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Standardization of Shift Report by Implementing a Nursing Report Sheet and Addressing Patient

Values to Meet Patient Needs

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Standardization of Bedside Shift Report

Clinical Leadership Theme

The clinical leadership theme for my Clinical Nurse Leader (CNL) project focuses on safety, communication and collaboration. The goal is to improve “nursing communication” on the health consumer assessment of healthcare providers and systems (HCAHPS) scores by 10% and decrease overtime related to nursing report by 15%. In addition, a follow-up survey will be sent to the staff after 90 days to evaluate the effectiveness of the tool during report and if implementing Rokeach’s Values has changed their nursing practice.

I aim to improve the bedside shift report process by focusing on the patient’s values in Medical/Surgical Oncology (MOU) Unit. The process begins with the off-going RN giving report and oncoming RN receiving report. The process ends with oncoming RN assuming care of the patient. By working on this process, I expect (1) a decrease in RN overtime, (2) to provide standard of practice for patient report, (3) improve communication during shift report, and (4) addressing the patient’s values. It is important to work on this now because (1) nurse communication is important to provide continuity of care, (2) include the patient’s values to increase patient satisfaction and (3) it will help to alleviate potential unnecessary overtime to maintain unit budget.

Statement of Problem

Bedside shift report is a complex process, which involves the transition of care from one clinician to another. Shift report involves extensive communication regarding the patient’s condition, health history, plan of care, etc. However, nurses remain inconsistent with information sharing during bedside shift report. Standardizing nursing report will improve the efficiency of report, improve nursing communication and decrease unnecessary overtime.

How can the nursing report process be elevated to meet patient needs and provide true patient-centered care? During report, the nurses will identify and communicate the patient's values based upon Milton Rokeach's Values. Milton Rokeach was a social psychologist that developed instrumental and terminal values. Intrapersonal and interpersonal describe instrumental values and moral and competence define terminal values. Shifting to a concept that is more central and dynamic would invite interdisciplinary collaboration (Schotsmans, 1983). Identifying what the patient values will help to ensure the patient receives individualized patient care.

Project Overview

This project was conducted on the MOU in a level-one trauma center in San Diego, CA. The patient population includes a diverse adult population with the average inpatient age is fifty-nine years old. There are twenty-eight rooms and forty-five licensed beds on the MOU. Sepsis, cellulitis, urinary tract infections, heart failure, cancer, etc. are a few of the top conditions treated on unit with the average length of stay being 6.28 days. There are sixty registered nurses on the unit and twelve support staff including nursing assistants and unit secretaries. Moreover, there are two advance practice nurses and unit specific pharmacists available. The nurse to patient ratio varies depending upon if the patient requires telemetry monitoring and/or receiving chemotherapy.

This project is projected to improve the communication and collaboration among the nurses during shift report. The Agency for Healthcare Research and Quality (AHRQ) (2013) reported that approximately 70% of patient adverse events are attributed to communication failures between healthcare providers. The transfer of information should be complete, accurate,

and consistent and is imperative to providing safe patient care (Vines, Dupler, Van Son, & Guido, 2014).

The aim for my project is to identify and address patient values to meet the patient's needs. In addition, formulate a standard way of providing and receiving bedside shift report through the utilization of a nursing report sheet. The goals of my project is to improve patient satisfaction by 10% within 90 days of implementation and overtime hours will decrease by 15% within 90 days of implementation.

Rationale

The clinical microsystem is prone to abrupt changes and the staff needs to meet the demands to provide safe, quality care. To effectively improve a microsystem, one must assess, diagnose, treat, and follow-up (Nelson, Batalden, & Godfrey, 2007). Current care has become mediocre compared to other developed countries and can be attributed to gaps in our knowledge, poor clinical decision-making, medication errors, unsafe transitions of care, or ineffective teamwork (Likosky, 2014).

