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Promoting Patient Safety by Implementing Bedside Shift Report

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To Promote Patient Safety by Initiating Bedside Shift Report

Clinical Leadership Theme

The leadership theme that is being followed and encouraged by this project is the promotion of patient safety. Patient safety is a very broad and general term used to ensure that all aspects of patient care, from medical and nursing services to social and spiritual, are provided with the best interest of the patient. In other words, it means that no harm (whether intentional or otherwise) is done to the patient. This is why my project focuses on "bedside shift report" as a concept that will further promote patient safety. The project will entail using resources and support provided by the service line leadership and unit staff in the development and implementation of the project.

Statement of the Problem

As stated earlier, patient safety is a blanket term that covers all aspects of patient care. According to Hospital Safety Score (HSS), up to 440,000 Americans are dying annually from preventable hospital errors and this, in turn, puts medical errors as the third leading cause of death in the United States. The above statement shows the need for hospitals to make patient safety a prime priority. An instance where medical errors occur is when poor shift report is given. Another instance is when the patient was not checked upon by the outgoing and incoming nurses. From experience, nurses have arrived at a patient's room to observe an infiltrated intravenous line, a dislodged feeding tube and there are even instances where the receiving nurse entered the room and discovered that the patient had passed on. Poor shift report also primes the incoming nurse for failure and significantly increasing the risk of the patient becoming a victim of medical error. That is why this project is important, it focuses on improving shift report by

requiring that end of shift report be given at the bedside. It also gives guidelines on where, when and what information can be given in the room so as to ensure the smoothest possible transition for the patient and the staff.

Project Overview

The main goal of the project is to ensure patient safety. There are other goals some of which are to promote accountability among the nurses, provide positive experience for the patient and increase positive HCAPs scores for the organization. The aim statement for the project is improving patient safety by ensuring the implementation of bedside shift report by 80% of nurses by August 2016. It is believed that the successful implementation of the project would contribute extensively to the global aim of patient safety.

Rationale

The agency of healthcare research and quality (AHRQ) stated that research shows that when patients are engaged in their health care, it can lead to measurable improvements in safety and quality. The AHRQ indicated that bedside shift report (BSR) encourages patient and family participation which would further increase the patient safety. Laurene Eckbold and Gary Dombroski stated that according to The Joint Commission (TJC), an estimated 80% of serious medical errors are attributable to miscommunication between caregivers when transferring responsibility for patients. Furthermore, breakdown in communication was the third leading root cause of Sentinel Events reported to TJC between 2004 and 2011. The above statement indicates that this is a very serious issue that needs to be addressed. This means if there were 100,000 medical errors in a year, 80,000 of those errors could have been prevented if there had been effective communication. Implementing the BSR concept as a tool could reduce the number of

incidences of medical errors. Jon Shreve et al, (2012) indicated that the total cost per error as approximately $13,000, resulting in a total cost to the United States economy of $19.5 billion. If BSR can prevent 10 medical errors in a month or 120 medical errors annually at the hospital, then the hospital will be saving $1,560,000 annually. This means that the BSR project has significant cost saving implications for the organization, if the project is implemented properly.

Methodology

My project is focused on improving patient safety by promoting and implementing the concept of bedside shift report at shift change. I plan to implement the project on the unit by having a trial period so that loop holes and other potential breakdowns may be identified and corrected. At this point, I do not have any resistance against the implementation of bedside report. I am also a member of a hospital committee that is focused on developing policies and processes for bedside shift report for the entire hospital. I am also one of three leading members of the committee spearheading the implementation of the project on the unit. Progress on the unit committee is faster than that of the hospital committee because several departments and nursing specialties involved at the organizational level. In the unit BSR committee, we were able to develop policies that were based on the culture of the unit. A copy of the policy can be found in the appendix. Integrating BSR into the unit culture instead of a complete overhaul of the unit process was intentional so as to facilitate seamless transition. Due to schedule conflicts and organizational bureaucracy, the project was initiated April 28, 2016. There is a two week transition period planned to make sure that most of the nurses on the unit had a give and receive BSR at least once. The transitional period also gives us a chance to assist the nurses that have questions or find the process challenging. There were signs posted around the unit a week before implementation. Implementation of the project was mentioned during in-services prior to the

