost importance. Research has shown incomplete nurse to nurse report has caused patient safety issues. Evidence revealed that the majority of patients want to be involved in their cares (Laws & Amato, 2010).

In a retrospective study of 10 North Carolina hospital admissions between January of 2002 through December 2007 (n=2341), reviewers identified 588 harms, equating to 25.1 harms per 100 admissions. The study also noted 63.1 percent were rated preventable (Landrigan, et al., 2010). Scott (2009) estimated the direct cost from preventable hospital acquired infection (HAI) ranged from \$28.4 to \$33.8 billion annually; with possible savings of \$5.7 to \$6.8 billion from effective prevention measures (based on 2002 HAI surveillance data). The Department of Health and Human Service (DHHS) Office of Inspector General report (2010) stated hospital associated adverse events cost Medicare an estimated \$324 million, equating to an estimated 3.5 percent of expenditures. It is estimated 44 percent of those expenditures were preventable. Additionally the report stated of the 780 reported adverse events, equating to one of every seven Medicare admissions, 12 patients died from anticoagulant medication errors and two from insulin and hypoglycemia management errors (DHHS, 2010).

As a leader in promoting patient safety and nursing teamwork, The Quality and Safety Education for Nurses Institute (QSEN) (2012) has established nursing educational competencies and evidenced-based strategies to guide practice and improve patient outcomes. Additionally, AHRQ (2014) has developed roadmaps and toolkits for promotion of a culture of safety within healthcare organizations. Included among these resources are strategies for removing barriers in communication amongst healthcare professionals, which are stated contributors to medical errors.

Theory and Connection

The first theory which related to the topic of bedside nursing report is Modern Nursing founded by Florence Nightingale. Nightingale believed even if the nurse was not caring for patients at all times, she was still in charge of the environment because she should oversee those who were working in her absence (Alligood & Tomey, 2010). Nightingale was also already developing the promotion of a theory similar to a teamwork approach to nursing. Her nursing practice theorized for the clear and concise decision making involving all who cared for the patient, noting “indecision (irresolution) or changing the mind is more harmful to the patient than the patient’s having to make

a decision” (Alligood & Tomey, 2010, p. 79). Her nursing philosophy is one of the oldest, yet most cherished as she defined the profession of nursing in regards to knowledge, skills, and actions required (Alligood & Tomey, 2010).

Another theorist who relates to the topic of teamwork and collaboration within the nursing profession is Jean Watson. Jean Watson provided nursing with the philosophy and theory of transpersonal caring. Within her nursing philosophy, Watson incorporated the “carative factors” which relate to nursing. Watson’s work shaped how nursing “understand health, illness and the human experience; promoting and restoring health; and preventing illness” (Alligood & Tomey, 2010, p. 98). Nursing schools and hospitals alike have utilized Watson’s theory to guide and improve nursing practice (Current Nursing, 2012).

The carative factors directly related to bedside nursing report are: the third carative factor, *Cultivation of Sensitivity to Self and to Others*, the fourth carative factor, *Establishing a Helping-Trust Relationship*, and the eighth carative factor, *Provision for Supportive, Protective, and Corrective Mental, Physical, Sociocultural, and Spiritual Environment*. Each factor has addressed the manner in which nurses should deal with the complex needs of the patient populations they care for.

The third carative factor has been defined as “the recognition of feelings lead to self-actualization through self-acceptance for both the nurse and the patient. As nurses acknowledge their sensitivity and feelings, they become more genuine, authentic, and sensitive to others” (Alligood & Tomey, 2010, p. 95). The self-awareness described is reassuring for the patient as it gives the perception to the patient that the nurse is competent and is providing excellent care with sensitivity and a genuine attitude.

Watson’s fourth carative factor included the cornerstone of nursing bedside report “communicating that includes verbal, nonverbal and listening in a manner which connotes empathetic understanding” (Current Nursing, 2012). By establishing a helping-trust relationship with open communication between each caregiver, including the patient and family, an environment

promoting safety will be provided. All forms of communication will help the staff, patient, and home caregivers understand goals, barriers, and limitations in restoring optimal function to the patient.

The eighth curative factor included important concepts including the task of nursing being the providers of safety, privacy, and comfort by controlling the environment outside the patient's room (Current Nursing, 2012). This factor simply stated in order for the patient to feel they are in a safe environment; nurses must recognize what they do outside and inside the patient's room is important. This is particularly important when dealing with the task of bedside report. Patient privacy can be an issue if family and/or friends are in the room at the time of report. Special care must be taken to protect patient privacy as specified under the Health Insurance Portability and Accountability Act (HIPAA).

Significance

The Center for Medicare and Medicaid (CMS) has based reimbursement payments on patient outcomes. As nurses, the outcomes of the care provided have directly impacted the costs of healthcare (CMS, 2014). For example, CMS no longer pays for hospital acquired stage three or four pressure ulcers and catheter associated urinary tract infections. Hospital readmission rates are also under scrutiny. In a report from U.S. News and World Report (2010), about 20 percent of hospitalized Medicare patients were readmitted to the hospital within 30 days. CMS is holding nurses and organizations more accountable for the care being provided.

As providers move through healthcare reform, quality will be directly related to financial reimbursement. Government regulations and oversight have directly impacted nursing education, practice, and leadership. With cost containment and outcome-based reimbursement being a driving force, the nursing profession has evolved care into the delivery of quality, efficient, team-based, and patient-centered care (Robert Wood Johnson Foundation (RWJF), 2010). Finkler and McHugh (2008) suggested open communication between patients and family have impacted patient outcomes because it increased coordination of care and increased interactions between staff of all disciplines,

both of which influence a patient's perception of care. Successful hospitals are those which have established a culture of safety surrounding patient care. A culture of safety is how an organization reacts to safety issues and errors. In addition, a culture of safety is the attitudes and/or perceptions regarding patient safety within the organization (McKeon & Cardell, 2011). In other words, a culture of safety is how providers act and react when no one is looking. This has been crucial for preventing or reducing errors and improving overall healthcare quality (McKeon & Cardell, 2011).

One way to promote a culture which fosters safety is through bedside nursing report. Bedside reporting addresses communication barriers/unintended omissions between shifts and could decrease errors. The collaboration between patients, families and nursing staff provides a patient centered standard of care and encourages communication between all involved parties to ensure all needs of the patient are met. There are added benefits to novice nurses in that face-to-face report with visual cues and promotes not only consistency, but improves quality.

Bedside nursing report and the culture of safety described above are the cornerstones of the core competencies of QSEN (QSEN, 2012). The structure provided in this type of reporting promotes patient safety and collaboration with a team approach for best patient outcomes. Bedside reporting addresses communication barriers and unintended omissions between shifts and can decrease errors to improve quality of care. The collaboration between patients, families and nursing staff provides a patient centered standard of care and encourages communication between all involved parties to ensure all needs of the patient are met. An added benefit of reporting at the bedside is for care coordination for the novice nurse. The visual cues provided during face-to-face interactions at the bedside promote quality and consistency of care across the continuum.

Setting

Bedside nursing report can occur in a variety of healthcare settings, such as hospitals, home healthcare settings, and long term care facilities. Hospitals are likely the most common place in which the complex needs population would be seen and where there is the greatest need for bedside report. Within a hospital setting, patients can present with several varieties of complicated

multisystem health issues. Bedside nurse reporting is important for communication flow, patient safety, and positive outcomes for the complex needs patient population. Face-to-face interaction can be used to ensure collaborative communication occurs between nursing, families, and possibly even physicians to provide safe healthcare practices, and ultimately create positive outcomes for the patient.

Stakeholders

The Agency for Healthcare Research and Quality (AHRQ) is a federal agency under the United States Department of Health and Human Services (DHHS) focused on improving the quality, safety, efficiency and effectiveness of healthcare for all Americans. AHRQ (2014) defined stakeholders as groups or persons who have a vested interest in a clinical decision and the evidence which supports that decision. It is important for research to answer questions of individuals experiencing the situation the research is addressing. These individuals would include consumers, patients, and caregivers. Stakeholders for bedside report would include the patients, families, nurses, physicians and the organization as a whole.

Patient safety is a key component to bedside reporting. Including the patient and family in the shift change-over reports allows for questions to be asked and answered, keeps patients in the conversation about their health status, and helps to decrease the patient's anxiety (Jeffs et al., 2013). Families and patients want to be involved in the plan of care. In the fast paced world of instant information via the internet, face to face interaction has provided a link between patients, families and healthcare providers. Nurses play a pivotal role in health care provided to patients on a 24 hour basis. Due to the 24 hour need and the services often provided by multiple disciplines, communication among healthcare personnel is an essential component of safe, effective care (Evans, Grunawait, McClish, Wood, Friese, 2012).

Nurses are with the patient the most, therefore are able to see subtle changes in patient status the earliest. Bedside report has been shown to increase satisfaction and accountability with the use of bedside reporting. The transition to bedside reporting has been found to assist the oncoming

nurse prioritize her workload for the shift by providing a first-view of the patient with staff who has been with the patient for the previous shift (Jeffs et al., 2013).

Another key component for nurses and patient safety in regards to bedside reporting is the benefit to the novice nurse. Face to face contact with the nurse and patient has given the novice nurse opportunity for collaboration of cares (Skaalvik, Norman, & Henriksen, 2009). Bedside reporting has allowed the oncoming nurse to not only visualize the patient, but also ask questions from the previous nurse and the patient in the same setting to obtain significant data for proper prioritization of care and effectively manage their patient load (Jeffs et al., 2013). Physicians and the organization can also benefit from bedside nursing report. Improved shift to shift communication, increased job satisfaction, and increased patient satisfaction benefits the entire healthcare team and all stakeholders involved.

Cost Benefits/Effectiveness

Shift change is a critical time in regards to the culture of patient safety; however, the shift change occurrence, which can happen up to four times per day, has been a financial challenge to most organizations. Both shifts of personnel are being paid simultaneously while communicating essential information about their patients (Spivey, 2014). Improved communication between staff has shown to benefit patient care while decreasing the number of costly sentinel events reported by hospitals (Evans, 2013). “Without quality nursing care there would be no revenue” (Finkler & McHugh, 2008, p. 445). Implementation of best practice led to quality care and higher patient satisfaction.

Nurses can control healthcare costs by providing safe, quality care. Quality of care is based on several factors including patient satisfaction scores, core measures, and performance improvement data. The Center for Medicare and Medicaid (CMS) based reimbursement payments on patient outcomes and satisfaction scores. As nurses, the outcomes of our care have directly impacted the costs of healthcare. Hospital readmission rates are also under the same scrutiny as performance measures. Hospitals have been affected by the changes in reimbursements because the

payers have chosen to have contracts with organizations with the best performances (Dunham-Taylor & Pinzcuk, 2015).

Value-Based Purchasing (VBP) is directly related to how a healthcare organization is going to be reimbursed for services, not by the amount of services provided (Dunham-Taylor & Pinzcuk, 2015). In order to produce revenue, the health care organization must produce better patient outcomes, not just increase the volume of services which they provide. This system of VBP is measured by four specific domains made up of efficiency, outcome, patient experience of care, and clinical process of care (Centers for Medicare and Medicaid Services, 2014). Bedside reporting has saved organizations money by improving efficiency. End of shift bedside report takes less time than conventional reporting methods such as taped or group report. Studies also have reported financial savings due to decreased over-time (Jeffs et al., 2013).

Desired Outcomes

“Reporting at the bedside is a change that increases the efficacy of information sharing and decreases time and resources spent while improving patient care and satisfaction” (Spivey, 2014, p.279). Bedside reporting provided an opportunity for patients, families and nurses to share information pertinent to the patient’s status and plan of care. Studies conducted by Jeffs et al. (2013) reported the change to bedside reporting is improving patient safety and outcomes.

The desired outcomes for this evidence-based project of nursing bedside report was to review relevant evidence within literature, analyze the support and barriers for the utilization of bedside reporting, and place collaborative communication and safety initiatives for positive patient outcomes in the forefront of patient care. Proposed findings from this evidence-based project could potentially be used to promote and recommend the use of nursing bedside report in complex care populations to improve safety and quality of care.

PICO(T)

Given the demand for high quality care and cost containment while caring for an aging population; the desire for patients and families to take a more active role in the conversations regarding care; and considering errors caused by communication barriers and unintended omissions between shifts, the evidenced-based question asked was: In the acute care setting what is the effect of bedside nursing report on patient safety compared with traditional reporting methods?