A comprehensive clinical microsystem assessment was conducted on the MOU and exposed communication gaps and failure to comply with the bedside shift report process. Nurses were not conducting shift report in the rooms. Rather, the nurses were performing report outside of the patient's room in the hallways, then walking in after shift report was complete. This practice did not involve the patient in the report process or allow the patient to provide input. A strengths-weaknesses-opportunities-threats (SWOT) analysis (Appendix A) and a root-cause analysis (Appendix B) was performed to further investigate potential factors that influence current practice.

The MOU's score for "nurses communicated well" was only 73% with the national average estimated at 80% (Medicare.gov, n.d.). When surveying the nurses, 60% of nurses recognized shift report as disorganized and 85% agreed that a report sheet would help to make change of shift more efficient and organized. Approximately 70% of nurses have overtime at least once a pay period due to change of shift report. The average hourly salary for a registered nurse (RN) is roughly \$42.00, but with overtime hourly pay increases to approximately \$63.00. There are 60 RNs on the unit and 42 RNs have overtime once a pay period.

The MOU's overtime budget was \$54,763. However, the overtime cost was \$70,222, which is 28% more than projected for the last fiscal year. The anticipated cost of overtime is estimated at \$63,000 a year. The monthly hours for January and February were between 20-30 hours over the allotted budgeted hours. In order to meet budget, the amount of overtime has to decrease by 15%. Furthermore, overtime may be caused by other factors unrelated to nursing report.

The cost for printing a report sheet is fairly inexpensive (Appendix C). The cost for printer ink, specific to the MOU, is estimated at \$156.00. A case of printer paper is estimated at \$25.00. Information regarding the report sheet can be addressed through an email and during huddle before each shift. By doing this, non-productive hours can be kept to a minimum and within unit budget. Overall, implementing this project would be beneficial to the unit and the hospital. It will assist with decreasing overtime, improving patient satisfaction, and enhancing nursing communication. Reimbursement would increase and the cost of overtime related to nursing shift report will decrease.

By implementing this change, I am hoping to accomplish a stronger, solid nurse-patient rapport. Having the nurses addressing what is important to the patient during their report, and

when providing care, will help to improve patient satisfaction. Often times, patients are referred to as a diagnosis or a room number. By individualizing the patient's care based on their needs, will allow the nurses to build more trusting relationship with the patient. Moreover, grant the patient the opportunity to be active in their healing process.

Methodology

With any change project, the initial step is to identify a need for change and how it will impact the patients and health care providers. I was able to assess the need for the standardization of bedside shift report due to the increase in overtime and decrease in "nursing communication" in the HCAHPS scores. Gathering feedback from clinicians, who will be utilizing the shift report tool, was a necessary step in order to move forward with implementing my project (Appendix D).

During morning huddle, the staff was informed of my CNL project and its purpose and an introductory email was sent to the staff as well. A survey was sent out via email to the nurses and responses would remain anonymous (Appendix E). However, I did not receive an adequate amount of responses. As a result, I passed out surveys during a shift and collected them at the end of the day. The next step was to create the shift report tool based on the survey responses (Appendix F). After I finalized the tool, a situation-background-assessment-recommendation (SBAR) communication form was created to further inform the staff on the identified need and the expected goal for implementing this new shift report tool. In addition, I created a handout explaining Milton Rokeach's Values to provide education to the staff.

Assessing the effectiveness of my project would be determined on patient satisfaction scores and trending overtimes rates. Ongoing evaluation will be completed at monthly intervals for at least three months. My desired goal is to improve "nursing communication" on the

HCAHPS scores by 10% and decrease overtime related to nursing report by 15% in 90 days. In addition, a follow-up survey will be sent to the staff after 90 days to evaluate if they find the tool useful during report and if implementing Rokeach's Values has changed their nursing practice.

Data Source and Literature Review

A literature review was conducted to gather evidence to support my prospectus to standardize bedside shift report and the benefits of implementing the utilization of a nursing report tool. The review process utilized several databases: CINAHL, Fusion, and Google Scholar. The key words searched included: *beside shift report, nursing communication, patient satisfaction, and patient-centered care*. The articles selected were limited to English only articles published between 2012-2017.