roll-out date. These were done to prime the nurses and other involved staff in getting ready for the implementation of BSR, and also in an effort to unfreeze current behavior. Prior to the implementation on the unit, I had unofficially implemented the project whenever I worked and shared my findings with the committee to help develop policies. I plan to collect data by surveying patient and staff experience of the bedside report as oppose to the alternative. I also would collect data like number of falls, near misses and sentinel events that occurred before and after the implementation of the project. Most of the data I have now are from random checks with nurses and patients but so far the nurses are onboard. However, most of the patients seem to not be bothered by the BSR process. I think it is because they are used to the nurses coming in to introduce themselves after giving report outside their room. They probably haven't noticed that the report is now more in depth. The positive thing is that they have no problem with it, I'll see if that changes at the end of the two week mark. The collection of this data would help in determining the effectiveness of the project. This is going to be a long, arduous and continuous process which cannot be rushed but will need to be easily modified depending on the situation. The theoretical framework I would associate with my project is Kurt Lewin's change theory. The theory has three stages which are unfreezing, moving and freezing. I chose this theory because to implement bedside report on the unit, I am going to have to unfreeze the current behavior by talking to the nurses and convincing them that bedside shift report is going to be beneficial to them and especially the patients. For the second stage, which is moving, I would institute policies that would encourage bedside shift report. I would also develop guidelines on what information can be given and to whom the information can be given to. Finally, I would refreeze the new behavior by ensuring proper follow-up of the progress on the project by checking in with the nurses. I would also ensure that the new hire were trained appropriately by their preceptor

during the 8 to 12 week orientation period, to ensure they incorporate this concept into their practice.

Data Source and Literature Review

The project is conducted on a small intermediate unit. The acuity is relatively high and can be compared to the critical care unit of a small hospital. Due to the acuity, patient safety is of utmost importance. The project is an effort to minimize risk of medical errors while encouraging autonomy by involving patients in their own during bedside report.

The PICO statement for my project which focuses on patient safety as related to bedside shift report and medication scanning compliance is as follows:

P- Patient on the neuro intermediate unit

I –Implementing bedside report during change of shift

C –Report given at location other than the bedside of the patient

O –Promote patient safety while improving patient and nurse satisfaction

There was a lot of literature on the concept of shift to shift bedside report, and the result of the experimental study stated that the concept significantly improved patient safety and satisfaction. Kari Sand-Jecklin and Jay Sherman (2014), conducted a quantitative assessment of bedside report on patient and nursing outcomes, with a quasi- experimental design. They stated that "if properly implemented, nursing bedside report can result in improved patient and nursing satisfaction and patient safety outcomes". One of the outcomes stated is that patient falls at shift change decreased substantially after the implementation of bedside report. Another outcome indicated, was that nurses' perceptions of report were significantly improved in the areas of

patient safety and involvement in care and nurse accountability post-implementation. They also expressed that there has to be an environment of teamwork and involvement between managers and staff nurses in the implementation process. Continuity in monitoring consistency in report format as well as satisfaction with the process, are also important.

As pointed out earlier, Jon Shreve et al in an article indicated that the total cost per error as approximately $13,000 resulting in a total cost to the United States economy of $19.5 billion. The article which is titled "The Economic Measurement of Medical Errors" shows the financial burden that preventable medical error (PME) puts on an already stressed healthcare system on a yearly basis. Deby Evans, Juiie Crunawait, Donna McCiish, Winnie Wood and Christopher R. Friese (2012), concluded that a team-developed intervention to relocate shift-to-shift nursing report to the patient bedside resulted in improved satisfaction for nurses and increased direct care time to patients. The nurse satisfaction developed from the benefits of BSR that were discovered during the project. They found out that BSR reduced interruptions which made the report move along smoother and faster. Ofori-Atta (2016) defined BSR as an end of shift report between the outgoing nurse and the incoming nurse that takes place at the patient's bedside. This facilitates an environment in which patients can become a part of the process in the delivery of their care, thereby increasing patient autonomy and satisfaction. Increased patient satisfaction can translate to good HCHAP scores which gives the organization more opportunities for reimbursements.