Search Plan Method

Search Plan

To evaluate the effect of bedside nursing report on patient safety/outcomes, a thorough review of the evidence within literature was required. Polit and Beck (2008) discussed the importance of an in depth review of the literature surrounding a research topic and how it helped researchers familiarize themselves with a particular knowledge base. When beginning a search, the best method is to carefully explore concepts that are guided by a well-built question (Melnyk & Fineout-Overholt, 2011). Literature with evidence of bedside nursing report and patient safety in the acute care setting was reviewed in Cumulative Index of Nursing & Allied Health (CINAHL Plus), PsycINFO, MEDLINE, and Cochrane Database of Systematic Reviews (CDSR) databases.

CINAHL Plus is a search database that provided full text studies, reviews, and synopses. Results were searched by a controlled vocabulary method and keyword search (Melnyk & Fineout-Overholt, 2011). PsycINFO and MEDLINE use keyword search and controlled vocabulary to provide full text studies, reviews, and synopses. CDSR is one of six of the Cochrane Databases for use. The CDSR is considered the “gold standard” and search results are full text, systematic reviews retrieved by keyword search and controlled vocabulary searches (Melnyk & Fineout-Overholt, 2011).

Using the databases above, an extensive database search was performed through the John Moritz Library at Nebraska Methodist College using Boolean/Phrase operators with a limiter of full text documents to answer the PICOT question. Employing the search terms as defined in Table 1,

Careful tracking of the search terms was performed so the search process could be replicated with similar results (Polit and Beck, 2008).

Table 1

PICO(T) Terms

PICO(T)	TERMS
P (population)	Acute Care, Inpatient
I (intervention)	Patient Bedside, Handoff, Oral Shift Report
C (comparison)	Reporting Methods, Shift Reports
O (outcome)	Patient Safety, Patient Outcomes, Patient Satisfaction
T (time)	No Terms Used

Database Search Strategy

Using the PICO(T) question: *In the acute care setting what is the effect of bedside nursing report on patient safety compared with traditional reporting methods?* to guide the literature search, Boolean/Phrase operators “and” and “or” were utilized in the terms population (P), intervention (I), comparison (C), and outcome (O) from Table 1. To begin the search, the population (P) terms of acute care and inpatient were searched. The term acute care yielded 14,260 results and the term inpatient yielded 29,661. Combining these two terms with the Boolean/Phrase operator “or” resulted in 42,418 articles.

Continuing with the PICO(T), the intervention (I) of patient bedside, handoff, and oral shift report were searched individually. The terms produced 435, 345, and one respectively. After reviewing the sole article from the oral shift report term search it was decided to keep this article within the search because of the strong relevance to bedside nursing report and the benefits to student/novice nursing practice. Combining these search terms with the Boolean/Phrase operator “or” netted 772 articles.

Next, the terms reporting methods and shift reports were searched for the comparison (C) portion of the PICO(T). Reporting methods provided 223 results and shift reports produced 486 results. These two comparison search terms were then combined using the Boolean/Phrase operator “or” for 890 total results.

Following the same process as the previous searches, the outcome (O) terms of patient safety created 27,392 articles, patient outcomes generated 11,446, and patient satisfaction formed 30596. Combining all these terms using the Boolean/Phrase operator “or” provided 67,566 articles.

To merge these search terms, the population (P), intervention (I), and outcome (O) searches were combined with the Boolean/Phrase operator “and”; with the comparison (C) search results added using the Boolean/Phrase operator “or”. The search, including all parameters, yielded 253 articles. An attempt to combine all sections of the PICO(T) using “and” as the only Boolean/Phrase operator for the population (P), intervention (I), comparison (C), and Outcome (O) was too narrow of a search, only resulting in four articles, most of which were excluded when adding inclusion/exclusion criteria. A representation of the search can be found in Appendix A.

Inclusion and Exclusion Criteria

A manual search of the 253 articles was performed using the inclusion/exclusion criteria as follows: The most relevant evidence was found by stating inclusion and exclusion criteria in order to judge a study and provide focus for the research (Melnyk & Fineout-Overholt, 2011). The inclusion criteria used to determine the appropriateness of each article found were research, evidence-based practice, English language, and published between 2009 and 2015. The exclusion criteria included abstract-only articles, wrong population, and wrong intervention. Final articles with major focus on bedside nursing report, related to patient outcomes, and highest levels of evidence available totaled five articles for use in the literature review.

Articles chosen were an observational study (McMurray, Chaboyer, Wallis, & Fetherston, 2010) and a quantitative study (Wakefield, Ragan, Brandt, & Tregnago, 2012) describing steps needed for successful transition to bedside nursing report. Also selected was an observational study (Tidwell, et al. 2011) discussing how bedside nursing report improves the patient experience. An elected article directly relating to the comparison (C) of the PICO(T) was a systematic review article (Holly & Poletick, 2014) showing how information is disseminated differently with different reporting methods. Lastly, the Boolean/Phrase operator oral shift report found a preferred

qualitative study (Skaalvik, Normann, & Henriksen, 2010) exploring the learning benefits of bedside nursing report with student nurses.

Analyzing the Literature

Following the literature search, critical appraisals were completed on six research articles to determine clinical and statistical significance. This was completed using the hierarchy guide from Polit and Beck (2008) to weigh the strength of the evidence presented within each article. For each of the articles, a variety of critique methods were used following the guidelines from Polit and Beck (2008) to review the individual research questions, literature reviews, ethical issues, design, sampling, data collection, and data analysis. Additionally, the study results were reviewed for implications in practice, recommendations for further research and global issues related to the research. The headings used for the different critical appraisal tables vary with the type of article being appraised. During this review process, one article was excluded because of the lack of research and data collection.

Levels of Hierarchy

An important phase of critical appraisal was determining the level of hierarchy of each research study. According to Polit & Beck (2008), an evidence hierarchy was provided to help determine or rank evidence sources according to the strength of evidence. Polit and Beck (2008) developed a pyramid model that shows evidence of hierarchy from the best evidence available to the lowest level of evidence available. Level I was the strongest level of evidence provided by systematic reviews of randomized clinical trials and nonrandomized trials. Level II studies involved single randomized clinical trials or single nonrandomized studies. Level III studies entailed systematic reviews of correlational and/or observational studies. Level IV studies included single correlational or observational studies. Level V studies are comprised of systematic reviews of descriptive or qualitative or physiologic studies. Level VI studies contained single descriptive or qualitative or physiologic studies. At the bottom of the pyramid is Level VII which encompassed the lowest level of evidence provided by opinions of authority and expert committees. Below,

Figure 1 is an example of the seven-level hierarchy. “It is important to recognize that within any of the levels in an evidence hierarchy, the worth of the evidence can vary considerably” (Polit & Beck, 2008, p. 32). For the five completed appraisals, one article had systematic reviews with level V evidence, one article was a qualitative descriptive study with level VI evidence, and one article was a quantitative study with level VI evidence and two articles were observational studies with level IV evidence. The critical appraisal tables for each article are provided in Appendix B.

Next, matrix tables were developed for the five critically appraised articles. This matrix table was constructed by completing a systematic review of the articles. The matrix tables can be found in Appendix C.

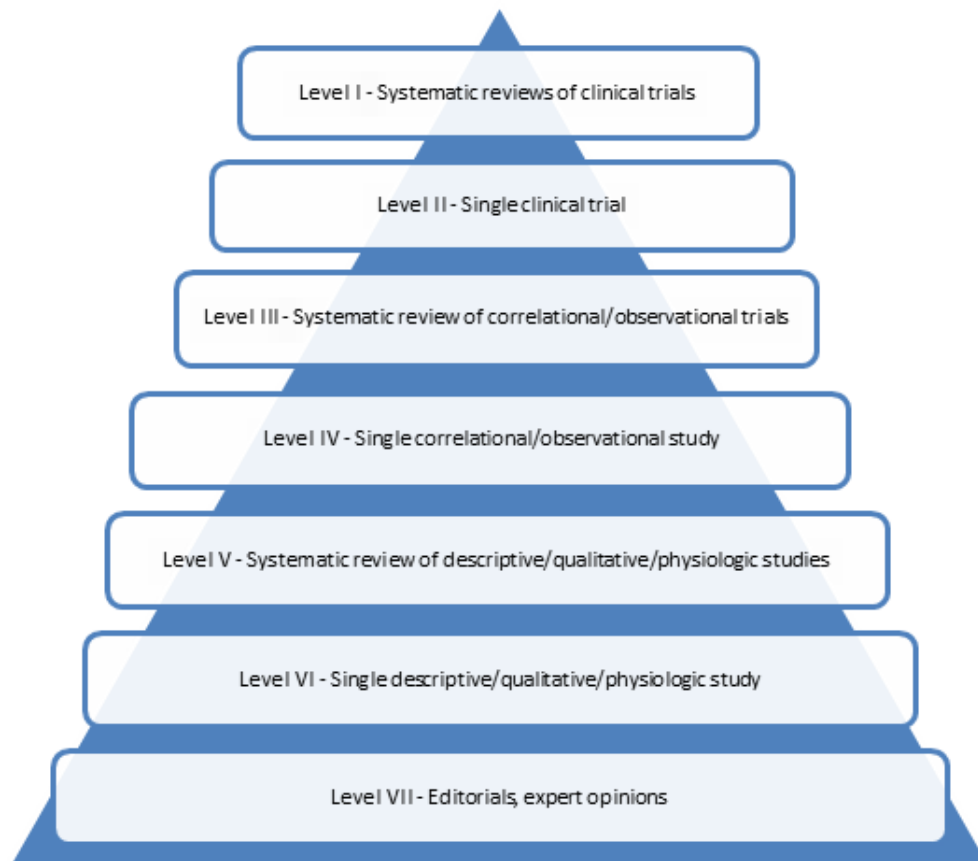


Figure 1. Evidence Hierarchy: Levels of Evidence (Polit & Beck, 2008, p.31)

Critical Appraisals of Individual Articles

Article 1: A Nursing Pilot Study on Bedside Reporting to Promote Best Practice and Patient/Family-Centered Care

The end of shift report from the outgoing nurse to the oncoming nurse has been a topic of debate for several hospitals. Previous methods of end of shift report have been troublesome for many units and often resulted in a disconnect of care between the patient and family members, nurse dissatisfaction, and excess of over hours that accumulated over time. In order to solve these issues and move to a more family-centered care approach, the authors of this study conducted a Level IV (Polit & Beck, 2008, p. 31) observational, pilot study to not only promote best practice, but also address the issues related to patient/family-centered care.

Tidwell et al. (2011) began by distributing surveys to the patients and family members as well as the nurses participating on the unit to collect data to analyze the satisfaction rates prior to and after the implementation of the bedside reporting method. A comparison of the amount of overtime hours was also completed. The results of the study show the implementation of the bedside reporting method were beneficial for the unit to adopt. Patient satisfaction results showed a statistically significant difference in comparison between the pre and post implementation responses to the question “How well did nurses keep you informed about your child’s treatment and condition?” ($p = .0034$). Also, the frequency of “excellent” responses showed a statistically significant value of ($p = .0074$) to the question “Did the staff on your nursing unit show respect for you and your child’s needs?” Seven of the ten questions asked in the nurse satisfaction survey showed statistically significant results. In addition, the authors estimated that almost \$12,000 in overtime can be saved annually by participating in this bedside reporting method.

This study showed that bedside shift reporting helped to promote family-centered cares and increased the satisfaction of the patient, families/caregivers involved, and nurses. Additionally it was shown that bedside reporting is financially beneficial to the unit as it saves on overtime hours accrued. This related to the PICO(T) question by discussing how bedside reporting is not only could be beneficial to the financial considerations, but also improved the quality of care received by including the patient and family in the reporting methods.

Article 2: A Systematic Review on the Transfer of Information During Nurse Transitions in Care

Holly and Poletick (2013) conducted a Level V systematic review (Polit & Beck, 2008, p. 31) of qualitative articles to further understand the knowledge transfer between care providers in the acute care setting. The review of articles provided insight to understanding the dynamics of the end of shift report in the acute care setting and the effects on quality and safety. The purpose of this systematic review was to examine the qualitative evidence on dynamics regarding knowledge transfer during transitions in care in acute care hospitals.

This systematic review engaged a comprehensive four-stage search strategy to identify qualitative articles using a standardized critical appraisal instrument. Sampling was completed by narrowing the search from 125 articles identified to meet the inclusion criteria. Of these, 50 were used for retrieval. Finally, the sample included 29 qualitative studies that represented more than 800 nursing handoffs and 300 nurse interviews.