The utilization of a format for the information sharing process of bedside shift report grants a more efficient and organized report. Anderson, Malone, Shanahan, and Manning (2015) performed a literature review that supports bedside shift report. The findings indicated nurses were concerned about protecting patient confidentiality. No tool was considered ideal during the report process, but a structured tool such Information Situation-Background-Assessment-Recommendation (ISBAR) was strongly supported.

Furthermore, a more efficient report will lead to decrease overtime related to lengthy shift report. Cornell, Townsend, Gervis, Yates, and Vardaman (2014) hypothesized Situation-Background-Assessment-Recommendation (SBAR) will lead to shorter report times, report consistency, and improved information quality. The SBAR protocol was used to improve shift reports and interdisciplinary rounding on a forty-eight bed medical-surgical unit. Observations were conducted before and after implementation. SBAR enabled more focused and efficient communication. In addition, both processes were considerably shorter and more consistent.

The change of shift report is a complex process unique to each healthcare provider. Holly and Poletick (2014) performed a systematic review of qualitative studies to review the complexity of handoff shift report. Additionally, the authors identify handoff as an individual based process. The nurse is the primary decision-maker of what information is chosen to be act upon or handed off is a major discovery of this review. Jukkala, James, Autrey, Azuero, and Miltner (2012) utilized the clinical microsystem framework to engage frontline staff in their study to introduce a communication tool in the medical intensive care unit. Findings from the pilot study indicated that communication among nurses during shift report improved significantly following implementation of the tool.

Patients are key stakeholders to shift report and by including them during the shift report process will help to improve communication and patient satisfaction. Taylor (2015) is a clinical nurse at Memorial Sloan Kettering Cancer Center, introduced bedside-shift report with a hand-off report sheet to improve communication, patient safety and satisfaction. Patients described the top two benefits of bedside hand-off were nursing introductions and enhanced communication. In addition, patient falls and medication errors decreased. Tzeng, Yin, and Fitzgerald (2015) discussed the importance of engaging the patient in their care by acknowledging them as key stakeholders. However, one of the main barriers to integrating the concepts of patient engagement and centeredness was paternalism of healthcare providers. The authors recognized the change must stem from the healthcare providers by allowing the patient to be more active in their care

Timeline

The project start date is March 2017 and the expected end date is June 2017 (Appendix G). The project start date was delayed due to multiple factors. There was a delay in initial survey

responses requiring time allotted to passing out surveys and collecting responses. Scheduling conflicts added to the delay in project implementation.

Expected Results

The expected results from implementing this project will increase patient satisfaction, nursing satisfaction, nursing communication, and decrease overtime related to shift report. After 90 days, there should be an increase by 10% on “nursing communication” and a 15% decrease in overtime related to shift report. Introducing Milton Rokeach’s Values will provide a new element to nursing care. The effects of this project will hopefully transcend throughout the facility.

Nursing Relevance

Patient-centered care continues to be a growing theme in healthcare without any true meaning. Patient values have become a second priority in nursing because we are too busy focusing on the numbers and other issues that may arise. During report, nurses provide information that is concrete and measurable, but fail to meet the needs important to the patient. Focusing on what the patient views as important is crucial to the patient's experience during their hospitalization. Handover is an important area to be addressed because it involves the transferring of responsibility and accountability between clinicians (Anderson et al., 2015). Inconsistency of information may compromise the patient’s safety. Nurses must be mindful of the importance of an accurate change of shift report in order to ensure safety and quality of care is maintained.

Summary Report

The objective of the CNL internship project is to provide true patient-centered by standardizing bedside shift report by implementing a nursing report sheet and addressing patient

needs. The aim is to improve “nursing communication” on the HCAHPS scores by 10% and decrease overtime related to nursing report by 15%. In addition, a follow-up survey (Appendix I) will be sent to the staff after 90 days to evaluate the effectiveness of the tool during report and if implementing Rokeach’s Values has changed their nursing practice.

