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Fall 12-14-2015

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Herceg, Nina, "IMPROVING BEDSIDE SHIFT-TO-SHIFT NURSING REPORT PROCESS" (2015). *Master's Projects and Capstones*. 231.
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Improving Bedside Shift-To-Shift Nursing Report Process

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Clinical Leadership Theme

Bedside shift-to-shift nursing report project conveys the Clinical Nurse Leader (CNL) curriculum element of *Care Environment Management*. The aim is to increase patient satisfaction, improve patient safety and strengthen team work by improving the process of communication during shift change on the orthopedic unit. The CNL role functions responding to this project are Team Manager, System Analyst and Information Manager.

Statement of the problem

The shift-to-shift nursing report is the time when the off going nurse hands over patient care to the oncoming nurse. During this process critical information about patient's status and plan of care must be communicated properly. Conducting the shift-to-shift report at the bedside allows patients and families to become involved in their care. It also lets them participate in the sharing of information, which ensures that patient, family and team goals are identified and aligned. Bedside shift-to-shift nursing reports increases patients' satisfaction, improves the nurse-patient relationship, decreases patient falls, discharge time occurs faster, strengthens teamwork, and leads to better nurse accountability and prioritization at the start of the shift (Sherman, Sand-Jecklin & Johnson, 2013).

Nine months ago, our healthcare center implemented a new policy mandating that the change of shift report takes place at patient's bedside. However, the shift change report continues to take place at the nursing station without inclusion or visualization of the patient until the completion of the report and the previous nurse leaves for the day. When the shift-to-shift report is done at the nurse's station, often unnecessary and unclear information is given and critical information goes missing.

Project overview

This project was developed to improve the change of shift report process on the unit. The goals are to put in place a standardized approach to hand over communication between the staff at the change of shift, to provide patients with information about their treatment care plan in the way that is understandable to the patient, and to limit the exchange to information that is necessary to provide safe care to the patient.

The project specific aim is to increase the nurses' compliance with bedside shift reporting on the Orthopedic Unit to 100% within six months. The communication during the bedside shift report is intended to ensure the continuum of care and patient safety (Griffin, 2010). Patients are able to add to the dialogue and ask questions during the report. The bedside shift report provides an opportunity to enhance patient and family involvement which increases general patient satisfaction. Performing the report at a patient's bedside allows the oncoming nurse to visualize the patient, the environment, patient's skin and IV site, and ask questions (Evans, Grunawait, McClish, Wood & Friese, 2012). This promotes clear and open communication between the nurses and the patient and therefore decreases the potential for errors.

Rationale

The current policy on the orthopedic unit is to conduct a change of shift report at the bedside. From my observations, it became apparent that bedside reports were not conducted 100% of the time for different reasons. To identify the need for improvement of the shift-to-shift report a microsystem assessment was performed. Several change of shift reports were observed to determine where the main issues occur. There were often multiple disruptions during hand offs, including call lights and interruptions by patients or family members. It was established that information received during reporting was often inconsistent. Also, it was noted that sometimes

nurses would begin doing other things, like assessing the patient during the exchange of information.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures patients satisfaction based on their experience in the healthcare system. One of the questions asks how well the nurses communicated with the patient or kept them informed (U.S. Department of Health & Human Services, 2012). The recent unit's patient satisfaction scores related to nurse communication is 65%, which is a drop in the desired score (Providence St. Johns Health Center, 2015). See Appendix A for unit Press Ganey survey and HCAHPS scores. There is evidence that performing change of shift nursing report at a patient's bedside helps patients to be more informed and engaged, and may lead to an improvement in patient satisfaction (Sherman, Sand-Jecklin & Johnson, 2013).

A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was completed to establish the opportunities and barriers for improvement (Appendix B). The strengths that were identified included the nurses' receptiveness to change and new practices. Historically, many of the hospital PDSA cycles are run first in our microsystem. More than that, the team members are committed to provide quality care. This microsystem is recognized as the one with the highest performance and outcomes, high patient satisfaction and excellence in provided services. Another microsystem's strengths are that the bedside shift report was already implemented and there is an existing SBAR (Situation, Background, Assessment, Recommendations) tool to navigate the shift report was already created.

Many weaknesses with the current process were recognized. Staff are not clear as to what exact information to include in their report and how to do it, which makes them think that the bedside report will take longer to complete. Charge nurses do not make the assignment

accommodating and frequently one nurse gives a report to or takes a report from three or four nurses, which is time consuming and leads to frustration. Also, the fast paced and busy environment with discharges and admitting post-op patients almost at the same time often inhibits nurses from being completed on time for the change of shift report.

The opportunities that are likely to have a positive effect on the improvement of the bedside shift report include patients' contribution to practice delivery, and support from the education director and the quality improvement department. Several potential threats to increasing the compliance with the change of shift report include new admissions arriving during the change of shift, patients are asleep and do not want to be awaken, having family members in the room and the nurses are not sure how to handle the confidentiality issue. Another threat related to the education sessions is insufficient unit financial resources for staff educational and training sessions.

Implementing the bedside shift-to-shift nursing report is a quality improvement project. Some of the benefits include improved communication between nurses and other healthcare professionals about the patient's health, care plan and progress, helps to inform patients about their care and who is caring for them, provides opportunities for patient involvement in care decisions, and improves safety of care and increased patient satisfaction. Cause & Effect analyses were conducted to explore the possible causes of noncompliance with the bedside reporting (Appendix C).