Further review concluded the end of shift nurse report could affect not only the culture of the unit, but also can influence patient care. By creating a standardized method that all nurses would use, there would be little room for error and the chance that vital information about the patient would not be passed on to the oncoming caretaker would be decreased. This spoke to the PICO(T) by specifically discussing the negative effects on patient outcomes when missing, inconsistent, or incongruent information is passed on in the traditional reporting methods previously used.

This review discussed the importance of standardized bedside nurse reporting with the potential for improved patient care quality and safety. While the traditional end of shift handoff was a time for socialization and interaction, there was a distinct purpose for the shift handoff report. This review showed that the end of shift handoff information directly results in care decisions made for the patient, either by what the nurse chose to or not to disclose in report or by what the oncoming nurse deems as credible information. The study supported the creation of a standardized bedside reporting method to decrease these potential errors.

Article 3: Implementing Bedside Handover: Strategies for Change Management

Many hospitals are making the transition from taped and verbal nursing shift reports to report at the patient's bedside. While making this change, perceived barriers need to be acknowledged, discussed, and minimized. To address these obstacles, McMurray, et al. (2010) performed an observational study analyzing variations in reporting methods at the bedside in conjunction with nursing interviews seeking to "explore structure of report, variations to report, nursing rationales to the variations, and if any themes developed as barriers to bedside report" (p. 2583). This Level V (Polit & Beck, 2008, p.31) study conducted sampling within two different hospitals involving six different medical, surgical, and rehabilitation units.

Data collection included 532 semi-structured observations and 34 in-depth interviews. All data was digitally recorded then transcribed for analysis by all members of the research team. There was also an analysis of the interview data through several reviews of the individual transcripts for comparison to see if specific quality and/or safety themes developed.

The authors discussed the need for nurses to take an active role in the process of implementing a change to the bedside report. By including nurses, the different processes of this change could help them to understand the need for transforming reporting methods and also positively affect the nurse's attitude toward the process. This study supported the need for standardized tools to provide consistency, improved communication, and increased the confidence of novice nurses. This study also suggested utilizing a continually updated handover report sheet and advocated that it reduces the risk of inaccuracies. Utilization of the off going nurse, the oncoming nurse, and the patient was necessary to allow for guidance in providing patient centered care while assisting the prioritization of cares for the next shift.

This article provided support to the PICO(T) question by discussing the strategies needed to increase accuracy of reporting in order to decrease adverse patient events. The authors specifically discussed the importance of being able to ask clarifying questions during report to prevent critical errors. Nurses found that "cross-checking information at bedside handover with the patient notes

and asking questions to clarify treatments or medications also helped accuracy, as did visualizing the patient's condition and listening to their input" (McMurray, et al., 2010, p. 2585).

The small size of in-depth nursing interviews (34) called into question whether there was a large enough sample size for an accurate sampling of the six units within the two hospitals. Also noted was that none of the interviews were conducted with patients to discover additional potential weaknesses or strengths of reporting method. The authors noted there was no investigation of barriers in report related to cultural issues, language barriers, and patient preferences. When considering these potential flaws, this study still pertained to the PICO(T) due to the clear improvement in patient safety resulting from the implementation.

Article 4: To What Extent Does the Oral Shift Report Stimulate Learning Among Nursing Students? A Qualitative Study

Shift reporting, previously known as inter-shift report serves many purposes. The report usually took place two to three times per day and is utilized as the transfer of information from the outgoing staff to the incoming staff. The report generally contained updated information in regards to the continuity and quality of patient care. Assignments of responsibilities and routine tasks are also addressed during the shift report. Skaalvik, Normann, and Henriksen (2010) discussed the importance of student learning and the correlation between shift reporting in their qualitative study. The Level VI (Polit & Beck, 2008, p.31) study utilized three different units to review and compare shift reporting methods and "investigate aspects that are important for oral shift report to be instructive for nursing students" (Skaalvik, Normann, & Henriksen, 2010, p 2300).

The authors of this study utilized field work with direct observations, field notes, and qualitative research interviews to gather data. Twelve nursing students and their supervising nurses (n=11) participated in this study. Using a descriptive manner of data collection provided a variety of experiences regarding oral shift reporting. Three main themes were identified in relation to how student perceived the oral shift report as a learning environment: the oral shift report as a context

for professional discussions, the content of the oral shift report, and the oral shift report context of learning. The authors concluded the quality of the oral shift report affects the significance of professional discussion and student learning (Skaalvik, Normann, & Henriksen, 2010).

This article supported the PICO(T) question by describing oral shift reporting and the importance it has for learning opportunities, not only for nursing students, but also because it encouraged professional discussions between colleagues and superiors (Skaalvik, Normann, & Henriksen, 2010). The study supported the concept of shift reporting and stimulates learning because of the consultation and discussion between nursing students and the nursing staff. The qualitative nature of this study was supported as a valid and reliable source due to the descriptive nature of data collection and rigorous review of said data.

The small sample size; nursing students (n=12) and nursing supervisors (n=11) could be a concern for rigor or quality of the study. However, the comparison between three different units and three different reporting styles provided great insight on the contents of an oral shift report, the importance of oral shift reporting and the ability of an oral shift report to help students correlate clinical and theoretical processing.

Article 5: Making the Transition to Nursing Bedside Shift Reports

Shift reports are a critical time of information transfer. The Level IV correlational (Polit & Beck, 2008, p.31) pilot study by Wakefield, et al. (2012) was constructed with the goal of understanding the long term consistency of bedside report amongst nursing staff and the effects on patient and nursing satisfaction scores. Before beginning the transition to reporting at the bedside, the authors conducted a literature review of 28 different literature reviews on the subject. The authors noted most data researched only provided short follow-up periods regarding the reliability of nurses reporting at the bedside and how this affects satisfaction scores.

In preparation for the change to bedside shift reporting, baseline data was collected of post discharge patient satisfaction scores and nursing surveys. The authors noted there was an increase in patient satisfaction scores within the first six months of implementation, but there were declines and

substantial variations in scores over the long term. This was determined to be the result of not consistently performing bedside report in the later months.

Specific lessons learned with the long term follow-up after transition were the need for: the presence of and communication of the satisfaction scores monthly, acknowledging and addressing perceived nursing barriers as they arise, frequently addressing negative staff attitudes as they directly affect the outcome, understanding why sustaining positive results is harder than initially achieving them, and implementing a new policy does not mean that it will be carried out as intended (Wakefield et al., 2012).

In relation to the PICO(T) question, this study clearly showed the benefits of bedside nursing report directly correlated to patient satisfaction scores and the potential for adverse events from not having an accurate picture of patient status. Also provided was narrative statistical analysis of the correlation between not consistently performing bedside report and the negative impact on satisfactions scores. It should be noted as novices to research, this study was confusing as quantitative methods usually provide several inferential statistic data (p values, correlations, etc.). This study was descriptive in its narrative, but did not clearly identify the design method. The only statistics used for data analysis and presentation of results were descriptive statistics (mean and mean percentage scores), no inferential statistics were presented.

Synthesis Discussion of Evidence

The challenge in healthcare has been to create an environment in which open and transparent communication is the norm rather than the exception (Chapman, 2009). Another struggle for the industry has been learning strategies to increase efficiency while continuing to provide high quality care. Critical analysis of the literature and evidence relevant to the PICO(T) question: *In the acute care setting what is the effect of bedside nursing report on patient safety compared with traditional reporting methods?* has shown a correlation between bedside reporting and positive results for both patients and nurses. Bedside reporting was one evidence-based nursing intervention that improved patient outcomes, decreased the incidence of communication lapses between care providers,

reduced the timeframe needed to give report, and increased patient satisfaction through active patient participation (Tidwell et al., 2011).

The articles found during the research on this subject all gave new insight in answering the PICO(T) question. Each article was found to have both supporting evidence and demonstrated the complexities related to this subject. Because of the varying issues surrounding bedside report, specific barriers to successful implementation have been identified with meaningful opportunities for solutions to these obstacles.

New Understandings Generated by the Evidence

Through an extensive literature review themes were noted between the articles chosen regarding the inherent strengths of bedside report implementation. Nursing practice has always strived for improved communication systems and patient safety outcomes (The Joint Commission, 2012). Communicating an effective end of shift report can provide the oncoming nurses critical information needed to provide care in an effective manner (Chung, Davis, Moughrabi, and Gawlinski, 2011).

However, incomplete end of shift reports have caused confusion for the oncoming nurse, as well as possibly threatened the patient's safety. Annually in the United States there are an estimated 98,000 deaths that resulted from medical errors (Matic, Davidson, & Salamonson, 2010). It was discovered that research to date on this subject had clear implications for practice as well as evidence-based guidelines for implementation. New understandings generated by the evidence conveyed the challenge of standardizing the different reporting methods of the individual nurse. Inconsistency during handoff was noted to be the largest area in need of improvement.

The literature reviewed discussed the importance of using a reporting tool such as SBAR (Situation, Background, Assessment, and Recommendation) for giving an accurate and organized report. The use of SBAR "stimulates recall for nurses, rather than having the nurse attempt to recall by memory only" (Holly & Poletick, 2013, p. 2394). Examples of the SBAR reporting tool are shown in Appendix D. There were also similar recommendations for the systemization of report

with each patient from McMurray, Chaboyer, Wallis, and Fetherston (2010) and Wakefield, Ragan, Brandt, and Tregnago (2012). These specific recommendations for standardizing the process of bedside reporting are listed in Table 2 below.

Table 2
Steps for Positive Bedside Reporting Experience

Steps	Recommendations
Pre-Report Preparation	<ul style="list-style-type: none"> ● On admission explain reporting process and answer questions ● 30 minutes before report remind patient of bedside reporting process ● Assure patient comfort: Pain controlled, comfortable position, toileting needs met ● Confidentiality addressed: Patient consent to have visitors present in room ● Nurse Preparation: Tests reviewed, hand-off sheet updated
Introductions	<ul style="list-style-type: none"> ● Outgoing staff greet patient ● Outgoing staff introduce oncoming staff to patient ● Increase patient confidence by “managing up” oncoming staff: use terms such as “great nurse and excellent care” ● Close door to protect privacy/limit interruptions
Reporting Process	<ul style="list-style-type: none"> ● Allow sufficient time for report ● Be concise but thorough when conveying vital information ● Use clear language; avoid terms and abbreviations that can be misinterpreted. ● Report information in the same order every time utilizing a shift report tool such as use of SBAR ● Physically inspect tubes and lines, review medications given, and review chart for uncompleted tasks ● Answer queries from oncoming staff
Closing	<ul style="list-style-type: none"> ● Facilitate two-way communication with patient. Answer patient questions, address unresolved issues, and/or write down questions or issues to be addressed by physician. ● Update communications “whiteboard” in patients room with nurse’s name, treatment goals, anticipated discharge date ● Perform a safety scan of patient’s room (Call light within reach, access to mobility aides etc.) ● Explain to patient that same reporting process will be taking place in the oncoming nurse’s other rooms. Reassure that call light will still be answered by care tech or other staff member during this time.

The nurse-to-nurse and nurse-to-patient collaboration shown in bedside reporting has been echoed in nursing theories that guide the profession. Florence Nightingale, the founder of modern nursing, wrote that the nurse should take action on behalf of the patient and the nurse (Alligood &

Tomey, 2010). Jean Watson's transpersonal caring theory also related to the concept of bedside report. Performing shift report at the bedside relates to three carative factors, including the cultivation of sensitivity of one's self and to others, establishing a helping trusting relationship, and provision for a supportive protective and or corrective mental, physical sociocultural and spiritual environment (Current Nursing, 2012). The concept of bedside report would seem integral to the concepts in Watson's caring theory by promoting health, improving communication, and creating a supportive environment for the patient and staff.

Limitations

A limitation of the research conducted was the lack of long term studies. The article by Wakefield, et al. (2012) reviewed the long term follow-up after implementation of bedside reporting. The study supported over time patient satisfaction scores decreased after implementation of bedside report. This was determined to be a direct result of inconsistent bedside reporting in the 23 months during the study. Thus continuous monitoring with specific interventions would be needed to maintain significant positive results from oral bedside reporting.

The level of evidence of the studies was also a limiting factor according to Polit and Beck (2008). The literature review included four level IV single correlation and observation studies, one level V systematic review of a qualitative study, and one level VI single qualitative study. Including studies with higher levels of evidence may benefit in this research.

Implications and Impact of Evidence

Bedside shift reporting has been shown to provide family-centered care, thus improving the overall patient experience and satisfaction. In turn, nurse satisfaction has also been shown to increase with the implementation of a bedside reporting method (Tidwell, et al., 2011). Increased nurse satisfaction rates have led to the retention of experienced nurses, which in turn, led to higher quality of patient care.