The project was conducted in a level-one trauma center in San Diego, CA on the MOU. The patient population includes a diverse adult population and the average inpatient age is fifty-nine years old. A microsystem assessment and direct observation displayed the need to improve the report process to improve patient satisfaction scores. A pre-implementation survey was conducted to further evaluate the nurses needs regarding standardize report sheet and understanding of Milton Rokeach’s Values. The CNL project was implemented in March and evaluated every month to track progress for three months. The materials utilized to educate the staff were educational handouts and education provided during pre-shift huddle. Emails were sent to the staff to provide updates and provide further education to ensure every nurse was informed of the project.

The MOU’s patient satisfaction score for “nursing communication” was 73% prior to project implementation. In April, an evaluation was conducted for March and the “nursing communication” HCAHPS score increased to 77% (Appendix H). The positive correlation suggests the CNL project helped to improve communication between nurses and with their patients.

Another aspect the project was impacting was to decrease the amount of overtime related to shift report. The MOU’s overtime budget was \$54,763. However, the overtime cost was \$70,222, which is 28% more than projected for the last fiscal year. Prior to project implementing, January and February overtime hours were 20-30 hours over the budgeted hours.

For the month of March, overtime was budgeted at 426 hours, but the unit utilized 526 hours (Appendix H). The increase in overtime can be attributed to the health system implementing a new electronic health record (EHR). Due to the new EHR, float staff were to be assigned to other hospitals within the health system to fulfill their needs. The hospital where the CNL project was conducted was not set to receive the new EHR until next year. As a result, the staff nurses were allotted overtime and encouraged to pick-up extra shifts in order to meet staffing needs.

The sustainability of the project is well supported by the nursing leadership team: nurse manager, nursing supervisors and charge nurses. The CNL project coincides with their management for daily improvement (MDI) initiatives to improve their patient satisfaction score with a focus in nursing communication. Key factors for sustainability in the MOU's microsystem are perceived benefits of the staff/clients, fit with the organization's mission/procedures, and modification of the program. Scripps' mission statement is "...provide superior health services in a caring environment and to make a positive, measurable difference in the health of individuals in the communities we serve. We devote our resources to delivering quality, safe, cost effective, socially responsible health care services..." (Scripps, 2017). Implementing this project correlates with the Scripps' mission statement. Furthermore, modifying the current shift report process will improve efficiency and communication, which will benefit the patients and the staff.

The overall results of the project demonstrate implementing a standardize process to receive and give report positively impacted nursing care. Identifying patient needs through Milton Rokeach's values created a new element to nursing care to enhance patient-centered care. Although overtime could not be tracked appropriately because of external factors, my prediction remains unchanged. An efficient nursing report should decrease the amount of overtime. With

the success of this project, the goal is to have other units will adopt this practice to ensure patient-centered care is provided and the patient's needs are met.