The bedside shift-to-shift project includes staff education and training. The training will take one hour and will consist of video, educational sessions and role playing. Also, various print materials will be used, such as a guide that includes key components of the bedside report for each nurse. There are 54 RNs working on the orthopedic unit with an hourly pay ranging from

$40 to $56 per hour. This makes the approximate average pay of $48 per hour. The staff training will cost about $2,592. Also, we will use various print materials, such as a guide that includes key components of the bedside report for each nurse. The cost of the print materials is $15. I will lead the educational sessions with one more nurse, and since I am currently a student, my time is free. The nurse who will assist me has an hourly pay of $52 and for five days her time will cost $260. The overall predicted cost of the project is $2,867.

Study indicates that bedside reporting decreases incidents and adverse events, such as falls and pressure ulcers (Evans et al., 2012). An average cost for a fall injury is $35,000 (CDC, 2015). If the bedside shift report prevents even one fall, this will lead to an approximate savings of $32,653! Likewise, the cost of individual patient care with pressure ulcers ranges from $20,900 to $151,700 per pressure ulcer (Agency for Healthcare Research and Quality [AHRQ], 2014). It is estimated that in 2007, each pressure ulcer added $43,180 in costs to a hospital stay (AHRQ, 2014). Refer to Appendix D for cost analyses.

Bedside reporting is more efficient than the report given at the nurse station or recorded report, because it takes less time, thus leading to lower costs (Halm, 2012). The exiting nurse is able to end the shift on time, which prevents an accidental overtime and allows the oncoming nurse to begin her patient care sooner (Evans et al., 2012). Each shift there are three or four nurses who have an average overtime of 30 minutes. This costs the unit $192 per shift. Therefore, accomplishing 100% compliance with the bedside shift-to-shift report can lead to $5,376 of savings of the nurses' overtime pay per month.

Methodology

In January of 2015, the health center nursing leadership made the bedside shift report a policy and all the nurses are expected to comply with it. Unfortunately, this change was unsuccessful. The initial approach of the nursing leadership was to train champions from each shift on every nursing unit. The champions are supposed to explain the process to the rest of the nurses and make changes specific to the unit. Also, printed SBAR tool for the bedside shift report were distributed in each unit, but most of the nurses do not even know where they are located.

All of the nurses are aware that they are required to comply with the new practice. However, they still do not see the need for it. My project will be different than the previous implementation attempt by having mandatory educational sessions for all nurses, which will consist of case studies and articles on this topic, and mock handover exercises demonstrating the different steps of bedside handover. At the end of this four-month project, nurses on the orthopedic unit will have a better understanding of the benefits of the bedside reporting as determined by a pre- and post- implementation survey.

To avoid report interruptions, the Certified Nurse Assistants (CNA) will be instructed to inform patients an hour before the report that the bedside report will take place between 7:00 and 7:30 each shift. Additionally, patients' needs such as bathroom and pain management should be addressed before reporting time. Further, it is essential for patients to be informed about the report process on admission by providing them with brochures containing information about the report and what to expect.

Planning and implementing change in nursing practice can be challenging. Lewin's change model provides a useful framework for the development and implementation of my CNL project.

Lewin's three phases Unfreeze, Moving, Refreeze provide guidance on how to go about getting people to change (Mitchell, 2013).

Unfreeze phase is about helping people recognize the need for change and encourage them to think about what the current situation is. In this phase, some of the steps that I can take are: discuss various clinical scenarios and analyze the constraints and benefits of the new proposal in the unit specific context, and provide case studies and research articles on the topic to reinforce the fact that the current practice has drawbacks and could be improved. These actions could unsettle the status quo. In addition, nurses will be encouraged to take some of the ownership of the change by participation in outlining the protocol for the bedside report and role modeling.

Moving stage can start once team members envision the potential afforded by the bedside report. It will definitely take time and involve a growth period. The unit champions and the charge nurses can provide clarification and support to staff as needed during this period. They can help evaluate the extent of change that had taken place in an effective manner.

Refreeze. Once the change has been made and the structure has regained its effectiveness, every effort must be made to remain and make sure the new procedure becomes the standard. The charge nurses and the unit director during the shift huddles can help in the reinforcement process by praising everyone for their effort to bring the change.

Implementing a bedside shift report is challenging, because the nurses have to change the way they were doing the report for many years. The old way of doing the shift reports had become their second nature. Culture change takes time: it requires education, vigilance, and encouragement. I chose Lewin's change model because it focuses on behavior modification of people. This theory suggests that change will only be effective if the people involved embrace it and help put it into practice (Mitchell, 2013).

Once the project is implemented, staff support will be provided. The champions, charge nurses and I will be available to answer any questions and concerns. Additionally, feedback and suggestions from staff and patients will be periodically obtained. All the information given during the educational sessions will be available on the institution's intranet page Health Stream for the staff to review as needed.

To check if the project is effective, data will be collected before and after this practice change is implemented. Comparative data will be collected related to overtime, patient falls, possible delays in treatment, medication errors and delays in discharge. Patient's satisfaction data from Press Ganey and HCAHPS will be obtained. Questionnaires pre-and post- implementation also will be used to collect data on patients' and nurses' satisfaction and concerns. Additionally, patient interviews and nurses observation will be conducted to measure compliance with the bedside report process.

Moving the change of shift report at the bedside will be a long and challenging process. Nurses have been doing shift reports in different ways for many years and patients were never included. They have to change the way that they have been doing the shift report and their understanding about patients' involvement in the report.