Coleen Ferris (2013) discussed her concerns about the nurses on the unit accepting the implementation of BSR at her hospital. She indicated that it was a combined effort of management and senior nursing staff in initiating the project by being present on the unit to organize and guide nurses on the unit on the process. She indicated that guidance continued at

every shift change for two weeks. The approach was effective because the floor nurses started to comment on how BSR had helped avert problems and the need for rapid response calls and how it led to prompt dressing changes and replacement of empty I.V. bags. The reduction of rapid response shows that there is an improvement in patient safety brought upon by proper implementation of BSR. An article by Rebekah Shin, Kathryn Woods, Samantha Young (2012) also agrees with the school of thought that BSR improves patient safety, strengthens nurse and patient satisfaction, and increases accuracy of report. Their study indicated that the hospital's HCAHPS scores showed that communication between patients and nurses had improved by 39% and pain management improved by almost 20%. Medication errors were also decreased by 63% since the implementation of bedside reporting.

Timeline

It is important to understand that this project is continuous because the feedback will be used to improve the process on a continuous basis. The projected timeline from initial planning to outcomes evaluation is seven months. The project seems to be right on schedule, although, I am not sure if the outcomes and evaluations would have been completed by the end of the program. It took one month to assemble a committee that discussed the pros and cons of initiating BSR. The committee will also meet at the end of March to discussed barriers and come up with possible solutions to help avoid the barriers. The trial period kick-off is scheduled for April but there is no specific date in mind yet.

Expected Results

My unit is a team oriented unit centered on patient safety and satisfaction. My initial evaluation of the unit revealed that all the nurses, even those with over ten years of experience,

were willing to try giving and receiving report at the bedside. I expect that there would be feedback from the nurses and the patients to help with the continuous development of BSR. I imagine that the project will be a success because there are people who are ready to use the available resources to make sure that the project is implemented properly.

Nursing Relevance

It is the hope and belief that the project will help in the development of trust of the healthcare system by the public. The concept of BSR is based on transparency that can be witnessed by the patients. This transparency fosters trust which empowers the patient to be a willing participant in his or her own care. As nurses, there is a fundamental responsibility to provide quality safe care to the patients. Ensuring the success of the BSR project helps nursing to fulfill this integral part of their responsibility to the patients. BSR would also foster accountability and boost the confidence of the nurses. Accountability is very important because it helps with confidence development for nurse. There is a higher probability for a nurse to search for and acquire knowledge when he or she feels responsible. For example, if a nurse is responsible and accountable for a patient with a lumber drain, the nurse is more apt to search for knowledge relating to what the drain site should look like, appearance of drainage, signs of infection, whether or not the drain should be clamped and so on. The nurse has to know these things because he or she knows that the information will be verified by the out-going and in-coming shifts. As indicated, the nursing relevance of BSR is very important when it comes to providing safe care to patients.

Summary Report

As stated earlier, the aim of the project is improving patient safety by ensuring the implementation of bedside shift report by 80% of nurses by August 2016. The neuro intermediate unit (NIMU) was chosen for the project because it is one of the smaller units in the hospital. It is a twelve bed adult population unit that takes neuro trauma/stroke/surgical patients that are not critical enough for the intensive care unit (NICU) but are not ready for the acute care floor.

In a survey taken, 100% of the nurses wanted some form of bedside report during shift change because they feel that it would improve patient care and increase nurse accountability. Several nurses indicated that they have walked in a room and observed the patient on the floor, had a change of condition, IV infiltration or some other sentinel/adverse event during shift change. The neurologically intact patients that were surveyed also indicated that they would like to know what information was transferred during report. 50% stated that it would make them feel more confident in the care that they would be receiving during the next shift.

There are numerous publications that support the efficacy of bedside shift report in relation to patient care and safety. Publications from the Agency for healthcare research & quality (AHRQ), MEDSURG Nursing, American nurse today, Journal of Clinical Nursing and the Nursing journal are some of the articles that were used to investigate and develop ideas and policies for the project. The initial plan was to start the program in early April 2016 but due to bureaucratic chain of command and several conflicting schedules, the project started late April 2016. The BSR unit committee developed policies that would help manage the implementation of project and facilitate a smooth transition. There are other plans like educating and providing real –time on-the-floor guidance to the nurses in the first two to three weeks of initiation, posting

reminder posters at strategic areas of the unit to serve as reminders and also appointing report champions that would help in encouraging nurses while also collecting data as they observe.

