



Improving Transitions of Care with Bedside Shift Report

Joshua Lehmer, MSN, RN, PHN, CNL

DISCLOSURES

-
- Author: Joshua Lehmer, MSN, RN, PHN, CNL
 - Relevant Hospital: John Muir Medical Center, Walnut Creek, California
 - Objectives:
 - 1) Understand the rationale and main drivers of bedside reporting
 - 2) Outline benefits and perceived challenges of bedside reporting
 - 3) Describe a successful project to implement bedside report in a hospital
 - Conflict(s) of interest: This program is the result of a Master of Science in Nursing capstone project conducted in accordance with hospital goals and student choice. Any materiel support by the hospital is disclosed.
-

RATIONALE AND MAIN DRIVERS

- The Joint Commission estimates majority of serious medical errors traceable to ineffective communication during patient hand-off; lost “institutional memory”⁸
 - Increased patient-RN engagement increases quality and safety of hospital care, and patient satisfaction^{2,10,12}
 - Increased patient satisfaction maximizes hospital financial yields¹²
-

THE JOINT COMMISSION - NATIONAL PATIENT SAFETY GOALS

- The Joint Commission estimates 80 percent of serious medical errors involve miscommunication between caregivers during transfer of patients⁸
 - Defines *Effective Communication* to include four components:⁶
 - 1) Current information
 - 2) Recent or anticipated patient changes
 - 3) Method to verify the received information
 - 4) Opportunity for questions between the giver and receiver of patient information
-

PATIENT-CLINICIAN ENGAGEMENT

- Increased patient-RN engagement = increased RN knowledge about patient = better clinical outcomes, fewer in-hospital complications, and increased patient safety^{2,12}
 - Reporting at the bedside includes the patient in the care process, which increases patient satisfaction, dignity and respect, and decreases patient anxiety¹⁰
-

HOSPITAL FINANCIAL YIELDS

- Through HCAHPS, full reimbursement to certain hospitals for treatment of Medicare patients contingent upon patient satisfaction arising from high quality care⁴
 - HCAHPS studies reveal the composite of nursing communication scores corresponds most with overall patient satisfaction¹²
 - More importantly, improved nursing communication leading to higher quality care can help prevent adverse events with possible litigation
-

FURTHER BENEFITS OF BEDSIDE REPORTING

- Allows off-going RN and on-coming RN to co-visualize patient to ensure patient safety and fidelity of report^{2,5,9,11}
 - Allows RNs and the patient to collaboratively identify and correct potential errors, and the patient to remind RN of any concerns forgotten in report^{3,5}
 - Provides an opportunity for the patient to ask questions, which maximizes autonomy and improves adherence to care plan^{2,9,10,12}
-

FURTHER BENEFITS OF BEDSIDE REPORTING

- Increases patient understanding of care provided, especially pertinent in regards to medication^{2,9,10,12}
 - Improves staff camaraderie and accountability^{9,10,11,13}
 - Promotes a concise report and actually decreases nursing overtime^{9,10,11,13}
-

PERCEIVED CHALLENGES OF BEDSIDE REPORTING

- Creates overtime because it requires more time than report away from bedside
 - Inappropriately wakes the patient
 - Compromises patient confidentiality; violates HIPPA
-

IMPLEMENTING BEDSIDE REPORTING AT JOHN MUIR

- The Problem: In FY 2014, HCAHPS *Nurse Communication* composite score was below goal for 10 months concurrently on a Medical-Surgical unit; bedside reporting was also observed to occur inconsistently on this unit over one year of graduate student nurse clinical experience.
-