Data Source/Literature Review

The clinical protocol to improve the compliance with the change of shift reporting process will be implemented on a 48 bed orthopedic unit in a West Los Angeles hospital. To establish the need for this project, unit assessment and review of patient satisfaction data from Press Ganey and HCAPS was performed prior to implementation. Unit's recent data shows a decrease in patient satisfaction in regards to nursing communication. Although this question is more specific to the nurse-patient communication, it is also related to the bedside reporting. Including

patients in the report and the oncoming nurse being well informed about patient's status and plan of care affects patient's satisfaction level in how well the nurse communicates.

Staff were given a short four-question survey asking for their opinion related to the bedside reporting and their compliance with this policy (Appendix E). Also, nurses were interviewed in person to better understand their perception about this process. Nurses survey (n=20) was conducted as baseline data. Nurses from day and night shift were included. The data revealed the nursing staff reasons for noncompliance with the institution policy as well as their perspectives on the advantages and disadvantages of the bedside change of shift report. Staff satisfaction is a difficult outcome to be measured. However, the staff survey is a useful tool and good way to understand staff's opinion and beliefs about bedside reporting. Staff satisfaction is an important measure because happy staff tend to stay longer on their current employment, thus the turnover rate on the unit would be lower.

Patient falls is a quality nursing indicator. Considering that this is an orthopedic unit and patients are with impaired mobility and/ or elderly, patient falls during shift change is an important outcome. Data pre- and post-implementation will be examined. Studies indicated that patient's falls during shift change significantly decrease when the shift change report was performed at the bedside (Sand-Jecklin & Sherman, 2014).

Reduction of staff overtime is another valuable outcome that will be monitored. As previously mentioned, bedside reporting is more efficient because it takes less time than traditional reporting, therefore leading to lower costs (Halm, 2012). Unit data shows that currently there are three to four nurses with overtime each shift.

Bedside shift-to-shift reports are viewed as an efficacious approach to increase patient satisfaction, reduce errors and ensure clear communication between nurses and between patient

and nurse. The Joint Commission study found that as many as 70% of sentinel events were caused by communication breakdowns with half of those occurring during handoff (Riesenberg, Leitzsch & Cunningham, 2010). In the last decade, many studies and research regarding nursing hand off were conducted in the effort to find a standardized and improved method of this process.

In order to establish how to best increase the compliance with the shift-to-shift nursing report process at the unit level, I considered the following clinical question using PICO (population, intervention/issue, comparison of interest, outcome) format: *Does the bedside shift-to-shift nursing report increase patient satisfaction, improve team work and promote patient safety?*

A review of literature was conducted using CINAHL and Pub Med. The search terms used were "bedside shift report," "bedside handover," "nursing report" and "end of shift report." The search was limited to the nursing report and narrowed to only articles in the English language published between 2010 and 2015. The articles were narrowed first based on title and then based on their relative weight in terms of support of my project. These articles examined bedside reporting issues, such as effectiveness, barriers, safety, useful tools, and patients and nurses perspectives.

There is evidence that moving the change of shift report at the bedside and involving patients and family promotes patient and family centered care and increases patient satisfaction. Studies indicated that patients who are involved in their care recover more quickly, are more likely to adhere to prescribed treatments and are more satisfied with the care provided to them (Griffin, 2010). Also, there is a direct correlation between the bedside report and both client and nurse satisfaction in care settings (Vines, Dupler, Van Son & Guido, 2014).

Effective nursing handover can have considerable impact on several measurable patient outcomes. Some of these outcomes include medication errors, falls, catheter associated urinary tract infection (CAUTI), patient length of stay (LOS), and pressure ulcers. During bedside reports, nurses are able to assess the environment, check IV site, skin, incision and any drainage devices (Gregory, Tan, Tilrico, Edwardson & Gamm, 2014). Studies indicated that after implementing bedside reporting in seven medical-surgical units in large university hospitals, there was a decrease in patient falls and medication errors (Send- Jecklin et al., 2014).

After reviewing the literature, it is clear that there is no universal approach to implementation of the bedside report and that it is also a very challenging change. However, highly effective handoffs incorporate face-to-face communication, structured written forms, templates, or check lists that allow minimum essential data to be shared, and content that contains meaningful information (Halm, 2013). Implementing standardized and structured approach to the change of shift report is a key element of achieving effective and efficient communication among caregivers and better patient's outcomes (Dufault et al., 2010). Bedside shift-to-shift nursing report is a very complex, multifaceted process and multiple factors can influence its potency (Laws, 2010).

Timeline

This project started at the end of August 2015 and its estimated completion is mid-December of 2015. Refer to Gantt charts in Appendix F. Before the work on the project began, approval from the orthopedic unit director to implement bedside shift report on the unit was obtained. Through the month of September, I researched evidence related to bedside shift reporting, including successful implementation at other institutions, advantages to nurses, benefits to patients, and cost/benefit ratio to institutions. In late September, a unit-based committee was

formed. Base line data collection, microsystem assessment and development and administration of the initial nurses survey was completed through the month of October. Initial patient survey will be conducted in late October/early November. Creation of posters and flyers and development of the educational program will be in November. Education sessions and distribution of printed materials will be held in the second half of November. Staff will be provided with opportunity during the shift huddles to ask questions and voice concerns prior to "Go-Live." The first post-intervention data will be collected three months after the implementation and again within six months.

Expected Results

From the previous attempt for implementing the bedside shift-to-shift nursing report and from the results of the initial nursing survey, I expect resistance from the nurses and low compliance with this practice in the first three months. Support from the unit director and the charge nurses to monitor and encourage compliance are imperative for the success of the project. Further, the certified nurse assistants play an important role in minimizing the interruption during the report time by preparing and meeting patient's needs prior the shift change. For this project, team work is a key to successful implementation and this is one of the strengths of this unit.