Because shift change occurs up to four times per day, this can pose as a financial challenge to most organizations. Both shifts of personnel are being paid simultaneously while communicating

essential information about their patients (Spivey, 2014). Tidwell et al. (2011) cited a yearly budget savings of approximately \$12,000 with the implementation of bedside report. Bedside nursing report and the culture of safety are the cornerstones of the core competencies of QSEN (QSEN, 2012). The structure provided in this type of reporting promotes patient safety and collaboration with a team approach for best patient outcomes.

Future Recommendations for Nursing Research

Future recommendations for nursing research would include conducting higher level of evidence studies, such as clinical trials and systematic reviews of clinical trials (Polit & Beck, 2008). Although this evidence based project had information from level IV, V, and VI; the best evidence is obtained from research that is clinically relevant and addresses pressing clinical questions (Polit & Beck, 2008). Areas of highest relevance to nursing research would include studies that are longitudinal or follow up studies to establish how bedside reporting can influence patient safety and satisfaction long term.

Another area that should be considered in nursing research is the effectiveness of standardizing the oral bedside shift reports and which tools would provide the best outcome. Wakefield et al. (2012) discussed the correlation between inconsistently performing bedside report and the negative impact on satisfactions scores for both patients and nurses. Holly and Poletick (2014) specifically described the negative effects on patient outcomes when missing, inconsistent, or incongruent information is passed on in the traditional reporting methods previously used. These studies suggested standardizing the reporting method could increase patient safety and in turn increase patient satisfaction. Further analysis of this topic would be beneficial to nursing care at the bedside.

Future Recommendations for Nursing Education

Bedside shift reports, specifically oral shift reports, can be used to stimulate the learning environment for nursing students. According to Skaalvik et al. (2010), the inclusion of students practicing on the unit in the oral shift report can promote critical thinking by allowing the student

nurses to participate in real-world situations. This could help alleviate some of the stress and anxiety associated with the clinical setting. The oral shift report as a professional discussion provided the students with the experience of participating in and listening to the dialogue and critical reflection about a patient from experienced nurses.

Oral shift reports at the bedside could help the student recognize what information is important and accurate to include in their own shift reports. Holly and Poletick (2013) stated the individual nurse has the ability to affect subsequent care decisions. When accurate information was passed on through this reporting method, the likelihood of quality care and safe decisions made further down the line in the patient's care were substantial. Skaalvik et al. (2010) stated in their study that nursing students found when the patient's personalized care plan was utilized; the bedside report was more accurate and included the most complete picture of the patient's status.

Future Recommendations for Nursing Administration

With the changes brought forth through the Value-Based Purchasing (VBP) provision of the Affordable Healthcare Act, the economic stability of healthcare organizations is based partly on patient satisfaction and patient outcomes. According to the Centers for Medicare and Medicaid Services (CMS) (2015), for fiscal year 2016, 25% of the total performance score was based on the patient experience, 10% on clinical process of care, 25% on efficiency of the care provided, and 40% is based on clinical outcomes. "CMS continues to raise the bar on quality and patient perception of care, making it critical for organizations to have a foundation in place that can withstand the even tougher ones waiting in the future. Simply maintaining results is not enough" (Studer Group, 2015).

"Reporting at the bedside is a change that increases the efficacy of information sharing and decreases time and resources spent while improving patient care and satisfaction" (Spivey, 2014, p.279). Borkowski (2011) reminded us of the findings of The Joint Commission and their estimation that the breakdown in communication was the cause of 80% of negative patient outcomes. Because of this staggering statistic, The Joint Commission requires accredited

organizations to use a standardized approach to hand-off communications (Joint Commission for Standardizing Healthcare, 2010).

Leadership will need to facilitate change and be open to removing organizational issues that may be blocking progress. A simple change in a broad vision can create complex issues across a system. Implications regarding organizational structure, support systems, capital planning, and financial obstacles all need consideration. Recommendations for leadership are ensuring a process for change, providing active leadership, and organizational planning (Sendelbach & Funk, 2013). If a leader is open to a vision, it may become practice for the organization. Change needs to be portrayed as a priority by leadership by allocating appropriate resources toward the issue (Guardia-LaBar, Scruth, Edworthy, Foss-Durant, & Burgoon, 2014).

It is in managing, not controlling, that the leader can ensure creativity, innovation and relevance, which are fundamental to the core of all work. All employees envision change, a better way to accomplish a task, or ponder an idea to shorten the time it takes to accomplish a goal (Welch, 2011). The Agency for Healthcare Research and Quality (AHRQ) and the Joint Commission Center for Transforming Healthcare have had workshops and toolkits to assist facilities in implementing bedside reporting (Joint Commission Center for Transforming Healthcare, 2015; AHRQ, 2013). Utilizing these tools for a nurse driven change in culture is recommended. Employees need to feel the freedom to express their ideas and be heard. This gives rise to more innovative ideas in the future because staff will have validation their ideas are a possibility (Cvach, 2012). By providing the tools needed, nursing leaders support and promote evidence-based practices.

Future Recommendations for Nursing Practice

Evidence has shown that shift handoff is a complex social interaction that can be highly sensitive to context and cultural norms. However, it is an activity essential to multiple functions that extend beyond just quality and safety (Holly & Poletick, 2013). All articles reviewed supported the concept of standardizing shift to shift reporting and elevating the context of these shift reports. For

any success in changing individual habits, it needs to be seen as a shared set of beliefs, not just something that employees do when the employer is watching (Parmelli et al., 2011).

There is growing evidence regarding the positive impact of a healthy work environment on staff satisfaction, retention, improved patient outcomes, and organizational performance (Aiken, Clarke, Sloane, Lake, & Cheney, 2008). Evidence based practice has shown bedside reporting to not only increase patient satisfaction but also nurse satisfaction in the job. Job satisfaction is the cumulative effect of positive attitudes, attributions, motivations and values of the individual, which in turn has a positive result for the organization in staff loyalty and positive patient outcomes (Borkowski, 2011). With the implementation of an improved communication strategy a stronger unity of the entire team should result. Through collaboration as a standard of nursing, healthcare is enhanced and employee satisfaction is increased. Promoting this positive work environment will increase nurse retention and satisfaction.

Because patient satisfaction scores have become a primary factor in determining Medicare reimbursement rates, the perceptions of the bedside nurse have taken a front seat in health care reform. HCAHPS places great emphasis on nursing as a profession with questions relating to courtesy and respect, listening to patient concerns, explaining things with understandable terms, and call light responsiveness (MacLeod, 2012). Developing a therapeutic relationship with the patient from first contact is critical due to the pay-for-performance provision in the Affordable Healthcare Act. Although patients have had a generalized trust in the profession of nursing, to develop a trust in an individual is related to competence and interpersonal caring attributes (Dinç & Gastmans, 2013). Implementation of bedside report was found to be one way to form a collaborative environment with the patient, promote the oncoming nurse by “managing up” their skills, and ensuring continuity of care from shift to shift.

Conclusion

Individually, each article analyzed a different aspect of how bedside report can affect patient outcomes. One article discussed the correlation between poor communication and increase in

sentinel events (McMurray, et al., 2010). Two of the articles reviewed discussed the correlation of bedside reporting and the effect on patient and/or nurse satisfaction (Wakefield, et al., 2012; Tidwell, et al., 2011). One article discussed the important factors needed in the bedside report in relation to patient and nurse needs (Holly, & Poletick, 2014). The last article reviewed discussed the correlation between oral shift report and nursing student learning (Skaalvik, et al., 2010). However, when these concepts were assessed together, the studies have shown an increase in patient and nurse satisfaction can lead to a decrease in sentinel events (McMurray, et al., 2010).

This evidence-based project revealed observational studies and descriptive evidence suggesting a positive relationship between bedside reporting and acute care patient safety outcomes. However, the data was limited by the lack of long-term studies relating to the effects and varied methods of implementation. Despite these limitations, the literature was consistent with the need for standardized reporting methods, such as SBAR, and the positive results in relation to patient outcomes, patient satisfaction, nursing satisfaction, and overall cost savings to the institution. Future research is needed in order to develop a consistent, standardized method to bedside reporting and to evaluate the long term effects on outcomes relating to patient safety. This research was crucial for bedside reporting to be supported as an evidence-based, collaborative, and patient-involved intervention within the patient care units.

References

- Aiken, L., Clarke, S., Sloane, D., Lake, E., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration*, 38(5), 223-229. doi: 10.1097/01.NNA.0000312773.42352.d7
- Agency for Healthcare Research and Quality. (2013, June). *Strategy 3: Nurse bedside shift report*. Retrieved from <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/>
- Alligood, M.R., & Tomey, A.M. (2010). *Nursing theorists and their work* (7th ed.). Maryland Heights MO: Mosby.
- Borkowski, N. (2011). *Organizational behavior in health care*. Sudbury, Mass: Jones and Bartlett Publishers.
- Centers for Medicare and Medicaid Services. (2015). *Hospital value-based purchasing*. Retrieved from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/index.html?redirect=/Hospital-Value-Based-Purchasing/>
- Center for Medicare and Medicaid Services. (2014). *National provider call: Hospital value-based purchasing*. Retrieved from https://my.methodistcollege.edu/ICS/icsfs/Hospital_VBPurchasing_Fact_Sheet_ICN907664.pdf?target=67fb5514-e764-433c-bb2b-178e0632c861
- Chapman, K. (2009). Improving communication among nurses, patients, and physicians: a series of changes leads to cultural transformation at a TCAB hospital. *American Journal of Nursing*, 109(11 Suppl), 21-25. doi:10.1097/01.NAJ.0000362013.53342.17

- Chung, K., Davis, I., Moughrabi, S. & Gawlinski, A. (2011). Use of an evidence-based shift report tool to improve nurses' communication. *Evidence-Based Practice*, 20(5), 255-260,268.
- Current Nursing. (2012). *Jean Watson's philosophy of nursing*. Retrieved from http://currentnursing.com/nursing_theory/Watson.html
- Cvach, M. (2012). Monitor alarm fatigue: An integrative review. *Biomedical Instrumentation & Technology*, 46(4), 268-277. doi:10.2345/0899-8205-46.4.268
- Department of Health and Human Services Office of Inspector General. (2010). *Adverse events in hospitals: National incidence among Medicare beneficiaries*. Retrieved from <http://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf>
- Dinç, L., & Gastmans, C. (2013). Trust in nurse–patient relationships: A literature review. *Nursing Ethics*, 20(5), 501-516. doi:10.1177/0969733012468463
- Dunham-Taylor, J., & Pinczuk, J. (2015). *Financial management for nurse managers: Merging the heart with the dollar* (3rd ed). Sudbury, MA: Jones and Bartlett Publishers.
- Effective Health Care Program. (2014). *Stakeholder guide 2014*. AHRQ Publication. (No. 14-EHC010-EF). Retrieved from <http://www.ahrq.gov/research/findings/evidence-based-reports/stakeholderguide/stakeholdr.pdf>
- Evans, D., Grunawait, J., McClish, D., Wood, W., & Friese, C. R. (2012). Bedside shift-to-shift nursing report: implementation and outcomes. *MEDSURG Nursing*, 21(5), 281-292.
- Evans, M. M. (2013). Bedside reporting: is it enhancing nursing care?. *Med-Surg Matters*, 22(5), 3.
- Finkler, S., & McHugh, M. (2008). *Budgeting concepts for nurse managers* (4th ed.). St. Louis: Saunders Elsevier.
- Guardia-LaBar, L. M., Scruth, E. A., Edworthy, J., Foss-Durant, A. M., & Burgoon, D. H. (2014). Alarm fatigue: The human-system interface. *Clinical Nurse Specialist*, 28(3), 135-137. doi:10.1097/NUR.0000000000000039

Hilo Medical Center (2014, May 1). *SBAR handoff form* [Web log post]. Retrieved from

<http://ehenigren.blog.com/2014/05/01/sbar-handoff-form/>

Holly, C., & Poletick, E. B. (2014). A systematic review on the transfer of information during nurse transitions in care. *Journal of Clinical Nursing, 23*(17/18), 2387-2396.

doi:10.1111/jocn.12365

Jeffs, L., Acott, A., Simpson, E., Campbell, H., Irwin, T., Lo, J., Beswick, S. & Cardoso, R.

(2013). The value of bedside shift reporting. *Journal of Nursing Care Quality, 28*(3),

226-232. doi:10.1097/NCQ.0b013e3182852f46

Joint Commission Center for Transforming Healthcare. (2015). *TST for hand-off communications*.