Since the project has just been recently initiated, there are no official results at this time. But there is high hope that the project will be successful because of the involvement of everyone. It is projected that there will be an increase in nurse accountability and reduction in adverse/sentinel events especially during shift change. There will also be an increase in patient satisfaction scores due to the access and autonomy granted to the patients. From experience, it has been observed that patients have corrected or fill in blanks in their care and medical history that were not known to the out-going nurse. The information given by the patient to the out-going and in-coming nurses can help synchronize what is known by everyone involved in the patient's care. The synchronization can help reduce the risk of errors made by either shifts.

Sustainability is a very important factor that has been considered in implementing the project. Due to the interest of upper management, it is projected that the project will be standardized. The standardization would ensure continuity of the project's process/ processes to promote sustainability. There will be periodic collection of data to monitor patient satisfaction and nursing compliance. The data would be monitored by the appointed BSR champions because they would be able to monitor and collect data on compliance of the floor nurses in real time and compare it with data collected from patient satisfaction surveys. There are going to be monthly meetings to analyze and improve the process by applying PDSA cycle. Analysis of the data can also help to recognize fallouts earlier and provide opportunity to make corrections. The surveys that are going to be used can be found in the appendix. One of the plans to ensure continuity of the project is by making sure that the new employees, regardless of years of experience, are trained during their eight to twelve week floor orientation. After conducting a failure mode effect

analysis coupled with previous experience, a conclusion was made that continuity is also dependent on proper training of new employees. This conclusion was arrived at because nursing is a high turnover profession and if the current nurses don't teach the new nurses before they leave the facility then the whole process will have to be restarted. The unit manager and the educators will have to make sure that bedside shift report (BSR) is a core requirement of orientation. Also making BSR an annual education competency for all nurses would highlight the importance of BSR because it is in congruence with the hospital/organization's mission of providing the best patient care in a safe environment. And besides, everyone in the organization is a stakeholder because the number of falls/ sentinel events is a reflection on the entire organization.

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Appendix A1

Memorial Hermann (TMC) NIMU Bedside Shift Report

- Bedside shift report is a unit requirement that all nurses have to fulfill as part of their job description.
- BSR should be given after 0650 in the morning and before 2000 at night.
- Power of attorney and permitted persons are also allowed to be present during report.
- Identification of persons in the room must be verified by patient in order to determine if it is okay to give report at the bedside.
- New diagnoses and other sensitive information that are unknown to the patient should not be disclosed during bedside report unless previously communicated by physician to patient. The information should be shared between the nurses prior to entering the patient room.
- Any information that may adversely affect medical, psychological and physical health (not previously disclosed by appropriate person) cannot be disclosed during bedside report. This should be disclosed prior to entry.
- Disclosure of patient diagnosis and medical history at bedside is at the nurses' discretion.
- Report can be given from the kardex and can be updated at the bedside unless contraindicated.
- If full bedside report is not possible then both outgoing and incoming nurse still have to see the patient and asses general appearance, IV lines, infusing fluids, restraints, etc.

- All new hires should be trained to give report at the bedside.
- Bedside report is a mandatory requirement that should be met by both the preceptor and the preceptee.

Appendix A2

Bedside Shift Report Checklist

- ☐ Introduction of staff to the patient and family. Encourage the patient and family to take part in the bedside report. (i.e. active listening, clarifying any information that they feel is in error, and asking questions) *addressing these issues now will save you time later.
- ☐ Bring the computer into the room with you to go over any labs, orders, or vital signs. *this provides you a desk to work from and also gives the patient some real insight into how much you do.
- ☐ Conduct a verbal SBAR report at the bedside with the family and patient only if the patient is able to consent to family being in the room. Do not review any data that the patient or family members are unaware of in the room. Address any social concerns outside of the room as well. *these can be short little additions at the end of your report that you can give as you are walking towards your next room.

  S = What is going on with the patient? What are the current vitals?