Despite the nurses' hesitation to perform the change of shift report at the bedside, I am confident that once they experience the benefits, the bedside reporting will become the norm. It will be important to be emphasized during the educational session and during the shift huddles that the bedside report is the expectation of the unit and that the report should be conducted outside of the patient's room only if the patient is asleep and wishes to not be awaken for the report. I believe that the lack of a formal structure and guidelines could make the reporting

process inefficient and ineffective. Therefore, providing support and keeping everyone informed is essential.

Nursing Relevance

Performing a change of shift report at the patient's bedside is beneficial for both the patient and the nurse and provides an opportunity to increase patients and family collaboration in the plan of care, promotes patient safety and improves communication between the nurses. Today, patients have access to a massive amount of information; they are more knowledgeable about their health and want to be involved in the planning of their care.

Bedside change of shift report expands beyond just the communication process between the nurses. It encompasses caring, connecting and communicating with patients and family (Herbst, Friesen & Speroni, 2013).

Summary Report

Performing a change-of-shift report at the patient's bedside is a best practice and insures quality hand-off. It increases patient satisfaction, promotes patient safety, gives patients opportunity to ask questions, correct any misconceptions and be more involved in their care (Sand-Jacklin et al., 2014). This project's goals are to put in place a standardized approach to hand-over communication between the staff at the change of shift, to provide patients with information about their treatment care plan in a way that is understandable to the patient, and to limit the exchange to information that is necessary to provide safe care to the patient. Although the bedside report is a required procedure at this healthcare facility, only a few nurses comply with it. The project specific aim is to increase the nurses' compliance with bedside shift reporting on the orthopedic unit to 100% within six months of implementation.

This project is going to be implemented on a 48-bed orthopedic unit in a West Los Angeles hospital. The unit populations comprise of adults and a majority of them undergo planned surgeries, such as Total Hip Arthroplasty (THA), Total or Partial Knee Arthroplasty and various spinal procedures. The average length of stay is 2.5 days. The unit census varies from 25 on Monday to 45 on Thursday and 15 to 20 patients on the weekends. The unit is also accepting Emergency department admissions of patients with fractures or any medical conditions requiring hospitalization. Depending on patient census, there are five to nine RNs working each shift and two to five Certified Nurse Assistants (CNAs). The unit has a fast past environment, therefore clear and concise communication between nurses is imperative for continuum of care and patient safety.

As mentioned previously, bedside reporting became a policy in January of 2015. However, nurses still do not realize the benefits associated with the bedside report. This perception was revealed in the pre-implementation nurse survey. In their opinion, the disadvantages and barriers outweigh the positive aspects of the bedside report, therefore they do not put their full effort into implementing it. One of the steps that I took in attempting to change their perception was to open a discussion about the positive and negative sides of the bedside report and how it can benefit them. Also, we discussed examples of how the bedside report could have prevented some missteps, such as the incoming nurse discovering an infiltrated or expired peripheral line in the initial assessment, wound dressing had not been changed, wrong IV fluids infusing, or sometimes the nurse just gets so busy in the beginning of the shift that she sees her patients two hours after the shift has started. Since I started to work on this project, the concept of bedside reporting has begun to infiltrate the nurses' consciousness. I have observed that 90% of the nurses at least have begun to introduce the oncoming nurse to the patient after

the report has taken place at the nurse station (personal observation). This resulted in an increase in patient satisfaction scores related to nurse communication from 65% in August, 2015 to 78.2% in October, 2015 (Providence St. Johns Health Center, 2015).

Study indicated that bedside shift-to-shift report increases patient satisfaction and patients feel they are more informed and more involved in their care (Evans et al., 2012). To better understand patient's perception of their involvement in their care and patient-nurse communication, an initial patient survey was conducted in mid-October, 2015. I was surprised and pleased to find out that 85% of the patients (n=20) were satisfied with their contribution and felt well informed about their care plan (Appendix G). Post implementation survey and patient interviews will be conducted three months after the project implementation to verify project effectiveness and nurse compliance.

The implementation of the bedside shift-to-shift report has been postponed until mid-January, 2016, due to upcoming EPIC updates related to Handoffs & Reports, patients Care Plan, Goals and Individualization, and Flowsheet and Pain Assessment Documentation. Additionally, the month of December is one of the busiest months of the year for the unit and also is the holiday season, therefore it will not be possible to schedule the mandatory educational sessions. However, the planning and discussion with the nurses regarding the benefits of the bedside report will continue. I will use this time as an opportunity to find the best implementation approach appropriate for this microsystem.

Prior to "Go Live," nurses will attend an educational session and training to enhance their understanding of bedside reporting and increase their confidence. During this session, not only will the benefits of the bedside report be addressed, but the discussion will also highlight the key elements that the report includes, as well as the workflow process (Appendix H), role playing

and how to deal with special situations, such as too many family members in the room, privacy, sharing sensitive information, or patient sleeping. The unit based committee, in collaboration with the education department, revised the already existing SBAR tool (cheat sheet) to better fit the microsystem's needs and patient population (Appendix I). Also, articles discussing other healthcare institution's bedside reporting implementation journey will be given to each nurse. The article by Olvera and Bliss (2010) is a great example of an actual success story about perfecting the bedside report in a large Northern California healthcare institution. A similar article by Farris (2013), who is a charge nurse on a medical-surgical unit in a busy urban hospital, discusses how the idea for implementing the bedside report began and the journey towards the successful implementation in their particular healthcare system. Additionally, to minimize interruption during the report time, the nurse assistants will be instructed and frequently reminded during shift huddles to inform patients and meet their needs at least an hour before report time.