Retrieved from http://www.centerfortransforminghealthcare.org/tst_hoc.aspx

Joint Commission Center for Transforming Healthcare. (2010, October 21). *Joint commission*

center for transforming healthcare Tackles miscommunication among caregivers

Retrieved from

http://www.pwrnewmedia.com/2010/jointcommission_01021_miscommunication/index.html

html

Landrigan, C.P., Parry, G.J., Bones, C.B., Hackbarth, A.D., Goldmann, D.A. & Sharek, P.J.

(2010). Temporal trends in rates of patient harm resulting from medical care. *New*

England Journal of Medicine, 363(26), 2573. doi: 10.1056/NEJMsa1004404

Laws, D., & Amato, S. (2010). Incorporating bedside reporting into change-of-shift report.

Rehabilitation Nursing, 35(2), 70-74. doi: 10.1002/j.2048-7940.2010.tb00034.x

Matic, J., Davidson, P., & Salamonson, Y. (2011). Review: Bringing patient safety to the

forefront through structured computerization during clinical handover. *Journal of*

Clinical Nursing, 20(1/2), 184-189. doi:10.1111/j.1365-2702.2010.03242.x

MacLeod, L. (2012). Three keys to patient satisfaction: Nursing, nursing, and nursing. *Nurse*

Leader, 10(5), 40-43. doi:10.1016/j.mnl.2012.03.012

- McKeon, L., & Cardell, B. (2011). Preventing never events: what frontline nurses need to know. *Nursing made Incredibly Easy!*, 44-52.
doi:10.1097/01.NME.0000390924.07820.73
- McMurray, A., Chaboyer, W., Wallis, M., & Fetherston, C. (2010). Implementing bedside handover: strategies for change management. *Journal of Clinical Nursing*, 19(17/18), 2580-2589. doi:10.1111/j.1365-2702.2009.03033.x
- Melnyk, B.M., & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing and healthcare: A guide to best practice* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.
- National Conference of State Legislatures. (2010). Health cost containment and efficiencies. *NCSL Briefs for State Legislators*, 6. Retrieved from http://www.ncsl.org/portals/1/documents/health/PERFORMANCE-BASED_PAY-2010.pdf
- Parmelli, E., Flodgren, G., Beyer, F., Baillie, N., Schaafsma, M. E., & Eccles, M. P. (2011). The effectiveness of strategies to change organizational culture to improve healthcare performance: a systematic review. *Implementation Science*, 6(33), 1-8. doi:10.1186/1748-5908-6-33
- Polit, D. & Beck, C. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). Philadelphia: Lippincott, Williams & Wilkins.
- Quality and Safety Education for Nurses Institute. (2012). *Competencies*. Retrieved from <http://qsen.org/competencies/>
- Quality and Safety Education for Nurses Institute. (2012). *Project overview: The evolution of the Quality and Safety Education for Nurses (QSEN) Initiative*. Retrieved from <http://www.qsen.org/about-qsen/project-overview/>
- Robert Wood Johnson Foundation. (2011, July 27). *Renowned Leader Helps Improve Health Care Quality and Safety by Transforming Nursing Education*. Retrieved from

<http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2011/07/renowned-leader-helps-improve-health-care-quality-and-safety-by-.html>

- Scott, R., III. (2009). *The direct medical costs of healthcare-associated infections in U. S. hospitals and the benefits of prevention*. Centers for Disease Control. Retrieved from http://www.cdc.gov/HAI/pdfs/hai/Scott_CostPaper.pdf
- Scrubs Magazine. (2014, January 23). *Nurse brain sheets-telemetry unit SBAR*. Retrieved from <http://scrubsmag.com/nurse-brain-sheets-telemetry-unit-sbar/>
- Sendelbach, S., & Funk, M. (2013). Alarm fatigue: A patient safety concern. *AACN Advanced Critical Care*, 24(4), 378-386. doi:10.1097/NCI.0b013e3182a903f9
- Skaalvik, M., Normann, H., & Henriksen, N. (2010). To what extent does the oral shift report stimulate learning among nursing students? A qualitative study. *Journal of Clinical Nursing*, 19(15-16), 2300-2308. doi:10.1111/j.1365-2702.2010.03217.x
- Spivey, J. (2014). Where do you want to give report? *Dimensions of Critical Care Nursing*, 33(5). doi: 10.1097/DCC.0000000000000064
- Staggers, N., & Mowinski Jennings, B. (2009). The content and context of change of shift report on medical and surgical units. *The Journal of Nursing Administration*, 39(9), 393-398. doi: 10.1097/NNA.0b013e3181b3b63a.
- Studer Group. (2015). *Value-based purchasing*. Retrieved from <https://www.studergroup.com/our-impact/value-based-purchasing>
- The Joint Commission (2012, October). *Sentinel event data: Root causes by event type 2004-IQ 2012*. Retrieved from http://www.jointcommission.org/assets/1/18/Root_Causes
- Tidwell, T., Edwards, J., Snider, E., Lindsey, C., Reed, A., Scroggins, I., & ... Brigance, J. (2011). A nursing pilot study on bedside reporting to promote best practice and patient/family-centered care. *Journal of Neuroscience Nursing*, 43(4), E1-E5.

U.S. News and World Report (2010). *Health Reform Takes Aim at Hospital Readmission Rates*.

Retrieved from <http://health.usnews.com/health-news/best>

[hospitals/articles/2010/07/21/health-reform-takes-aim-at-hospital-readmission-rates](http://health.usnews.com/health-news/best-hospitals/articles/2010/07/21/health-reform-takes-aim-at-hospital-readmission-rates)

Wakefield, D. S., Ragan, R., Brandt, J., & Tregnago, M. (2012). Making the transition to nursing bedside shift reports. *Joint Commission Journal on Quality & Patient Safety*, 38(6), 243-253.

Welch, J. (2011). An evidence-based approach to reduce nuisance alarms and alarm fatigue. *Biomedical Instrumentation & Technology*, 46-52. doi:10.2345/0899-8205-45.s1.46

Search Flow Diagram for the Intervention PICO(T):

Appendix B

Critical Appraisal of Quantitative Research form

Citation: Tidwell, T., Edwards, J., Snider, E., Lindsey, C., Reed, A., Scroggins, I., & Brigance, J. (2011). A nursing pilot study on bedside reporting to promote best practice and patient/family-centered care. *Journal of Neuroscience Nursing*, 43(4), E1-E5.

Study purpose or research questions: The purpose of the study was to evaluate the effectiveness of the implementation of bedside reporting.

Level of evidence: Single Correlation/Observational Study, Level IV

Validity analysis criteria	Mark an x if very serious concerns	Your comments re major strengths and weaknesses
Problem and purpose statements		The problem and the purpose of the article are clearly stated in the abstract. The purpose is then clearly stated again at the conclusion of the background section.
Theoretical base from lit review and conceptual framework and concept definitions		The authors consulted several sources when creating their pilot study. The concepts of the study are clearly stated and the framework of the study is congruent with the purpose.
Design		The design was quantitative and effectively addressed the research question posed by the author.
Ethical issues		Data collection was approved by the hospital's institutional review board. Although informed consent was not required for the pilot study, the family members and caregivers were asked if they would like to be included in the bedside report.
Sample and setting Inclusion and exclusion criteria Selection method (random selection or assignment, convenience) Size of n	X	All patients and their families admitted to the unit from April 2007-September 2007 were included. All registered nurses participated. The group that was excluded was that of non-English-speaking patients as an interpreter was not always available at change of shift. The only actual number of respondents was the nurse satisfaction survey. 31 surveys were distributed and 23 were returned (n=23). The number of patients that participated was not disclosed, nor were the actual hours of overtime accrued.
Measurement tools		Measurement tools were the use of surveys to measure the level of satisfaction of care from the

		patient/family members and the nurses. A direct comparison of overtime hours was completed before and after the implementation of the bedside reporting method. Inferential statistics were presented and showed the validity of the study.
Data collection		Data for patient/family and nurse satisfaction results were collected by using both retrospective and prospective survey designs and in an anonymous manner. This design would allow for more people to give honest opinions. Nurse overtime hour amounts were collected from the monthly time clock reports.
Procedures		A survey method was used to evaluate the satisfaction scores of the patients and families, as well as the nurses. A direct comparison of over hours before and after implementation of the bedside reporting method is appropriate.
Data analysis		Data was analyzed using a paired <i>t</i> test, a chi-square test, and Fisher's exact test to determine changes. The surveys adopted the Likert scale. The paired <i>t</i> test is appropriate as it compares results from the study before and after implementation. The chi square comparison shows that the findings were statistically significant. The Fisher's exact test is appropriate in this study due to the small sample size. The Likert scale is appropriate for the survey setting. One major weakness of this study was the small sample size used and the short period of time that was analyzed.
Findings (discussion of results) and Interpretation of findings : conclusions of what is true , implications of conclusions		<p>Patient/Family Satisfaction: The average patient/family response rate was 35%.</p> <p>Nurse Satisfaction: The survey return prior to implementation yielded a 74% return rate. The survey return after implementation yielded a 59% return rate. Seven of the ten questions asked on the survey were shown to have significantly higher scores after implementation in comparison to prior implementation.</p> <p>Overtime: Nurses averaged approximately 100 over hours monthly prior to implementation. This number was decreased to approximately 66 hours after implementation. This difference was found to be statistically significant ($p < .0001$). The authors estimate that this could generate an approximate \$12,000 in saving annually.</p>
Recommendations based on implications		The authors recommend offering incentives for survey return and doing the study for a longer period of time. Also, there was a six month lag

		between the implementation of the bedside reporting method and the administration of the satisfaction survey.
Presentation		A formal presentation was not completed on this study. The participants were interviewed after the study was completed. Nursing satisfaction was improved after implementation, with nurses who were negative before implementation becoming the biggest champions for change.
Credentials of the researcher		There are several authors that contributed to research. Their credentials range from registered nurse to Master's prepared registered nurses. All authors worked on the unit and or hospital specified.
Assessment of validity of findings.		The findings appear to be valid. The authors noted some concern regarding the average response rate for the family surveys after implementation was only 24%. However, nurse satisfaction survey return rate was 74%. The authors also cite that \$6,475 was saved in the 6-7 month time period during the implementation. This would result in a savings of approximately \$12,000 annually.

Study Reliability:

The results of the study show that the implementation of the bedside reporting method would be beneficial for the unit to adopt. Patient satisfaction results showed a statistically significant difference in comparison between the pre and post implementation responses to the question "How well did nurses keep you informed about your child's treatment and condition?" ($p = .0034$). Also, the frequency of "excellent" responses showed a statistically significant value of ($p = .0074$) to the question "Did the staff on your nursing unit show respect for you and your child's needs?" Seven of the ten questions asked in the nurse satisfaction survey showed statistically significant results. In addition, the authors estimate that almost \$12,000 can be saved annually by participating in this bedside reporting method.

Although the study was only done for a short time with limited participants, the findings are proven to be significant. Patient and nurse satisfaction were shown to increase and the cost savings for unit annually are substantial.

This study not only shows that bedside shift reporting helps to promote family-centered cares, but also increases the satisfaction of the patient, families/caregivers involved, and the nurses. It is also shown that bedside reporting is financially beneficial to the unit as it saves on over-hours accrued.

**Critical Appraisal of Evidence Summary Form
Systematic Review**

Citation: Holly, C., & Poletick, E. B. (2014). A systematic review on the transfer of information during nurse transitions in care. *Journal of Clinical Nursing*, 23(17/18), 2387-2396.
doi:10.1111/jocn.12365

Purpose: The purpose of this systematic review is to examine the qualitative evidence on dynamics of knowledge transfer during transitions in care in acute care hospitals.