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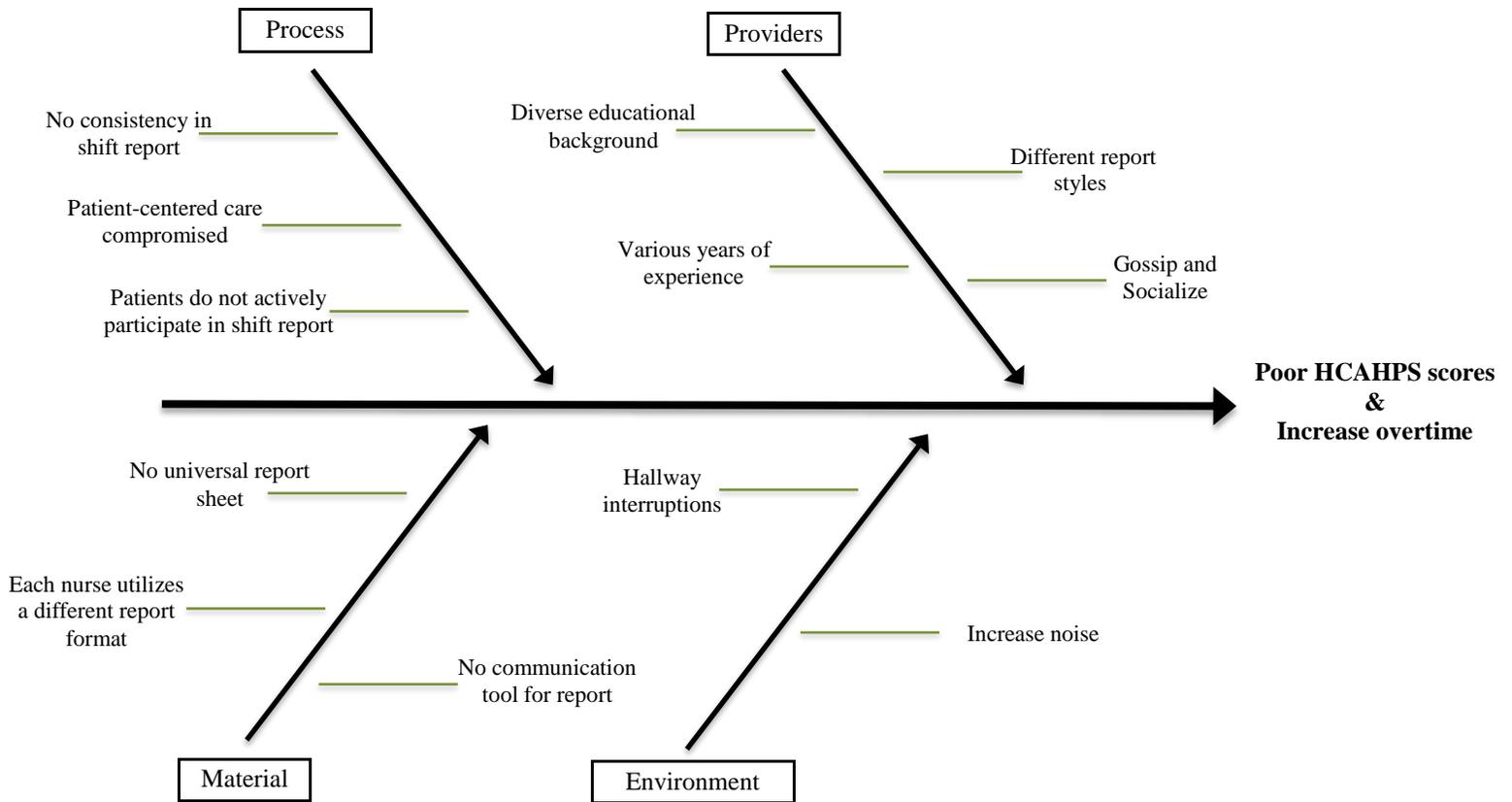
Appendix A

SWOT Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Dedicated staff• Dedicated leadership• Competent staff	<ul style="list-style-type: none">• Lack of communication• Poor patient satisfaction• Unorganized report process
OPPORTUNITIES	THREATS
<ul style="list-style-type: none">• Increase patient satisfaction• Improve communication• Build patient-nurse rapport• Establish trust• Decrease overtime	<ul style="list-style-type: none">• Staff resistance• Workflow issues

Appendix B

Root Cause Analysis Fishbone



Appendix C

Cost Analysis

Items	Initial Cost	Yearly Cost
Material cost (paper and toner)	\$181.00	\$543.00
CNL providing education and resources	\$0.00	n/a
RN Salary for education and training	\$0.00	n/a
Total	\$181.00	\$543.00
RN overtime per hour (Average hourly salary: \$42.00)	\$63.00	
Overtime cost related to shift report per year (# of RNs w/ overtime X overtime hourly salary X pay periods per month X 12 months)	\$63,500	

Note: 60 RNs total on the unit with 42 RNs have overtime once per pay period.