ROOT CAUSE ANALYSIS

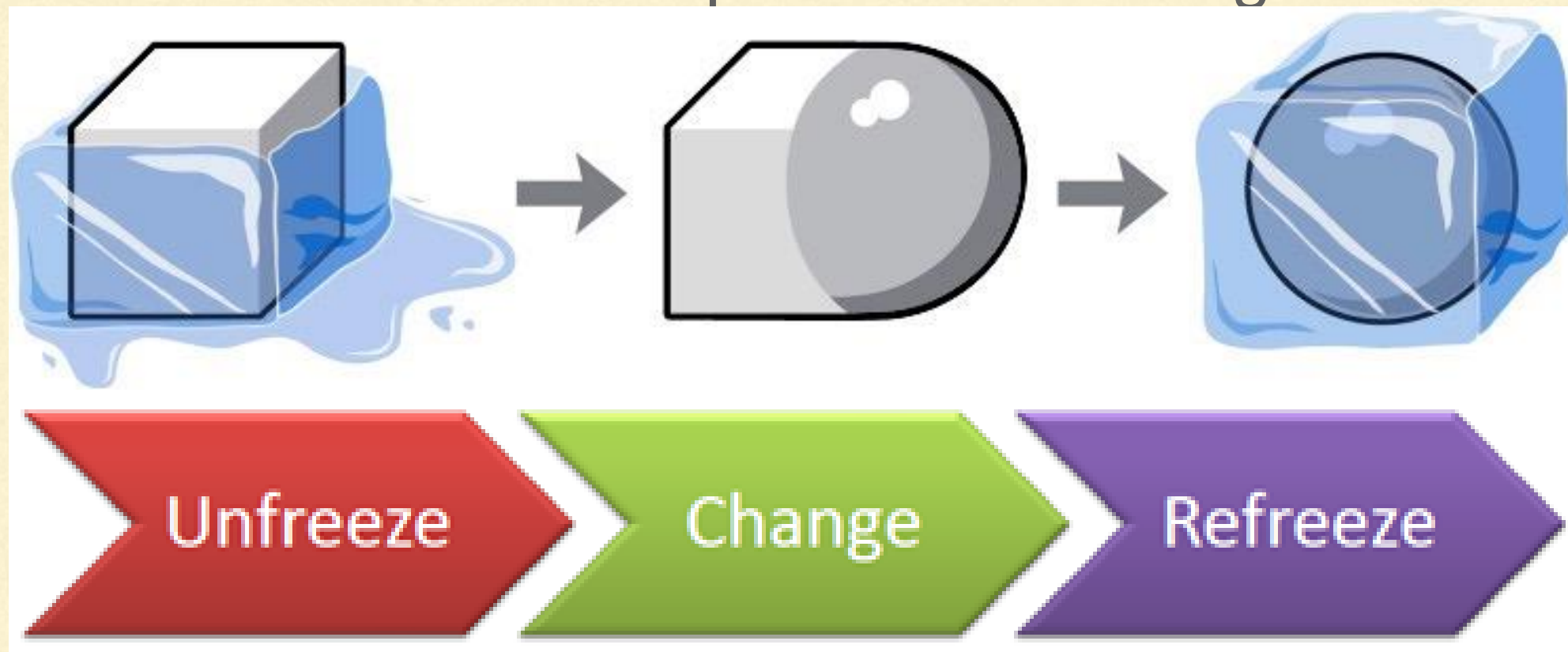
- Unsupportive staff related to negative RN perceptions of bedside reporting
 - Lack of accountability to conduct bedside reporting
 - Inefficient physical workflow, which impeded bedside reporting
-

PRE-INTERVENTION ASSESSMENT

- HCAHPS *Nurse Communication* composite score below 80 percent goal for 10 months concurrently
 - Unit also scored below national mean on Press-Ganey nurse-communication related scores for 12 months concurrently
 - Four of nine RNs, 44 percent, per shift consistently engaged in bedside reporting
-

INTERVENTION METHODOLOGY

Lewin's 3-Step Model of Change



CHANGING

- Reframed negative RN perceptions of bedside reporting during monthly unit meetings
 - Created network-based digital folder of bedside reporting resources
-