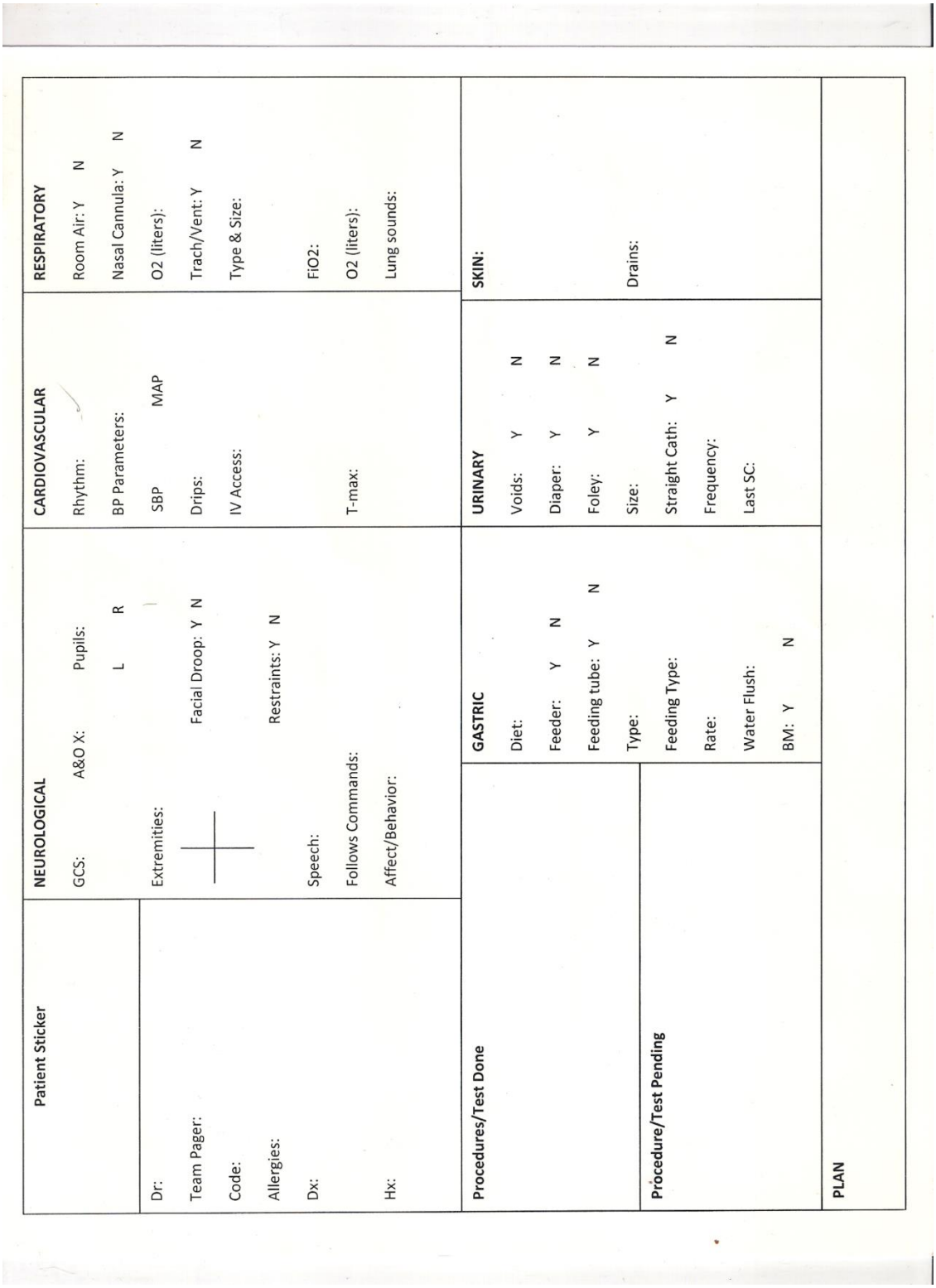
  B = What is the pertinent patient history?

  A = What are the patient's current problems or areas of concern?