Level of evidence: Systematic Review of Descriptive/Qualitative/Physiologic Studies, Level V

Critique topic	Severity of flaw	Comments on strengths and weaknesses
Problem		Problem was clearly stated and identified which factors were relevant to influence the transfer of information during transitions of care. Authors provided adequate background information. The concepts of the review were well defined and the review is relevant to the nursing profession.
Search strategy		Authors clearly state their search strategy and describe the criteria for the search study. MEDLINE and CINAHL were employed using the primary search keywords. Then alternate spellings and usage of the words were adequately searched. In total, three different searches were completed. Relevant databases were hand-

		searched, as well. Qualitative findings were then compiled together using the QARI program.
Sample		Because of the reflective nature of this article it is appropriate for the authors to choose to only include qualitative studies, as the purpose of the review was to determine the nurses' experiences and feelings. Excluded articles also included those that were not full text and those not English. Sample size was initially 125 articles. This number was reduced to 50 after review by the authors.
Quality Appraisal		Articles that were included in the review were assessed by two independent reviewers for quality using a standardized critical appraisal instrument.
Data extraction		The findings of each study were categorized based on commonality of meaning and relevance. The categories were subjected to meta synthesis and 2 common themes were found for use in evidence-based practice. Nursing being the gatekeeper of information was a strong theme within this article, which is a common barrier noted in current practice impacting the quality of nursing report.
Data analysis: overall		The authors adequately explained how the data was synthesized into the two categories. The analysis of the data was thorough and credible resources were used. The tables listed in the study adequately summarize the findings and are easy to understand.
Data analysis: quantitative		No quantitative analysis was completed. All studies and articles included for the review were qualitative.
Data analysis: qualitative		Categories of the research were synthesized into two categories by means of determining the credibility, categorizing the likeness in meaning, and finally combined. Due to the number of articles reviewed, there is sufficient data included to support the interpretations.
Conclusions		The findings of this review are relevant to practice and several suggestions are listed to incorporate a standardized handoff method into a unit's current handoff method. No limitations to the review were stated. The authors concluded that this review was beneficial to practice.

Overall Comments:

This review was meant to compare the importance of standardized bedside nurse reporting with the potential for improved patient care quality and safety. While the end of shift handoff was traditionally a time for socialization and interaction, it is a function that is vital to patient care. This review overall showed that the end of shift handoff information directly results in care decisions made for the patient, either by what the nurse chooses to disclose in report or by what the oncoming

nurse deems as credible information. The creation of a standardized, bedside reporting method would help to eliminate these potential errors. The authors note that the articles used for this systematic review were that of Level II evidence.

Critical Appraisal of Qualitative Research Form

Citation: McMurray, A., Chaboyer, W., Wallis, M., & Fetherston, C. (2010). Implementing bedside handover: strategies for change management. *Journal of Clinical Nursing*, 19(17/18), 2580-2589. doi:10.1111/j.1365-2702.2009.03033.x

Purpose: To identify factors influencing change in two hospitals that moved from taped and verbal shift report to bedside report.

Level of evidence: Single Correlational/Observational Study Level IV

Aspect of study	Comments of strengths and weaknesses
Problem and research questions	Problem was clearly stated and identifies barriers influencing the change from taped/verbal report to bedside report.
Theoretical base: Literature review completed, conceptual underpinning	The article made references to sources to demonstrate assessment of current literature. Lewin’s model of unfreezing, changing and refreezing and 7 steps developed by Anderson and Mangino listed within the article were the strategies used to implement change. Conceptually the article discusses current barriers to traditional reporting methods including poor communication leading to increased sentinel events, decreased patient satisfaction, longer time frame to give report, irrelevant or inaccurate information given, and lack of patient involvement leading to a mismatch in patient and nursing goals.
Ethical issues	Ethical approval was provided by the Human Ethics Committees of the hospitals and Griffith University. Data was collected with participants identified by a number and professional title for both oncoming and outgoing staff.
Design and tradition	A participatory action research approach was used including in-depth interviews of nursing and semi-structured observations. No interviews were conducted with patients to discover additional potential weaknesses or strengths of reporting method. Authors note there was no investigation of barriers in report related to cultural issues, language barriers, and patient preferences. These potential gaps could have been analyzed with the addition of patient interviews.
Sample and setting	Sampling was done in 2 separate hospitals involving 6 units. 34 in-depth interviews were conducted as a sample of nursing staff. Observations were also done of nursing as they performed bedside report. Sampling was consistent with a qualitative design. Strengths noted for the sampling were the questions were well thought out and sought to explore structure of report, variations to report, nursing rationales to the variations, and if any

	<p>themes developed as barriers to bedside report. Weaknesses identified were nursing attitude and motivation towards bedside report. There were concerns regarding bedside report (setting) and patient confidentiality. These concerns were not specifically addressed. For this study bedside report was conducted in private patient rooms.</p>
Data collection and procedures	<p>There were specific questions regarding the report structure and process of communication during the interview portion of the data collection including information on preparation, content, accuracy, patient involvement, privacy and additional comments on shift variation. Also questioned is whether 34 in-depth interviews were enough for an accurate sampling of the 6 units within the 2 hospitals.</p> <p>Observations began when nurses were at the patient bedside and ended when nurses completed the exchange of information.</p> <p>All data was recorded and transcribed.</p>
Rigor	<p>Due to the large group and multiple sites the findings should be able to be replicated. Interview questions were designed to seek and explore structure and process issues related to communication.</p>
Data analysis	<p>All data was digitally recorded then transcribed for conjoint analysis by all members of the research team. Thematic analysis of interview data was undertaken through several iterations of individual transcripts with constant comparison to analyze if specific themes develop.</p>
Findings and theoretical integration	<p>Being part of the big picture and linking the project to quality and safety was important to nurses. The concern of safety and maintaining patient confidentiality was quickly realized to be managed with the addition of a handover sheet. Linking the project to standardization initiatives improved the implementation making this change a priority of the nurses</p>
Interpretations, implications and recommendations	<p>Recommendations include involving change managers to be mindful of attitudes, motivation and concerns. Reassurance is paramount to success. Incorporating structured patient interviews within the study would provide investigation of barriers in report related to cultural issues, language barriers, and patient preferences.</p>
Global issues	<p>Taped report or verbal report are notoriously inaccurate, lengthy, include non-essential and irrelevant information. Speculative, subjective, and vague information may not present an accurate presentation of the patient status or expectations.</p> <p>This article used multiple peer-reviewed resources and is well written with clear organization.</p> <p>Bedside report with including the patient in the report process has shown to improve patient outcomes, nursing collaboration, and patient satisfaction.</p>

Overall Comments from analysis:

This article addresses the limitations of traditional reporting methods while showing implementation of bedside report being a smooth transition if proper planning and explanations are given. Nursing is supportive of change if they have an understanding of the reasons behind the

change. Listening to the barriers of nursing during interviews helps to solve problems during the early phases of implementation.

The research uses numerous references from other peer-reviewed resources adding to the credibility. Because this was done on a larger scale with different facilities and various nursing units within each facility it will be easy to replicate the data within another facility. Clear explanations of questions asked during the interview processes and steps taken to implement bedside reporting will assist in reproducing the process in another hospital.

Critical Appraisal of Qualitative Research Form

Citation: Skaalvik, M., Normann, H., & Henriksen, N. (2010). To what extent does the oral shift report stimulate learning among nursing students? A qualitative study. *Journal of Clinical Nursing*, 19, 2300-2308. doi: 10.1111/j.1365-2702.2010.03217.x

Purpose: To investigate aspects that are important for oral shift report to be instructive for nursing students.

Level of evidence: Single Descriptive/Qualitative/Physiologic Study Level VI

Aspect of study	Comments of strengths and weaknesses
Problem and research questions	Purpose of this article is clearly stated. Purpose clearly stated to describe oral shift report (OSR) and review effects of oral shift report on student learning.
Theoretical base: Literature review completed, conceptual underpinning	No theoretical base was clearly identified. Literature review was completed utilizing multiple databases, keywords provided. Discussion of theoretical and clinical standards in correlation to nursing students and clinical practice.
Ethical issues	No ethical issues noted. Approval was provided by the Norwegian Social Science Data Service. Informed consent was obtained with the understanding participation was voluntary. Anonymity and confidentiality were guaranteed.
Design and tradition	Qualitative in nature. Design was clearly stated and answered research questions adequately. No tradition of study was clearly identified.
Sample and setting	Small sample and setting but efficient in answering research questions.
Data collection and procedures	Data collection and procedures were explained in detail and provided efficient information to answer specific research questions in regards to the qualitative nature of the study.
Rigor	The level of rigor appears appropriate for its setting. Due to the utilization of 3 units for comparison the findings can be generalized to a larger group.
Data analysis	Description of process to evaluate qualitative content analysis is thorough. Appropriate use of tables to display content.
Findings and theoretical integration	Description of OSR content and purpose findings clearly stated. The quality of the OSR affects the significance of professional discussion and student learning. Interviews of nursing students and supervisors support thorough collaboration between shifts in the OSR context. Quality OSRs provided discussion and communication between shifts, students and supervisors this included theoretical knowledge, assessment and shared learning which promotes quality of care.
Interpretations, implications and recommendations	OSR can be a meaningful learning opportunity in clinical practice. This study's supports this given there is appropriate content, time, sufficient professional discussion and patient-centered focus. However this study suggested there is potential for improvement. To provide educational opportunities, OSRs must emphasis retrospective and prospective issues of relevance of care. If NSs are expected to learn from OSR, they should be engaged throughout the OSR session.
Global issues	Uncertainty about what to include in OSRs requires more investigation into how the OSR can be improved to increase the instructive value for NSs and patient centered care.

Overall Comments from analysis:

This article discusses the need for more complete oral shift reporting and the impact this report can have on student learning. The study was small in numbers but provided quality information on the

contents of an oral shift report, the importance of oral shift report and the ability of an oral shift report to help students correlate clinical and theoretical processing.

Critical Appraisal of Quantitative Research form

Citation: Wakefield, D. S., Ragan, R., Brandt, J., & Tregnago, M. (2012). Making the transition to nursing bedside shift reports. *Joint Commission Journal on Quality & Patient Safety*, 38(6), 243-253.

Study purpose or research questions: To investigate the transition to nursing bedside shift reports and the longitudinal results in patient satisfaction scores after the transition to bedside shift reports.

Level of evidence: Single correlational/observational study, Level IV

Validity criteria	analysis	Mark an x if very serious concerns	Your comments re major strengths and weaknesses
Problem and purpose statements			The authors did not identify a specific purpose or research problem in this article. A proposed hypothesis was listed under the conceptual model of change and was difficult to find.

Theoretical base from lit review and conceptual framework and concept definitions		The authors reviewed 28 different resources before creating the pilot study. The concepts of the study were clearly stated as tracking of specific nursing focused interview questions and comparison of other hospital patient satisfaction data.
Design		The design method was not clearly stated. The study was done as a pilot study from February 2009-May 2011. The authors were descriptive in discussing the implementation process and evaluating the long-term compliance on nursing in performing bedside report. Reinforcement was needed to increase compliance.
Ethical issues		Approval for bedside reporting was given by the Unit Nursing Shared Governance Council. Ethical concerns discussed were described as dealing with poorly prepared nurses, issues of patient confidentiality, and concerns from nursing in regards to how to state specific topics of patient care in front of the patient.
Sample and setting Inclusion and exclusion criteria Selection method (random selection or assignment, convenience) Size of n	X	There were discrepancies in the n of patient responses ranged from n=42 to n=43, the information on table 2 in the article is listed as n=43 and the body of the article stated n=42. Nurse survey response rates pre-implementation were n=24 and post-implementation, n=22 as stated in table, although the body of the article states pre-implementation survey as n=18. The setting was within an inpatient step-down unit consisting of 20 beds. There was no clear inclusion/exclusion or selection method criteria described. Interview questions were asked post discharge. This is concerning because of the potential for confused patients or patients family members being asked interview questions and not giving accurate answers.
Measurement tools		Measurement tools were descriptive looking at variations in nursing focused patient satisfaction scores
Data collection		Data collection was obtained using Likert type scales surveys and closed-ended interview questions which is an accepted method for a quantitative design of study.
Procedures	X	The procedure for collection was to review patient satisfaction scores before, during, and for a period of 23 months post implementation. Limited data was collected pre discharge with questions directly relating to bedside report. Data was collected post discharge and were general questions relating to general questions such as "nurses friendliness and courtesy". Asking specific questions relating to bedside report before discharge could provide insight relating to patient perceptions of the consistency in report.
Data analysis		The only statistics used for data analysis and presentation of results were descriptive statistics (mean and mean percentage scores) no inferential statistics were presented.
Findings (discussion of results) and Interpretation of findings: conclusions of what is true, implications of conclusions		The authors listed their interpretations of the study. The results and discussion were listed in the article. Implications and conclusion were also listed. There was an increase in patient satisfaction scores within the first six months of implementation, but there were declines and substantial variations in scores over the long term. This was determined to be the result of not consistently performing bedside report in the later months.
Recommendations based		Recommendations were listed by the authors.

on implications		
Presentation		Because this article was descriptive of the statistics provided it was difficult to interpret. The clear presentation of patient satisfaction scores in the form of graphs and tables attempted to assist the reader in interpretation of these descriptive statistics.
Credentials of the researcher		The researchers varied from RN to PhD prepared nurses.
Assessment of validity of findings.		The findings appear to be valid. There is some question as to the lower number of post discharge survey participants (8-20 average) additional respondents may change study results rather than just giving a snapshot.