REFRAMING RN PERCEPTIONS OF BEDSIDE REPORTING

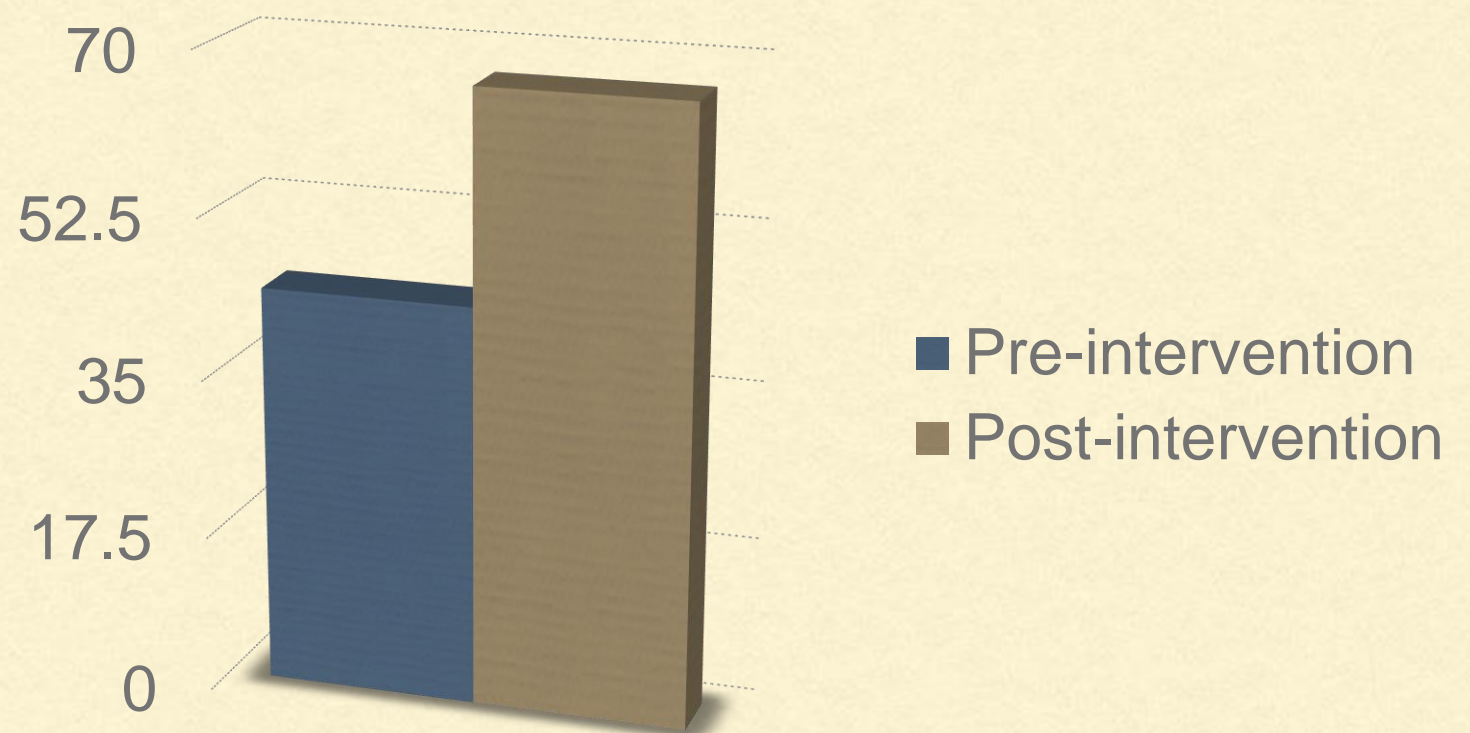
- Set the stage! Check in with patient one to two hours before end-of-shift to resolve last-minute needs and remind patient of upcoming bedside report per hospital policy¹²
 - Throughout shift, RN should encourage patient to write down most important questions to ask during bedside report¹⁴
 - Use SBAR!^{1,2}
 - HIPPA concerns - share sensitive information outside room and make reasonable safeguards to protect privacy^{1,3,10}
-

REFREEZING

- Installed unit-wide screensaver encouraging bedside reporting¹⁴
 - Established “Bedside Report Champion” recognition system¹⁴
 - Recommended physical workflow change to establish on-coming RNs location for off-going RNs to rendezvous³
-

POST-INTERVENTION ASSESSMENT

Six of nine RNs, 67 percent, per shift consistently engaged in bedside reporting



FINANCIAL EXPENDITURE

- \$150.00 USD cost, as financed by John Muir Medical Center

FURTHER RESOURCES

- Agency for Healthcare Research and Quality
 - 1) Bedside reporting implementation handbook
 - 2) Bedside reporting patient handout
 - 3) Bedside reporting checklist

 - The Joint Commission
 - 1) Policy and protocol
-

Thank you!

