Crossing Borders: Shifting Emergency Department Report to the Bedside

Elizabeth Burdick, BSN, CCRN
Cynthia Mastrine, MSN, RN-BC
Kate O’Connor, BSN, CMSRN
Elizabeth Welch, MSN, RN-BC

Problem

Patients are most vulnerable to errors and adverse events during care transitions, particularly from the Emergency Department (ED) to inpatient unit. The previous hand-off process via telephone often resulted in inappropriate placement of patients, and had a negative impact on patient’s perception of their care.

Objective

To implement the best practice of bedside shift report between the ED and the receiving inpatient units in order to improve patient placement, reduce adverse events and improve the patient experience.

Process

- Receiving unit alerted of ED admission via auto-text
- Bedside nurse reviews patient’s chart in EMR and reports to ED within 15 minutes of patient assignment
- Transport department is paged upon bedside nurse arrival to ED
- Bedside nurse and ED nurse meet with the patient to review pertinent information and review the plan of care. Clinical concerns or concerns about placement are discussed at this time
- Staff nurse returns to floor
- Patient is taken to the inpatient unit by transport staff
- Bedside nurse greets patient at bedside

Outcomes

Eighteen months post-implementation

- Unstable patient events requiring intervention by a rapid response team within 8 hours of admission decreased by 84%
- Overall cardiac arrest events decreased by 86%. Within 6 months, the process was implemented on all nursing units at the hospital.
- The patient experience was improved with overall HCAHPS rating increasing from the 50th to 81st percentile from December 2012 to September 2014.
- Nurse communication domain score increased from the 68th to the 94th percentile during the same timeframe.
- Perception of Nurse-Nurse relationships improved