After reviewing the literature, it became clear that there is no universal approach to bedside reporting implementation. It is a very challenging nursing practice change. The studies also showed that a useful framework for this nursing practice change is Lewin's change model (Caruso, 2007; Bradley & Mott,2014; Vines, Dupler, Van Son & Guido, 2014). The interventions for the Unfreeze stage are already implemented. The concept was presented, the dialog promoted among staff and RN concerns were addressed. Interested RNs were recruited and there were already trained champions. Currently, we are doing the intervention for the Moving stage, which included creating the implementation plan, report template and report workflow. Next steps in the moving stage are monitoring and assisting the implementation process, collecting feedback from staff and patients, and revising the process based on findings.

Once this is accomplished we can move to Refreeze stage, integrating the change into practice and hardwire it.

Moving the shift report from the nurses' station to the bedside is a challenging task. As previous experience in our healthcare facility showed, this change cannot be just thrown out there. Careful planning and providing staff with training, tools and support are imperative for the success of this project. My sustainability plan relies on the unit champions, modification of the program to better fit the nurses' workflow in this microsystem, staff perception of benefits and the support from stakeholders. The unit champions were already trained, and with additional guidance they will play a leadership role and be a great resource to the staff during the transition. The support of the charge nurses is imperative, because they can help with monitoring for nurse compliance and make the assignments better fit the bedside reporting. Periodically, nurse compliance will be observed and recorded (Appendix J).

During shift huddles, RNs and CNAs will be reminded regarding the expectation of performing the bedside report. In order to maintain the new practice, yearly proficiency and mandatory continuing education for staff may be needed. Additionally, it is important that patients be informed in admission about the bedside report process and their role. This will minimize interruption and requests and questions not related to patient's condition during report time.

Evaluation

Evaluation of this project will involve analyzes of the outcomes and reviews of nurses feedback. Patient satisfaction score is the highest interest considering the fact that this was the primary reason for starting this project. The base line data will be compared to the data collected consecutively three and six months post implementation. A run chart will be a useful tool to

track patient satisfaction over time and continually study the trends. Also, patient comments will provide valuable input in improving the bedside report process. Staff feedback and interviews post intervention will provide qualitative data relevant to the process improvement and any need for alteration. Having staff more involved and listening to their concerns can contribute to increasing staff satisfaction and compliance.

While the purpose of this intervention is improving a nursing process, CNA and charge nurse involvement is also essential and will be evaluated post implementation. Charge nurses will need to make nurse assignments accommodative so one nurse does not need to give an end of shift report to more than two nurses. Additionally, a nurse should be reassigned the same patient that she had on her previous shift. The CNA will make sure that patient's needs are met before the report time and answer call lights accordingly to minimize interruption. These interventions will make the bedside shift-to-shift report more efficient and could result in reduction in nurse overtime.

Conclusion

I frequently hear skepticism and negative comments regarding bedside reporting from the nurses. I believe that after the educational session the staff will have a better understanding as to why the bedside report is a best practice. So far, what I feel has been working well are the discussions that I have had with the nurses regarding the bedside report. Also, the unit director and the support of the unit champions made the planning process smoother. What concerns me is the opinion of the CNO, which thinks that the nursing staff does not need training and she might not ultimately approve the educational sessions. These sessions, I strongly believe, and the literature confirms, are an important step to the successful implementation of the bedside shift report.

During the time of planning this project I learned how important it is for the CNL to be familiar with the microsystem, to be an integral part of the team, and to have the staff support, respect and trust. I also revealed the fact that my enthusiasm regarding this project was contagious, which helped in gaining the nurses cooperation. This experience gave me the confidence that as a CNL I can be the primary facilitator for change, making the bedside report an effective communication tool for the shift change process.

