Don’t Drop the Baton: Transitioning Change of Shift Report to the Bedside

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BEDSIDE REPORT

To improve patient and staff communication, our unit Practice Council members implemented bedside report in February 2012. Our Goal is to ensure patient safety, enhance professional care, improve nurse accountability and increase communication between nurses and patients, families and caregivers, therefore improving patient satisfaction score.

RESEARCH LEADS THE WAY

Anderson & Mangino (2006) highlight that bedside report contributes to reducing patient anxiety, increasing patient collaboration with nursing staff regarding plan of care, and increasing nurse accountability.

Bedside report enhances the relationship between nurses and patients by allowing time for the nurse to build a rapport with the patient at the start of shift. Nonverbal communications, including body language or active listening, is as important as verbal communication, which is characterized by Jean Watson’s carative theory #4 “Establishing a helping-trust relationship.”

Based on Swanson’s Caring Process #5, nurses explain the plan of care in the presence of the patient using vernacular language to communicate goals for the day and collaborating with the patient to anticipate and prepare for future needs. Therefore, bedside report enables and informs patients, which facilitates patients’ passage through life transitions and unfamiliar events.

Lawa and Amato (2010) states that “The Joint Commission has identified communication failures during shift reports as a leading cause of sentinel events in the United States.”

Chaboyer, McMurray, and Johnson (2009), discuss how bedside report improves patient safety by nurses performing an environmental check in the beginning of the shift.

READY, SET, GO: INTERVENTIONS and IMPLEMENTATION

Prior to Implementation:

• E-mail survey sent to nurses
• Education during the months of January and February through huddle messages and one-on-one education.
• Articles and YouTube video circulated through E-mail

Implementation:

• Implemented at the 0700 change of shift on February 27, 2012.
• UPC members and the unit administration were available as resources and observers during the shift changes.
• The UPC and unit administration also rounded with CCP’s an hour before each change of shift to maintain a smooth transition as well as educate patients about report and address their needs.

RELAYING OUTCOMES MEASURED

A month later, each RN was observed 1:1 and provided feedback by UPC member/unit administration utilizing bedside competency checklist. Feedbacks were also received through a survey conducted on bedside report as well as through personal conversations with the staff.

The graph above is a survey given to nurses before bedside report and six months after bedside report. The survey concludes that nurses feel bedside report increases accuracy in assessment of patient status, patients have less unmet needs during change of shift and nurses feel bedside report increases overall safety for patients.

RUNNING WITH RESULTS

As we embarked on our bedside report journey, we measured patient satisfaction scores that indicated that patients perceive their care to be better when they are a part of the nurse to nurse handoff report. Courtesy and respect from nurses and nurses listened carefully both increased almost 20% above baseline.

THE RACE CONTINUES: SUSTAINABILITY

In 2013, Charge nurses did random spot checks in patients’ rooms, to ensure nurses are sustaining environment checks as a part of bedside report. The goal is to have all 16 rooms up to date with IV and Heplock date, O2 meter and suction setup. The graph above illustrate the how well nurses were keeping up with the room rounding. This graph was used as a teaching tool to ensure we are sustaining bedside report and environment checks

THE FINISH LINE: CONCLUSION

• Increased nurse accountability
• Increased patient satisfaction score
• Increased efficiency of communication
• Provide high quality care
• Ongoing project

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BIBLIOGRAPHY


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