An Evidence-based Bedside Shift Workflow Re-design Yields Sustained Process and Quality Outcomes

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Background

Bedside shift report (BSR) occurs on 920,829 patients across 5,723 U.S. hospitals each morning. Communication errors account for 60-80% of all medical errors and preventable adverse events in the acute care setting. An effective BSR is critical in reducing errors.

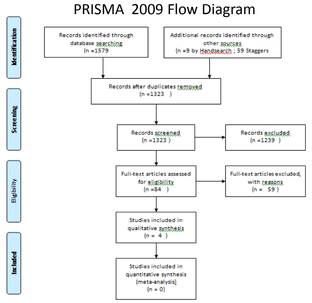
PICOT

In the acute care setting, what are the essential components required for an effective bedside report to ensure valid and accurate Information in communicated?

Literature Review

Literature search conducted in Pub Med, CINHAL, Ovid, and Psych Info by three hospitals in our system.
N= 1650 articles retrieved

PRISMA 2009 Flow Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org

Literature Synthesis

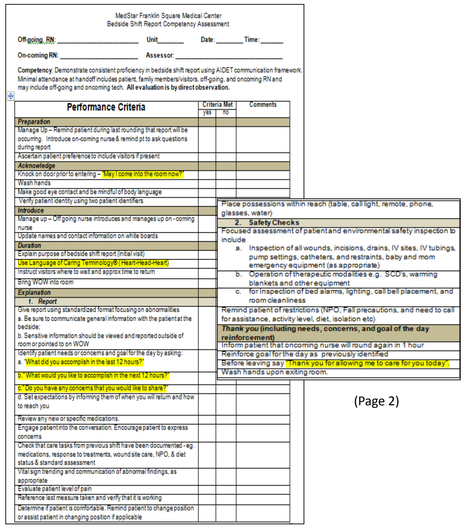
- 84 full text articles were assessed for eligibility
- 19 articles addressed content of bedside report
- 2 articles met the PICOT question and were appraised using GRADE

Authors	Design	Setting	Conclusions	Quality and Strength of Recommendation
Johnson et al 2011	Qual.	195 patient change of shift reports across 10 clinical settings (medical, surgical, respiratory etc)	Content divided into 7 categories including: patient identification; discharge, clinical presentation (relevant); clinical status; care plan; outcomes	Moderate/ Strong
Welsh et al 2010	Qual.	Large Midwestern VA medical center	Pertinent content for change of shift report for medical, surgical and acute care units defined	Moderate/ Strong

Translation

Development of 14 part BSR Toolkit:

- BSR Competency
- BSR Fidelity Assessment
- BSR Tips card
- Patient/Family Brochure
- BSR Process Map
- Best Practices- Technology
- EBP Guide for Involving Patients and Families
- BSR Implementation Feedback Tool
- Charge Nurse BSR Unit Survey
- Trending Vital Signs Tips (2 forms)
- Best Practices for Unit Secretary
- Door hangers to identify patients who want to be woken up for BSR



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Bedside Shift Report Competency Assessment

Off-going RN: _____ Unit: _____ Date: _____ Time: _____

On-coming RN: _____ Assessor: _____

Competency: Demonstrate consistent proficiency in bedside shift report using AIDET communication framework. Minimal attendance at handoff includes patient, family members/visitors, off-going, and oncoming RN and may include off-going and oncoming tech. **All evaluation is by direct observation.**

Performance Criteria	Criteria Met Yes	No	Comments
Preparation			
Manage Up – Remind patient during last rounding that report will be occuring. Introduce on-coming nurse & remind pt to ask questions during report			
Ascertain patient preference to include visitors if present			
Acknowledge			
Knock on door prior to entering – "May I come into the room now?"			
Wash hands			
Make good eye contact and be mindful of body language			
Verify patient identity using two patient identifiers			
Introduce			
Manage up – Off going nurse introduces and manages up on -coming nurse			
Update names and contact information on white boards			
Duration			
Explain purpose of bedside shift report (initial visit)			
Use Language of Caring Terminology (Heart-Head-Heart)			
Instruct visitors where to wait and approx time to return			
Bring WOW into room			
Explanation			
1. Report			
Give report using standardized format focusing on abnormalities			
a. Be sure to communicate general information with the patient at the bedside;			
b. Sensitive information should be viewed and reported outside of room or pointed to on WOW			
Identify patient needs or concerns and goal for the day by asking:			
a. "What did you accomplish in the last 12 hours?"			
b. "What would you like to accomplish in the next 12 hours?"			
c. "Do you have any concerns that you would like to share?"			
d. Set expectations by informing them of when you will return and how to reach you			
Review any new or specific medications.			
Engage patient into the conversation. Encourage patient to express concerns			
Check that care tasks from previous shift have been documented - eg. medications, response to treatments, wound site care, NPO, & diet status & standard assessment			
Vital sign trending and communication of abnormal findings, as appropriate			
Evaluate patient level of pain			
Reference last measure taken and verify that it is working			
Determine if patient is comfortable. Remind patient to change position or assist patient in changing position if applicable.			
Place possessions within reach (table, call light, remote, phone, glasses, water)			
2. Safety Checks			
Focused assessment of patient and environmental safety inspection to include			
a. Inspection of all wounds, incisions, drains, IV sites, IV tubings, pump settings, catheters, and restraints, baby and mom emergency equipment (as appropriate)			
b. Operation of therapeutic modalities e.g. SCD's, warming blankets and other equipment			
c. for inspection of bed alarms, lighting, call bell placement, and room cleanliness			
Remind patient of restrictions (NPO, Fall precautions, and need to call for assistance, activity level, diet, isolation etc)			
***Thank you* (including needs, concerns, and goal of the day reinforcement)**			
Inform patient that oncoming nurse will round again in 1 hour			
Reinforce goal for the day as previously identified			
Before leaving say "Thank you for allowing me to care for you today."			
Wash hands upon exiting room.			