Appendix D

Change of Shift Report Survey

1. How long does change of shift report approximately take?

- A. 5-10 minutes
- B. 10-15 minutes
- C. 15-20 minutes
- D. 20-25 minutes
- E. 25 minutes or longer

2. How often does change of shift report cause you overtime?

- A. Once a pay-period
- B. Twice a pay-period
- C. Three times or more a pay-period
- D. Never

3. Do you feel change of shift report is organized?

- A. Yes
- B. No

4. Would a report sheet help with giving/receiving change of shift report?

- A. Yes
- B. No

5. What are the most important information during change of shift report? (May select more than one answer)

- A. Name
- B. Age
- C. Room Number
- D. Medical Team
- E. Allergies
- F. Code Status
- G. Assessment Findings
- H. Labs
- I. Radiology Scans
- J. New Orders
- K. Plan of Care
- L. IV site and IV Fluids
- M. Diet
- N. Therapies (PT/OT/ST)
- O. Other (please specify)

6. Are you familiar with Milton Rokeach's Terminal Values?

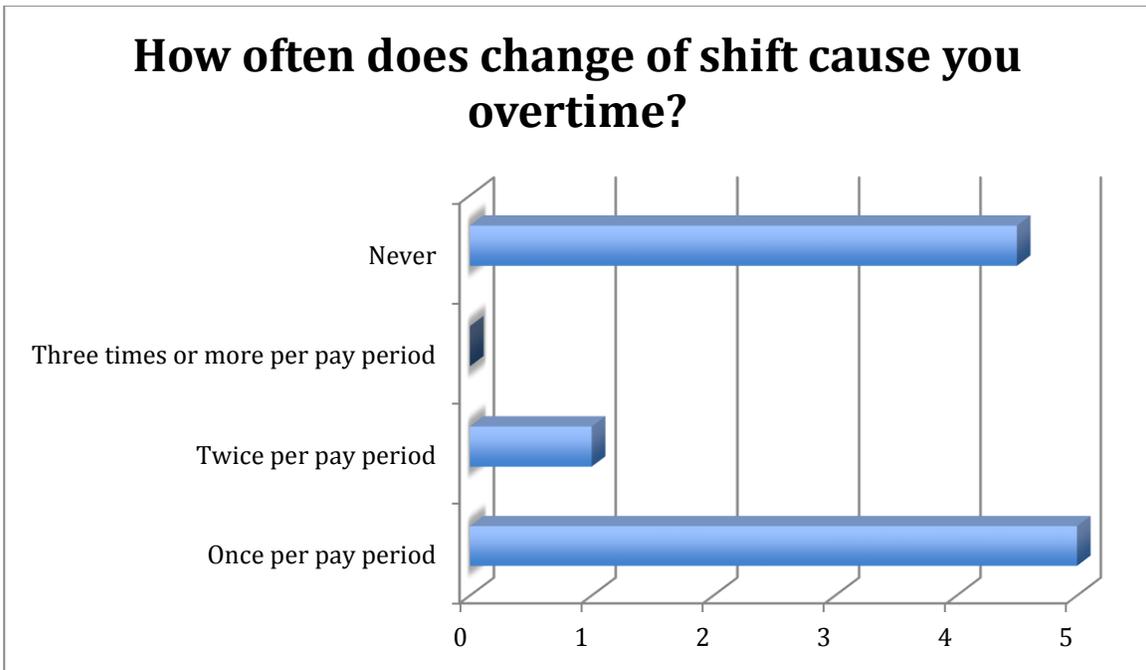
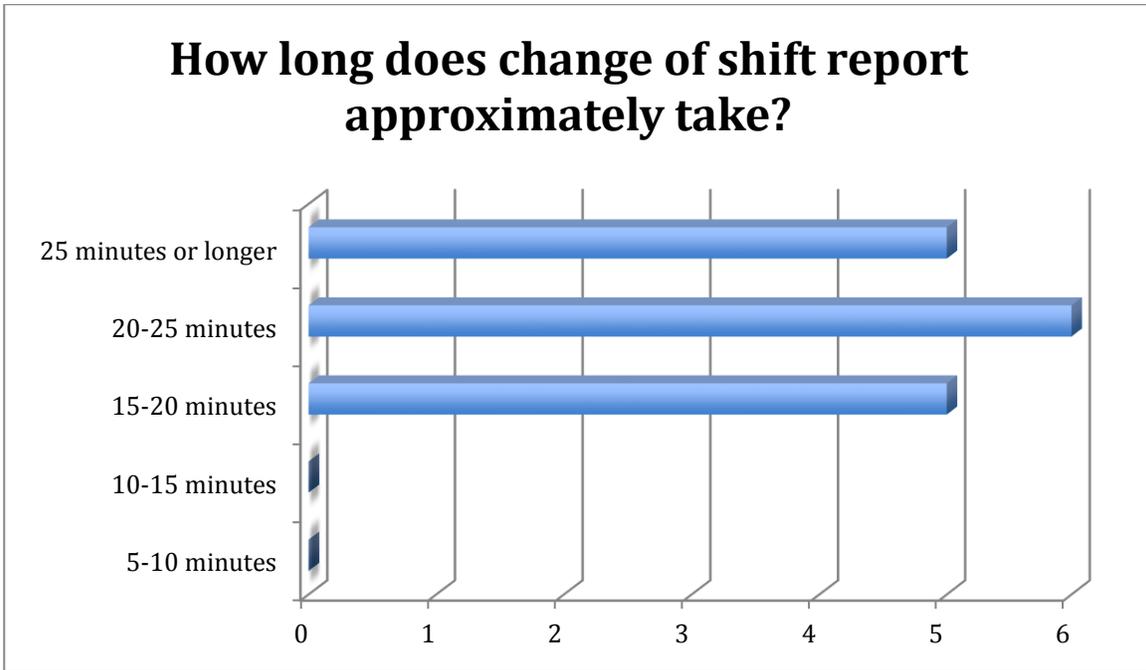
- A. Yes
- B. No