Study Reliability:

In relation to the PICO(T) question this study clearly shows the benefits of bedside nursing report in relation to patient satisfaction scores. Also provided was narrative statistical analysis of the correlation between not consistently performing bedside report and the negative impact on satisfactions scores.

The results show the clinical significance need for consistent follow-up after implementation. Achieving initial success with bedside report may be difficult to maintain because nursing attitudes and perceptions may shift over time. Because this was a pilot study, implementation was only done on one unit. Other nursing units may discover different obstacles in implementation.

This study was descriptive in its narrative, but did not clearly identify the design method. The only statistics used for data analysis and presentation of results were descriptive statistics (mean and mean percentage scores) no inferential statistics were presented. Reviewing this article as novices to research, this was confusing as quantitative methods usually provide several inferential statistic data (p values, correlations, etc.).

Although this study shows implications to nursing practice in relation to the need for consistency in performing bedside report for improved overall patient satisfaction, clarification of

which patients were chosen to participate would be helpful or future duplication of the study. The authors did discuss these limitations within the study.

**MATRIX TABLES FOR
A QUALITATIVE OR QUANTITATIVE ARTICLE**

PICO(T) Question: In the acute care setting what is the effect of bedside nursing report on patient safety compared with traditional reporting methods?

Quantitative Matrix

<p>Article citation in APA</p> <p>Level of Evidence</p>	<p>Purpose of research</p> <p>Conceptual framework or theory base if used</p> <p>Design used</p>	<p>Measurement tools used to collect data</p>	<p>Sample & size</p>	<p>R e s u l t s o f r e s e a r c h</p>	<p>Comments</p>
<p>Tidwell, T., Edwards, J., Snider, E., Lindsey, C., Reed, A., Scroggins, I., & Brigance, J. (2011). A nursing pilot study on bedside reporting to promote best practice and patient/family-centered care. <i>Journal of</i></p>	<p>The purpose of this study was to evaluate the effectiveness of bedside nursing report implementation.</p> <p>Concepts of study were to monitor family, patient, and nurse satisfaction as well as the</p>	<p>Patient and nurse satisfaction were measured 6 months before and 6 months after the implementation of the new reporting method. Nurse overtime hours were measured in the same manner. Data</p>	<p>Sample consisted of all the patients and family members on the unit the study was conducted on. Number of patient surveys was not disclosed. Nurse surveys (n=23). Overtime hours were (n=1,421) prior to implementation and (n=923.5) hours after implementation</p>	<p>Patient/Family Satisfaction: The</p>	<p>This article relates to the PICO(T) question by discussing how bedside reporting is not only beneficial to the financial considerations, but also improves the quality of care received by including the patient and family in the reporting methods.</p> <p>The comparison to the other studies reviewed showed a commonality between patient satisfaction scores and bedside reporting.</p> <p>This study specifically reviewed the financial implications and the patient satisfaction in relation to bedside</p>

<p><i>Neuroscience Nursing, 43(4), E1-E5.</i></p> <p>Level IV</p>	<p>amount of overtime hours.</p> <p>The design of this study was set up as an Observational Pilot Study</p>	<p>was analyzed using a paired <i>t</i> test, chi-square test, and Fisher's exact tests to measure significance.</p>		<p>average patient/family response rate was 35%.</p> <p>Nurse Satisfaction:</p>	<p>reporting.</p>
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<p>Wakefield, D. S., Ragan, R., Brandt, J., & Tregnago, M. (2012). Making the transition to nursing bedside shift reports. <i>Joint Commission Journal on Quality & Patient Safety</i>, 38(6), 243-253.</p> <p>Level IV</p>	<p>The purpose of this study was to investigate the transition to nursing bedside shift reports and the longitudinal results in patient satisfaction scores after the transition to bedside shift reports.</p> <p>The concepts of the study were stated as tracking of specific nursing focused interview questions and comparison of other hospital</p>	<p>The article used descriptive measurement tools to analyze variations in nursing focused patient satisfaction scores.</p> <p>Statistics used for data analysis and presentation of results were descriptive statistics (mean and mean percentage scores) no inferential statistics were presented.</p> <p>The findings</p>	<p>Patient satisfaction scores were reviewed before, during, and for a period of 23 months post implementation.</p> <p>The data was collected post-discharge with questions directly relating to bedside report.</p> <p>There were an 8-20 average number of respondents to the post discharge patient satisfaction scores.</p>	<p>There was an increase in patient satisfaction scores.</p>	<p>In relation to the PICO(T) question this study stated the benefits of bedside nursing report in relation to patient satisfaction scores and the potential for adverse events due to an inaccurate picture of patient status.</p> <p>This study was structured as a statistical analysis of the correlation between not consistently performing bedside report and the negative impact on satisfactions scores for both patients and nurses.</p> <p>There were similarities of this article with other articles reviewed. Similarities include the benefits of communicating goals and how this affects implementation, the need for frequent follow-up with staff regarding perceived barriers and how bedside reporting improved patient satisfaction scores.</p> <p>In comparison to the other reviewed studies, this study stands out because of the long term follow-up after implementation. Over time patient</p>

	<p>patient satisfaction data.</p> <p>This study was set up as a pilot study.</p>	<p>appear to be valid.</p> <p>There is some question as to the lower number of post discharge survey participants.</p>		<p>first six months of implementation, but there were declines and su</p>	<p>satisfaction scores decreased. This was determined to be a direct result inconsistent bedside reporting in the 23 months during the study.</p>
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Qualitative Matrix

<p>Article citation in APA</p> <p>Level of Evidence</p>	<p>Purpose of research</p> <p>Conceptual framework or theory base if used</p> <p>Design used</p>	<p>How was data collected & analyzed?</p>	<p>Sample & size</p>	<p>R e s u l t s o f r e s e a r c h</p>	<p>Comments</p>
<p>Holly, C., & Poletick, E. B. (2014). A systematic review on the transfer of information during nurse transitions in care. <i>Journal of Clinical Nursing</i>, 23(17/18), 2387-2396. doi:10.1111/jocn.12365</p>	<p>The purpose of this study was to examine the qualitative evidence on dynamics of knowledge transfer during transitions in care in acute care hospitals.</p> <p>Concepts included in the systematic</p>	<p>The findings of each study were categorized based on commonality of meaning and relevance. The categories were subjected to meta synthesis and</p>	<p>The final sample for the systematic review consisted of 29 qualitative studies. The studies represented more than 800 handoffs and 300 nurse interviews. 16 categories were then identified and subjected to a meta-synthesis to make a single comprehensive set of findings.</p>	<p>The results of the study show that</p>	<p>This article relates to the PICO(T) by specifically discussing the negative effects on patient outcomes when missing, inconsistent, or incongruent information is passed on in the traditional reporting methods previously used.</p> <p>The findings are relevant to clinical practice by providing evidence that a consistent and standardized shift report would reduce the amount of random, variable, inconsistent, incongruent, and inaccurate information that is passed on. This</p>

<p>Level V</p>	<p>reviews included phenomenology, grounded theory, narrative analysis, action research, and ethnographic studies.</p>	<p>2 common themes were found for use in evidence-based practice.</p>		<p>at the end of shift hand off is very complex and sensitive to the context an</p>	<p>method would also ensure that all information is being passed on.</p> <p>The authors focused on the fact that the primary nurse for the patient is the gatekeeper to their cares and the end of shift report can truly affect the patient's cares.</p> <p>The authors stated that a standardized shift reporting method would be the best method for the reduction of shift to shift reporting errors.</p> <p>This article relates to the other studies reviewed by discussing the need to decrease the number of errors between the outgoing and oncoming nurse.</p> <p>One strategy noted within the different articles to decrease errors and improve communication was the use of a standardized end of shift reporting method.</p>
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<p>McMurray, A., Chaboyer, W., Wallis, M., & Fetherston, C. (2010). Implementing bedside handover: strategies for change management. <i>Journal of Clinical Nursing, 19</i>(17/18), 2580-2589. doi:10.1111/j.1365-2702.2009.03033.x</p> <p>Level IV</p>	<p>References to sources demonstrate assessment of current literature.</p> <p>Theory was based on Lewin’s model of unfreezing, changing, and refreezing and 7 steps of change developed by Anderson and Mangino.</p> <p>Conceptually the article discussed current barriers to traditional reporting methods including poor communication leading to increased sentinel events, decreased patient</p>	<p>Data was collected as a combination of in-depth interviews of a sampling of nursing staff and direct observations of nursing as they performed bedside report.</p> <p>All data was digitally recorded and transcribed.</p> <p>Analysis was done conjointly by all members of the research team looking for themes within the interview data.</p>	<p>Sampling was done in 2 separate hospitals involving 6 units.</p> <p>34 in-depth interviews were conducted as a sample of nursing staff.</p> <p>There were specific questions regarding the report structure and process of communication during the interview portion.</p> <p>Observations were also done of nursing as they performed bedside report. Observations began when nurses were at the patient bedside and ended when nurses completed the exchange of information.</p>	<p>Performance</p>	<p>This article provided support to the PICO(T) question by discussing the strategies needed to increase accuracy of reporting in order to decrease adverse patient events. These strategies included: asking clarifying questions during report, visualizing the patient, patient input, and the use of a standardized reporting process.</p> <p>The authors effectively showed the positive outcomes associated with bedside report when comparing to other reporting methods.</p> <p>There were significant improvements in nursing collaboration. Also improved were confidence levels of novice nurses. Using bedside reporting with an organized reporting tool within this study has shown to improve nursing understanding and prioritizing.</p> <p>Specific themes noted within this article and other articles reviewed in relation to the PICO(T) question were: Bedside reporting improves patient involvement in care and patient satisfaction, nursing education is enhanced and novice nursing confidence is improved with bedside</p>
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	<p>satisfaction, longer time frame to give report, irrelevant or inaccurate information given, and lack of patient involvement leading to a mismatch in patient and nursing goals.</p>			<p>s h a s s h o w n t o i m p r o v e p a t i e n t o u t c o m e s, n u r s i n g c o l l a b o r a t i o n, a n d p a t i e</p>	<p>reporting, and creating a standardized reporting method decreases omissions during report which could adversely affect patient outcomes.</p> <p>New information learned in regards to changing from traditional reporting methods to bedside reporting is the need for staff to take an active role in the change process. By including nurses in developing the plan for change there was a positive reception and greater compliance.</p>
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				nt sat isf ac tio n. Re as su ra nc e of th e pr oc es s is pa ra m ou nt to su cc es s. Be	
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				in g pa rt of th e bi g pi ct ur e an d lin ki ng th e pr oj ec t to qu ali ty an d sa fet y	
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				<p>w a s i m p o r t a n t t o n u r s e s.</p> <p>A s s o c i a t i n g t h e p r o j e c t t o s t a n d a r d i z a t i o n i n i t i a t i v</p>	
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				es im pr ov ed th e im pl e m en tat io n m ak in g thi s ch an ge a pri ori ty of th e nu rs	
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				es.	
<p>Skaalvik, M., Normann, H., & Henriksen, N. (2010). To what extent does the oral shift report stimulate learning among nursing students? A qualitative study. <i>Journal of Clinical Nursing</i>, 19, 2300-2308. doi: 10.1111/j.1365-2702.2010.03217.x</p> <p>Level VI</p>	<p>The purpose was to investigate aspects that are important for oral shift report to be instructive for nursing students.</p> <p>No theoretical base was identified.</p> <p>Discussion of theoretical and clinical standards in correlation to nursing students and clinical practice.</p>	<p>Data collection included field observations with notes and structured interviews.</p> <p>Observations were centered on report content, focus, duration and participation.</p> <p>Field notes were transcribed on a daily basis following data</p>	<p>Twelve third-year nursing students and their supervising nurses (n=11) participated in the study of oral shift reporting.</p>	<p>Th e o r a l s h i f t r e p o r t c o n t e n t w i t h r e s p e c t t o p r o f e s s i o n a l</p>	<p>This article supports the PICO(T) question by specifically describing oral shift reporting and the importance it has for learning opportunities, not only for nursing students but also it encourages professional discussions between colleagues and superiors. The study supports the concept of shift reporting and the stimulation of learning due to the consultation and discussion between nursing students and the nursing staff. The qualitative nature of this study was supported as a valid and reliable source due to the descriptive nature of data collection and rigorous review of said data.</p> <p>Oral shift report can be a meaningful learning opportunity in clinical practice. This study's findings support this to be true given there is appropriate content, time, sufficient professional discussion and patient-centered focus.</p>