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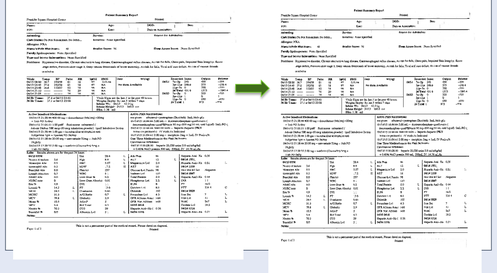
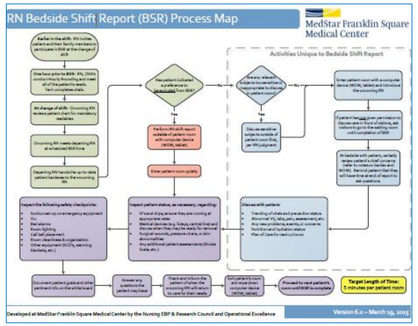
eMAR Developed Prototype



Translation

- Stakeholder buy-in meetings including Directors, Nurse Managers, Asst Nurse Managers, Staff Nurse, Unit Secretary and Nursing Professional Development Specialists
- Repeated education design program including traditional education, online education and patient simulation
- RN, Nursing Assistant and Unit Secretary role definition
- Updated "Cleaning and Disinfection" policy to reflect cleaning WOWs on non-infectious patients during BSR
- Technology utilization of WOWs & tethered scanners
- A multi-institutional in-person Rapid Design Day to reach consensus on content and format of BSR tool in the EMR
- Patient and nurse satisfaction survey with current BSR process
- An IRB approved research study to evaluate the effectiveness of patient simulation in enhancing RN self-efficacy with BSR
- BSR toolkit & online module disseminated across 10 hospital network
- Participation in faculty development workshop at local SON with all clinical faculty and students to take online BSR training



Patient Survey

Survey conducted Fall 2014 before full BSR implementation
- N=154 patients on medical (non-ICU) units (40% ♂; 60% ♀)
- 34% ≤ 59 years; 22% between 70-79 years of age
- 88% white; 6% black
- 44% High School Diploma or GED
- 31% had been hospitalized 3-5 times during the past year

Selected qualitative feedback:
" My Dad had a very hard time understanding things"
"They did a great job … and answered all my questions"
"Bedside report is a great idea"

Nursing Survey

Survey conducted August 2014 before full BSR implementation

- N = 376 RNs from all in-patient units (64% days & 35% nights)
- # patients reported on at change of shift:
  Range 1 to 8 with 77% five or less patients
- # RNS from whom you received report today:
  Range 1 to >6; with 93% three or less
- # interruptions during each report:
  Range from 0 to four
  - none ranged from 65-94 %
  - interruptions ↑'d with ↑'d # of patient reports
- # minutes spent giving report:
  Range from 5.86- 7.94 minutes per patient
  - Medicine (non-ED; non ICU): <7 min = 54%
  - Surgical (non oncology) : 5 minutes = 80%
  - ED and ICU: <8 minutes = 48%
  - Oncology: < 6 minutes = 100%
  - WSL: <10 minutes = 85%
  - Behavioral Health: <3 minutes = 100%

Process Outcomes

N = 57 fidelity checks across medical (non-ICU) inpatient units

- 34 criteria assessed from evidence based BSR competency
- 5 criteria with highest compliance:
  - reviewing new medications (75%)
  - checking possessions (75%)
  - washing hands going into room (73%)
  - washing hands upon departing room (70%)
  - eye contact
- 5 criteria with lowest compliance
  - goal for next 12 hours (25 %)
  - accomplishments in past 12 hours (16%)
  - patient ID (14%)
  - white board completion (12%)
  - visitor presence in room confirmation (9%)

Barriers and Facilitators

Facilitators
- Hourly rounds
- WOWs at the bedside
- Scripting communication options

Barriers
- Interruptions--- phone, call bell and more
- Staff reluctance to change habits
- Lack of nursing assistant visibility
- Concern re communicating sensitive patient information
- Report from multiple RNs

Next Steps

- Teach towards areas of weakness during simulation education
- Continue repeated education design to reinforce strengths and build on weaknesses
- Expand BSR to all inpatient units
- Share educational resources within 10 hospital network

Conclusions

- BSR implementation requires a culture change
- BSR implementation is incremental over time
- Workflow redesign is critical to successful BSR implementation
- Expect policy changes to occur with BSR implementation

Selected References

Johnson, M., Jefferies, D. & Nicholls, D. (2011). Developing a minimum data set for electronic nursing handover. Journal of Clinical Nursing, 21, 331-343. doi: 10.1111/j.1365-2702.2011.03891.x

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