  R = What does the patient need?
- ☐ Conduct a focused brief assessment of the patient and a safety assessment of the room. (visually inspect all wounds, incisions, drains, IV sites, tubings, and catheters)
- ☐ Review tasks that need to be addressed such as;
  - Pending labs
  - Important medications or treatments (IVIG, Chemo, Plasmapheresis, Dialysis or Blood transfusions)
  - Forms or documentation that needs to be completed (Med Rec, Admission History, Vaccine screenings, FMLA paperwork, etc.)
- ☐ Address any patient or family needs or concerns. Set a goal for the patient for the shift. (pain management, bath or shampoo, sitting up in the chair, whatever their goal may be for the day).
- ☐ Thank the patient and proceed to the next room.

Appendix A3

NIMU BSR KARDEX



Patient Sticker	NEUROLOGICAL	CARDIOVASCULAR	RESPIRATORY
	GCS: A&O X: Pupils: L R	Rhythm:	Room Air: Y N
Dr:	Extremities:	BP Parameters:	Nasal Cannula: Y N
Team Pager:	Facial Droop: Y N	SBP MAP Drips:	O2 (liters): Trach/Vent: Y N
Code:		IV Access:	Type & Size:
Allergies:	Restraints: Y N		
Dx:	Speech:		FiO2:
	Follows Commands:	T-max:	O2 (liters):
Hx:	Affect/Behavior:		Lung sounds:

Procedures/Test Done	GASTRIC	URINARY	SKIN:
	Diet:	Voids: Y N	
	Feeder: Y N	Diaper: Y N	
	Feeding tube: Y N	Foley: Y N	
	Type:	Size:	Drains:
Procedure/Test Pending	Feeding Type:	Straight Cath: Y N	
	Rate:	Frequency:	
	Water Flush:	Last SC:	
	BM: Y N		
PLAN			

Appendix B1

NIMU HCACHPs Rounding Audit

Patient's Label _____ Date _____

HCAHPS Category	Met	Not Met
Nurses always communicated well. • Treat you with courtesy and respect • Listen to you carefully • Explain things in a way you could understand • Included you and made you feel safe during bedside shift report		
Staff Responsiveness always prompt. • Help as soon as you wanted it • Help in getting to the bathroom or in using a bedpan as soon possible		
Doctors always communicated well. • Treat you with courtesy and respect • Listen to you carefully • Explain things in a way you could understand		
Pain was always controlled • Pain is well controlled • Staff did everything did could to help you with your pain		
Communication about medicines always communicated well. • Staff always explained about medicines before giving them to you • Staff always describe possible side effects in a way you could understand • Nurses updated you on change in plan (of care) and newly prescribed medication during bedside shift report (at change of shift)		
Discharge information was always addressed. • Staff talk with you about whether you would have help you needed when you left the hospital • Staff provided information about what symptoms or health problems to look out for		

"What matters to you?"

Evaluator: _____ **Date: _____**

Appendix B2

NIMU Weekly Patient Survey of Bedside Shift Report

Please rate your response on a scale of 1 – 5 with 1 = Unsatisfactory, 2 = Somewhat Unsatisfactory, 3 = Neutral, 4 = Somewhat Satisfactory and 5 = Satisfactory.

How do you feel about nurses giving bedside report at change of shift	(1)	(2)	(3)	(4)	(5)
Does bedside shift report make you feel involved in your care?	(1)	(2)	(3)	(4)	(5)
Were you satisfied with the information given about your care during bedside report	(1)	(2)	(3)	(4)	(5)
Were you able to ask questions about your care during report	(1)	(2)	(3)	(4)	(5)

Place Patient Sticker Here	
Date	

Appendix B3

NIMU NURSING SURVEY of BEDSIDE SHIFT REPORT

	YES	NO	Neutral
Do you give or receive more information during Bedside Shift Report?			
Does the information received during BSR help you improve patient care during your shift?			
Does BSR increase your readiness and preparedness at the beginning of your shift?			
Does BSR help you organize report at the end of you shift.			
Do you feel that BSR is more time consuming than previous methods?			
Do you feel that BSR increases accountability on the part of the out-going and in-coming nurses?			
Does BSR encourage you to hone your skills?			
Does BSR help you with your patient assessment?			

Comments:

How can we make it better?

Appendix C

FISHBONE DIAGRAM