		<p>collection and analyzed starting with broad descriptive categories and sorting the material in relation to content, focus, duration and oral shift report participation.</p> <p>Semi-structured 40-70 minute interviews were conducted with each participant at the end of the clinical period. These interviews were audio recorded and transcribed verbatim.</p>		<p>discussions on various findings from the study.</p>	<p>Findings in this study also supported there is potential for improvement. To provide educational opportunities, oral shift reports must emphasize retrospective and prospective issues of relevance of care. If nursing students are expected to learn from oral shift report, they should be engaged throughout the oral shift report session.</p> <p>In comparison to the other studies reviewed this article is specific to oral shift report and student learning. Oral reports that reviewed the patient's prior, current and expected plan of care facilitated more learning and discussion among the oncoming and outgoing nurses. However this study agrees the content in the oral shift report is the key to proper communication, patient safety and patient satisfaction.</p>
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		<p>The interviews were analyzed using qualitative content analysis.</p> <p>Transcriptions were read and reread to gain thorough understanding of each. A condensation step was performed to determine units of meaning by classifying constellations of words related to the same central themes.</p>		<p>nt fo cu s of ea ch re po rti ng se ssi on . Th e or al sh ift re po rt ha d se ve ral pu rp os</p>	
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				es; pl an ca re an d di str ib ut e tas ks to pr o m ot e qu ali ty an d co nti nu ity of pa tie nt	
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				ca re. Or al sh ift re po rts co nt ai ni ng ret ro sp ec tiv e an d pr os pe cti ve ca re pl an ni	
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				ng fa cil ita te d le ar ni ng m or e eff ec tiv el y.	
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Appendix D

5-Hole 1/4 1 3/8 c-to-c



SBAR HAND-OFF FORM

Patient Label

S (Situation)								
DIAGNOSIS: CODE: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> DNR <input type="checkbox"/> PALLIATIVE <input type="checkbox"/> No transfer to acute ALLERGIES:								
<input type="checkbox"/> Fax received by: _____ Unit/Room# _____ to Unit/Room# _____								
B (Background)								
PMH: SEE ADMIT SUMMARY ISOLATION: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Immunocomp XRAY: <input type="checkbox"/> done/ordered <input type="checkbox"/> Multiple exams today? EKG: <input type="checkbox"/> done/ordered ECHO: <input type="checkbox"/> done/ordered PT/OT: <input type="checkbox"/> done/ordered ACUITY: # _____ <input type="checkbox"/> Acute <input type="checkbox"/> SNF/ICF <input type="checkbox"/> Hospice LABS: Cardiac Enzymes _____ Magnesium _____ BNP _____ OTHER: _____ OB: G _____ P _____ Ab _____ EDC _____ Blood Type _____ Ped _____ Feeding _____ Del Date _____ Time _____ <input type="checkbox"/> NSD <input type="checkbox"/> C/S <input type="checkbox"/> Ma <input type="checkbox"/> Fe <input type="checkbox"/> Intact <input type="checkbox"/> Epis <input type="checkbox"/> Lac								
<table border="1" style="border-collapse: collapse;"> <tr><td>Na+</td><td>Cl-</td></tr> <tr><td>K+</td><td>CO2</td></tr> </table>	Na+	Cl-	K+	CO2	<table border="1" style="border-collapse: collapse;"> <tr><td>BUN</td></tr> <tr><td>Glu</td></tr> <tr><td>Cr</td></tr> </table>	BUN	Glu	Cr
Na+	Cl-							
K+	CO2							
BUN								
Glu								
Cr								
<table border="1" style="border-collapse: collapse;"> <tr><td>WBC</td></tr> <tr><td>Hgb</td></tr> <tr><td>Hct</td></tr> </table>	WBC	Hgb	Hct	<table border="1" style="border-collapse: collapse;"> <tr><td>PIts</td></tr> </table>	PIts			
WBC								
Hgb								
Hct								
PIts								
A (Clinical Assessment)								
Neuro: <input type="checkbox"/> A&O x _____ <input type="checkbox"/> Confused <input type="checkbox"/> Forgetful <input type="checkbox"/> Anxious <input type="checkbox"/> Falls Risk # _____ <input type="checkbox"/> GCS # _____ Pain: Range _____ Medicated _____ Last Dose _____ R (recommendations): <input type="checkbox"/> N/A _____								
Respiratory: <input type="checkbox"/> O2 _____ L <input type="checkbox"/> Ventilator FIO2 _____ <input type="checkbox"/> Bipap FIO2 _____ <input type="checkbox"/> O2 sats _____ - _____ Lung sounds: <input type="checkbox"/> clear <input type="checkbox"/> coarse <input type="checkbox"/> crackles <input type="checkbox"/> decreased <input type="checkbox"/> secretions <input type="checkbox"/> SOB <input type="checkbox"/> next tx due _____ R (recommendations): <input type="checkbox"/> N/A _____								
Cardiac: <input type="checkbox"/> Chest pain # _____ <input type="checkbox"/> HR _____ - _____ <input type="checkbox"/> SBP _____ <input type="checkbox"/> DBP _____ <input type="checkbox"/> Swan Ganz Rhythm: <input type="checkbox"/> SR <input type="checkbox"/> ST <input type="checkbox"/> SVT <input type="checkbox"/> SB <input type="checkbox"/> AF <input type="checkbox"/> Aflutter <input type="checkbox"/> PVC <input type="checkbox"/> Pacer <input type="checkbox"/> AICD <input type="checkbox"/> VT <input type="checkbox"/> Junc R (recommendations): <input type="checkbox"/> N/A _____								
GI: <input type="checkbox"/> regular <input type="checkbox"/> cardiac <input type="checkbox"/> renal <input type="checkbox"/> soft <input type="checkbox"/> pureed <input type="checkbox"/> liquid <input type="checkbox"/> TF <input type="checkbox"/> NPO <input type="checkbox"/> fluid restrict _____ ml Appetite: <input type="checkbox"/> good <input type="checkbox"/> poor <input type="checkbox"/> nausea <input type="checkbox"/> emesis BM: <input type="checkbox"/> norm <input type="checkbox"/> soft <input type="checkbox"/> liquid <input type="checkbox"/> constipated x _____ days R (recommendations): <input type="checkbox"/> N/A _____								
GU: <input type="checkbox"/> foley <input type="checkbox"/> urinal <input type="checkbox"/> commode <input type="checkbox"/> BRP <input type="checkbox"/> diuretic <input type="checkbox"/> assist <input type="checkbox"/> dialysis _____ / type of access _____ R (recommendations): <input type="checkbox"/> N/A _____								
OB: Fundus: <input type="checkbox"/> Firm <input type="checkbox"/> Boggy Lochia: <input type="checkbox"/> Small <input type="checkbox"/> Mod <input type="checkbox"/> Large Perineum: <input type="checkbox"/> Clean <input type="checkbox"/> Swollen R (recommendations): <input type="checkbox"/> N/A _____								
Endocrine: <input type="checkbox"/> DM <input type="checkbox"/> FSBS <input type="checkbox"/> AC&HS <input type="checkbox"/> 4xdaily <input type="checkbox"/> Q _____ hrs <input type="checkbox"/> Insulin gtt _____ Unit(s)/hr <input type="checkbox"/> Last FSBS result/time _____ R (recommendations): <input type="checkbox"/> N/A _____								
Integument: <input type="checkbox"/> Wound _____ <input type="checkbox"/> Dressing Change _____ R (recommendations): <input type="checkbox"/> N/A _____								
Core Initiated: <input type="checkbox"/> AMI/ASA <input type="checkbox"/> CHF/ECHO <input type="checkbox"/> PNA/BC/ABX <input type="checkbox"/> SCIP/ABX								
IV Access: PIV _____ PIV _____ <input type="checkbox"/> PICC _____ IV Expire <24 hrs: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 IV GTTS: _____ R (recommendations): <input type="checkbox"/> N/A _____								
R (Recommendations):								
_____ _____								
Date: _____	Time: _____ RN Signature: _____							

NURSE BRAIN SHEET - TELEMETRY UNIT SBAR

S	Patient name _____ Age _____		allergies _____		Physician _____						
	Room number _____ Admit date _____		Code status _____		Attending _____						
	1 Dx _____ 2 Dx _____		Advanced directive on chart? _____		Consultants _____						
	C/O _____				Pgr/# _____						
B	History _____				Isolation _____ Core Measures _____						
	Surgery: _____ Surgeon _____ Anesthesia _____ Anesthesiologist _____ EBL _____				Restraints _____ CHF MI PNA _____ Fall risk _____ Vaccine+ PNA Flu _____						
A	Cardiac: BP/HR/Peripheral pulses/Edema/Heart sounds _____				Pain/sedation _____						
	Current rhythm _____				Pain scale _____						
	Daily wt? _____				Location _____						
	DVT prophylaxis _____				Meds type and last dose _____						
	Pulmonary: Breath sounds/Secretions/ SpO2/UPAs/PIP/ Spontaneous VT & VE _____			Vent/bipap etc _____ settings _____	Accu checks _____ A1C _____						
	GI _____ NG/OGT _____		Diet _____		Skin Wounds/Drainage _____						
	BS _____ Last BM _____		GI Prophylaxis _____		Staples _____ Drains _____						
	GU Foley/void _____				Location _____						
	Output _____				Ducub photo on admission _____						
	IV _____ Date inserted _____				Psych Social _____						
Fluids _____ Gtts _____											
Meds _____				Pending orders _____							
Na	Cl	Bun	gluc	mg	BNP	Coags	X	Hct	UA	CT	
K	Co	Cr	Ca	Phos	DDimer	INR		W	PI	Cultures	CXR
Cardiac enz		1	2	3		PTT		Hgb			MRI
							Next lab			Echo	
R	DC Plan. Is pt informed of plan _____ 24 hour orders reviewed _____								Shift goals _____		

Appendix E

Date: June 13, 2015

To: Virginia Henderson International Nursing Library

Subject: Henderson Repository Registration Completed, Submission Access Requested

From: Jessica Pauley RN, Jaclyn Hoyt RN, and Heather Rolling RN, PCCN

Under the Direction of: Kari Wade, EdD, MSN, RN, CNE

Registration E-Mail: Jessica.Pauley@MethodistCollege.edu

Collection Title: The Effect of Bedside Nursing Report on Patient Safety

Our evidence-based practice research team would like to submit our Capstone project for publication within The Henderson e-Repository. The full title of the proposed project is “In the acute care setting what is the effect of bedside nursing report on patient safety compared with traditional reporting methods”. The purpose of this project is to explore the effects of incorporating bedside nursing report into the hospital setting on learning, patient safety, and patient satisfaction.

This research supports the mission of the Sigma Theta Tau International (STTI) and the Virginia Henderson International Nursing Library by advancing the health of the patients served and promoting nursing excellence through nursing research and evidence-based practice. Bedside nurses are tasked with improving patient safety through innovative methodologies while also exceeding the expectations of the patient and family. Given the demand for high quality care and cost containment while caring for an aging population, the desire for patients and families to take a more active role in the conversations regarding care, and considering errors caused by communication barriers and unintended omissions between shifts, the purpose of our PICO(T) question for our Masters of Science in Nursing Capstone Evidence-Based Project was: In the acute care setting what is the effect of bedside nursing report on patient safety compared with traditional reporting methods?

A literature review was completed using multiple research databases to evaluate the effectiveness of bedside nursing report. Final articles chosen for inclusion within our research were recent articles with a major focus on how implementation of bedside nursing report positively affects patient safety. This research is important to nurses because end of shift reporting has not been evaluated for almost a decade. Current research shows many key components in the reporting process can be lost if report is done through audiotaping or through written reports handed off to the next shift. Incomplete end of shift reports can cause confusion for the oncoming nurse, as well as possibly threatening the patient’s care. It is important this subject is brought to the forefront of nursing practice as the implications for it are of utmost importance.

Our group is looking for a target date for submission of June 30, 2015. We truly feel this project will give others an insight into improved patient care. Thank you for your consideration of our project. We look forward to hearing from you.

Sincerely,

Jessica Pauley RN: Jessica.Pauley@MethodistCollege.edu

Jaclyn Hoyt RN: Jaclyn.Hoyt@MethodistCollege.edu

Heather Rolling RN, PCCN: Heather.Rolling@MethodistCollege.edu

Nebraska Methodist College