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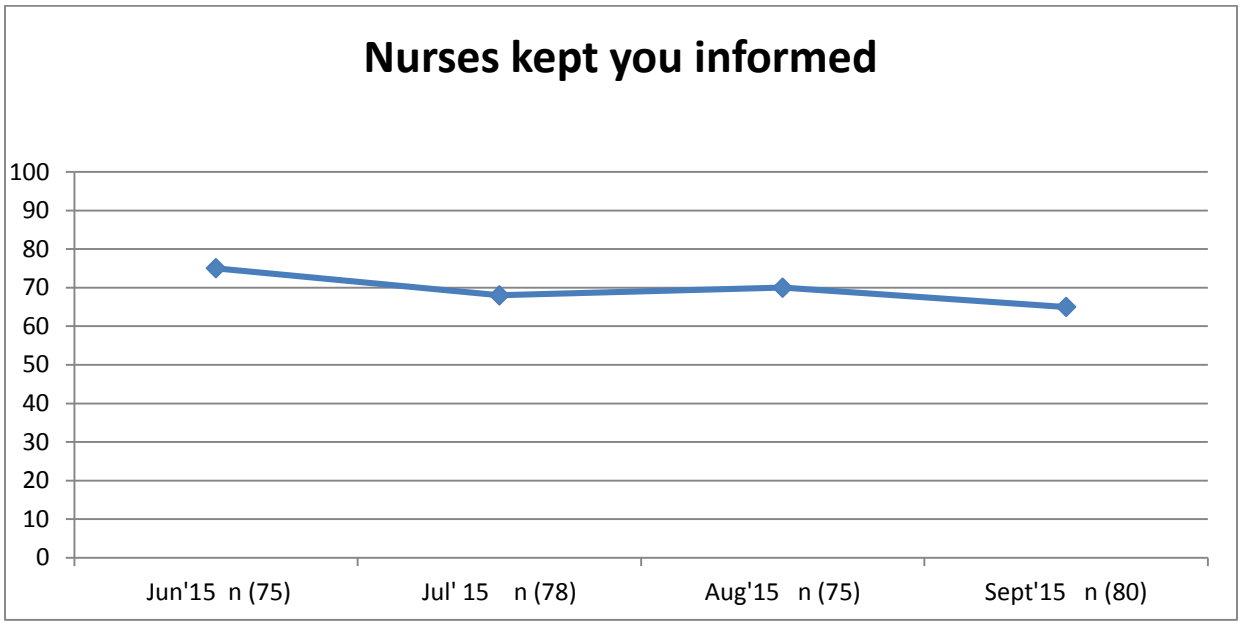
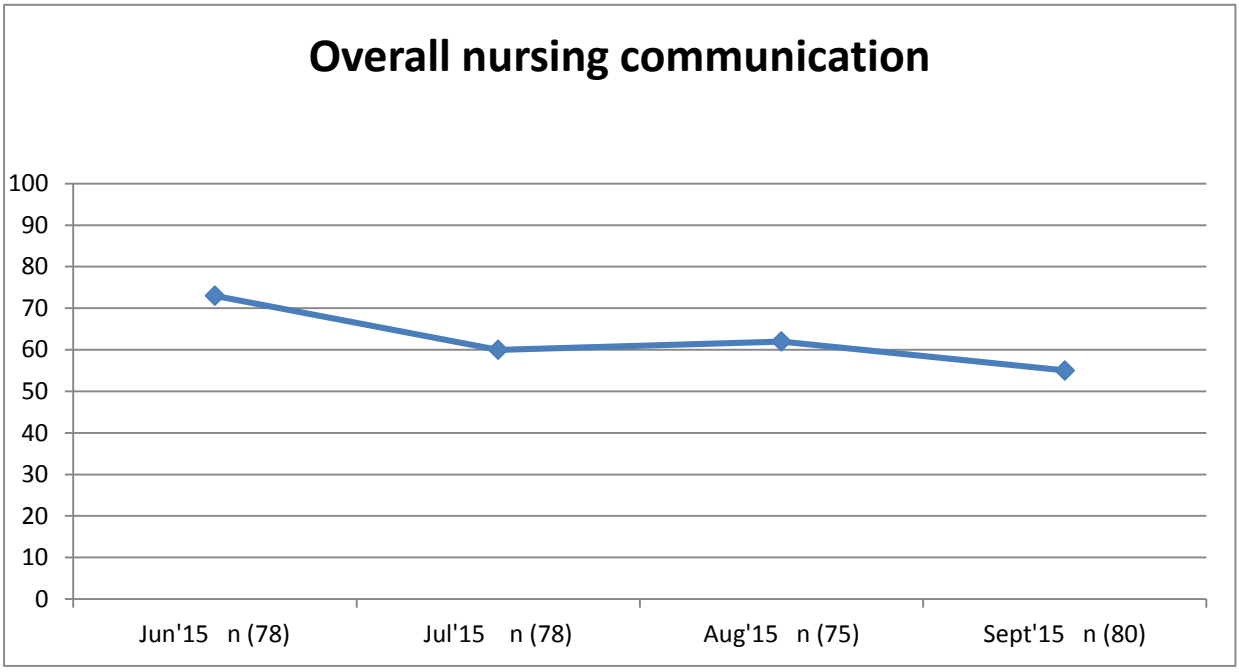
Appendix A

Providence St. Johns Health Center Patient Satisfaction Data for Orthopedic unit – Press Ganey