7. Have you every asked your patients "What is important to you?" when providing patient care?

- A. Yes
- B. No

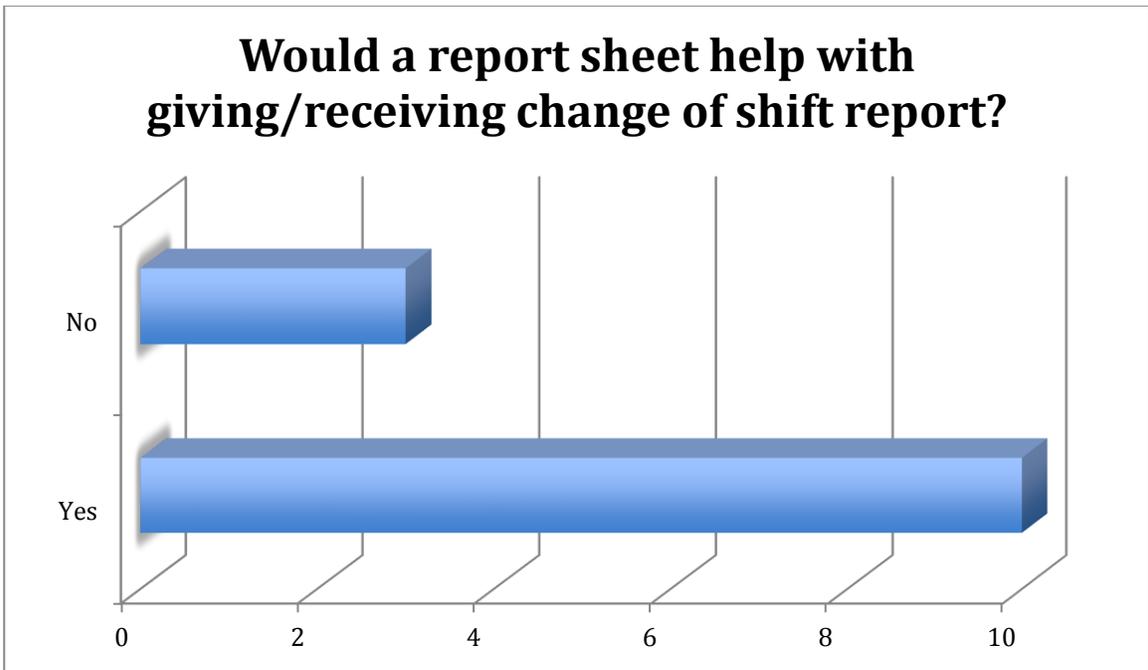
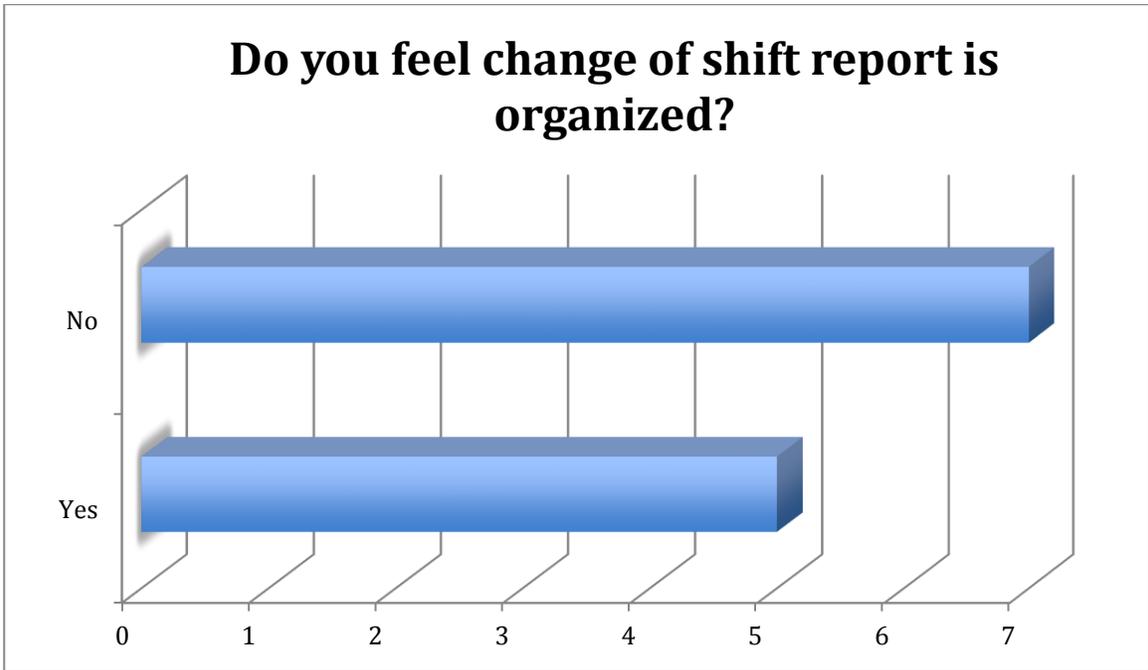
Appendix E