References

- ¹AHRQ. (2013). *Nurse bedside shift report training* [PDF file]. Retrieved from http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy3/Strat3_Tool_3_Pres_video_508.pdf
- ²Baker, S. (2010). Bedside shift report improves patient safety and nurse accountability. *JEN: Journal of Emergency Nursing*, 36(4), 355-358. doi:10.1016/j.jen.2010.03.009
- ³Chaboyer, W., McMurray, A., Johnson, J., Hardy, L., Wallis, M., & Chu, F. (2009). Bedside handover: Quality improvement strategy to "transform care at the bedside". *Journal of Nursing Care Quality*, 24(2), 136-142. doi:10.1097/01.NCQ.0000347450.90676.d9
- ⁴CMS. (2014, Sept. 25). *HCAHPS: Patients' perspectives of care survey*. Retrieved from <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>
- ⁵Jefferis, L., Acott, A., Simpson, E., Campbell, H., Irwin, T., Lo, J., & ... Cardoso, R. (2013). The value of bedside shift reporting. *Journal of Nursing Care Quality*, 28(3), 226-232. doi:10.1097/NCQ.0b013e3182852f46
- ⁶Joint Commission Accreditation Hospital. (2009). *2009 hospital accreditation standards* (pp. 228-229). Oakbrook Terrace, IL: Joint Commission Resources.
- ⁷Joint Commission on Accreditation of Healthcare Organizations (2008). *2009 national patient safety goals for hospitals* [PDF file]. Retrieved from <http://www.stvhs.com/student/east/12-%202009%20National%20Patient%20Safety%20Goals.pdf>
- ⁸Joint Commission on Accreditation of Healthcare Organizations (2012). Joint Commission Center for Transforming Healthcare releases targeted solutions tool for hand-off communications [PDF file]. *Joint Commission Perspectives*, 32(8), 1-3. Retrieved from http://www.jointcommission.org/assets/1/6/TST_HOC_Persp_08_12.pdf
- ⁹Laws, D., & Amato, S. (2010). Incorporating bedside reporting into change-of-shift report. *Rehabilitation Nursing*, 35(2), 70-74. Available from CINAHL Complete database.
- ¹⁰Radtke, K. (2013). Improving patient satisfaction with nursing communication using bedside shift report. *Clinical Nurse Specialist: The Journal for Advancing Nursing Practice*, 27(1), 19-25. doi:10.1097/NUR.0b013e3182777011
- ¹¹Street, M., Eustace, P., Livingston, P., Craike, M., Kent, B., & Patterson, D. (2011). Communication at the bedside to enhance patient care: A survey of nurses' experience and perspective of handover. *International Journal of Nursing Practice*, 17(2), 133-140. doi:10.1111/j.1440-172X.2011.01918.x
- ¹²Studer, Q., Robinson, B.C., & Cook, K. (2010). *The HCAHPS handbook: Hardwire your hospital for pay-for-performance success*. Gulf Breeze, FL: Fire Starter Publishing.
- ¹³Tidwell, T., Edwards, J., Snider, E., Lindsey, C., Reed, A., Scroggins, I., & ... Brigane, J. (2011). A nursing pilot study on bedside reporting to promote best practice and patient/family-centered care. *Journal of Neuroscience Nursing*, 43(4), E1-5. doi:10.1097/JNN.0b013e3182212a1d
- ¹⁴Wakefield, D., 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. Available from CINAHL Complete database.
-