HCAHPS scores



Appendix B

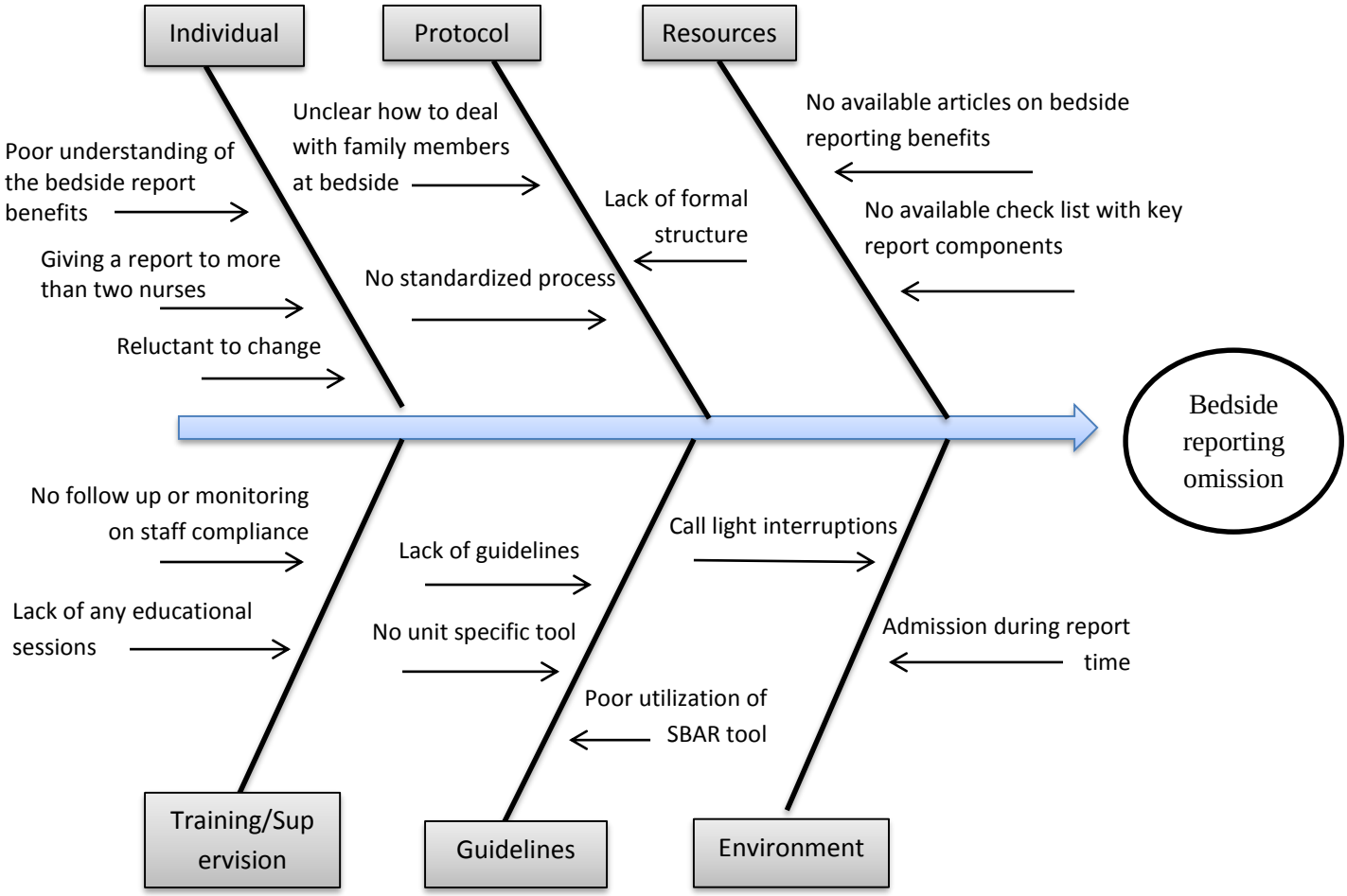
SWOT ANALYSES

Strengths	Weaknesses
Excellent team work. Majority of the nurses are open to change and new practice. Highly skilled clinical staff. Commitment to provide quality care. SBAR tool available. Trained unit champions.	Staff are not clear as to what exact information to include in their report and how to do it. Charge nurses do not make the assignment accommodating and frequently one nurse gives a report to or takes a report from two or three nurses. Multiple interruptions. Nurse begins to do other things during report (i.e. assessment, charting, etc.) SBAR tool poorly utilized.
Opportunities	**Threats**
Patients can be asked for their opinion and suggestions. Leadership support – unit director, director of education, charge nurses. Provide better education to families about bedside report on admission.	Insufficient financial resources for educational and training sessions. Patient interruptions. Change of shift admissions. Multiple family members at the bedside.

Appendix C

CAUSE AND EFFECT ANALYSES

FISHBONE



Appendix D

PROJECT COST ANALYSES

Project Development cost	
54 RNs pay for one hour education session with average of $48 per hour	$ 2,592
Print materials for nurses and for patients	$50
Nurse helping with the education session for 5 days	$ 260
Total	**$ 2,902**
Other costs (preventable)	
Nurses over time per month	$ 8,640
One patient with fall injury	$ 35,000
One patient with pressure ulcer developed in hospital	$ 20,900
Benefits/Savings	
Decrease of nurses over time	$ 5,738
One fall injury prevented	$ 32,098
One pressure ulcer prevented	$ 17,998

Appendix E

INITIAL NURSES SURVEY

1. What benefits can you identify in performing a bedside shift-to-shift report?

2. What barriers/disadvantages do you find during the bedside shift-to-shift report has?

3. How often do you practice bedside reporting? (circle one)

   A) Always

   B) Sometimes

   C) Never

4. How many years of experience do you have? (circle one)

   A) 0-5

   B) 6-10

   C) 11-15

   D) More than 15

5. Which shift do you work? (circle one)

   A) 7a-7p

   B) 7p-7a

Appendix F

GANTT CHART

	August	September	October	November	December	March	June
Project approval (unit director)							
Research (project leader)							
Forming of Ortho Bedside Reporting Committee **(unit director, unit champions, CAN)**							
Microsystem assessment; Pre-intervention data collection (unit director; project leader)							
Initial Nurses Survey (project leader)							
Initial Patient Survey (project leader)							
Development of educational program and print materials (unit committee)							
Education Sessions; Print materials distribution (designated RN; project leader)							
"Go Live"							
Post-intervention data assessment (unit director; project leader)							
Secondary observation and surveys (unit director; project leader)							

Appendix G

Patient initial survey

1. Where you informed of your plan of care for the day?

   A) Yes

   B) Somewhat

   C) No

2. Are you satisfied with the amount of input that you gave regarding your plan of care?

   A) Yes

   B) Somewhat

   C) No

3. Did the outgoing nurse introduce the oncoming nurse during the change of shift?

   A) Yes

   B) Sometimes

   C) No

4. Do you feel that there is open communication between your healthcare providers regarding your plan of care?

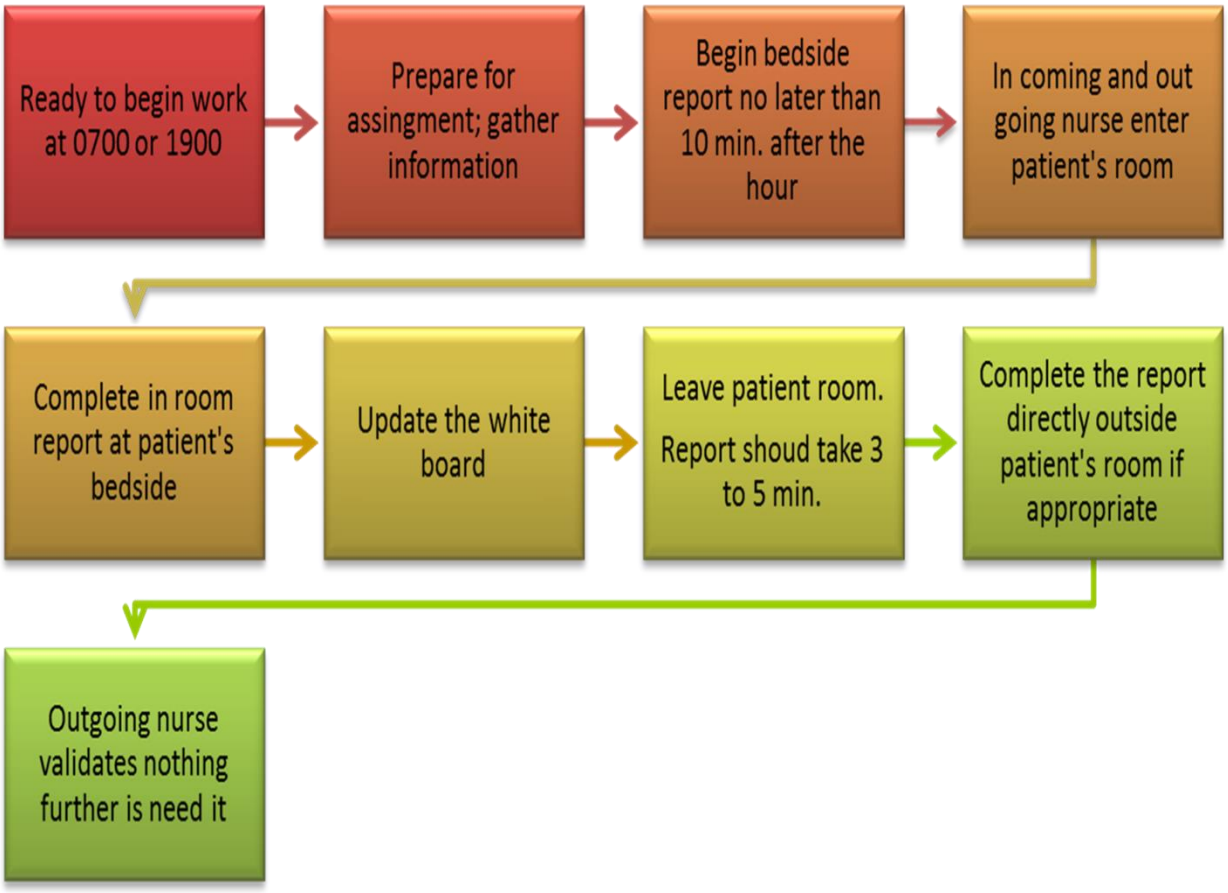
   A) Yes

   B) Somewhat

   C) No

Comments and suggestions:

Appendix H
Bedside Report Workflow Process



Notes: What Patients can Expect:

- Orient to unit process shift-to-shift report
- Nurses will perform safety check during the shift change by coming into the room, checking patient and asking questions.
- Nurses will not wake up sleeping patient if requested.

Appendix I
SBAR/ Change of shit report for Orthopedic Unit

	Report should take 3 to 5min. **Discuss any confidential information outside patients' room.** **Do not wake up patient if they wish.**
I **Introduce**	**Offgoing nurse**: "Mr./Ms … I am going home now. Nurse …. Will be your nurse now for the next shift. I have been working with nurse … for #years, and she/he is going to take a good care of you (or some similar phrase e.g. " nurse… is very experienced nurse; I'm leaving you in good hands") **Oncoming nurse**: Introduce self. Update white board. Check armband (allergies, name, date of birth)
S **Situation**	**Offgoing nurse**: Pt: age: Dr.: Dx: POD# Hospital Day # Code status:
B **Background**	**Offgoing nurse**: History (brief): Surgery: EBL: Anesthesia: Fall risk: Bed alarms: Orientation: Restrains: **Oncoming nurse**: Ask patient if they have any comments and questions
A **Assessment**	**Offgoing nurse**: Review of systems Current VS: IV sites/lines: IVF: Drains: Cardio: Pulmonary: O2: Skin: Wound/Incision: Dressing: GI: Diet: BS: Last BM: GU: Voiding: F/C: I&O Current labs: PT: OT: Activity level: Weight bearing: Precaution: Pain: Pain management: **Oncoming nurse**: Assess patient pain level. Safety checks: lines; drains; bed position; bed alarms;
R **Recommendations**	**Offgoing nurse:** Pending labs: Awaiting procedure: Discharge planning: Ask patient: "*Is there anything ese the RN needs to know at this time? Do you have any questions"* **Oncoming nurse**: Validate plan of care and any orders. Ask the offgoing nurse questions.
	Offgoing nurse: Thank the patient. Verify the 5P before leaving the room. **Oncoming nurse**: "*Is there anything you need right now? I will be back to check on you in about an hour?"*

Appendix J
Nurse Compliance Tool

Date: Shift: Room#	YES	NO	COMMENT
In room report given			
On coming nurse introduced to patient			
Checked lines/drains/pumps/ IV fluids/ urinary catheters for correct solution, setting, entry port			
Invited patient to contribute and ask questions			