Survey Results



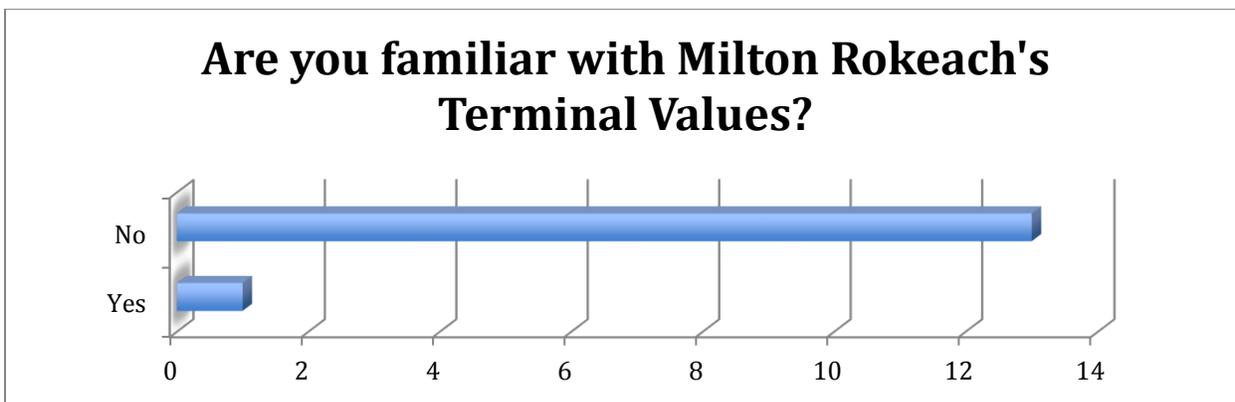
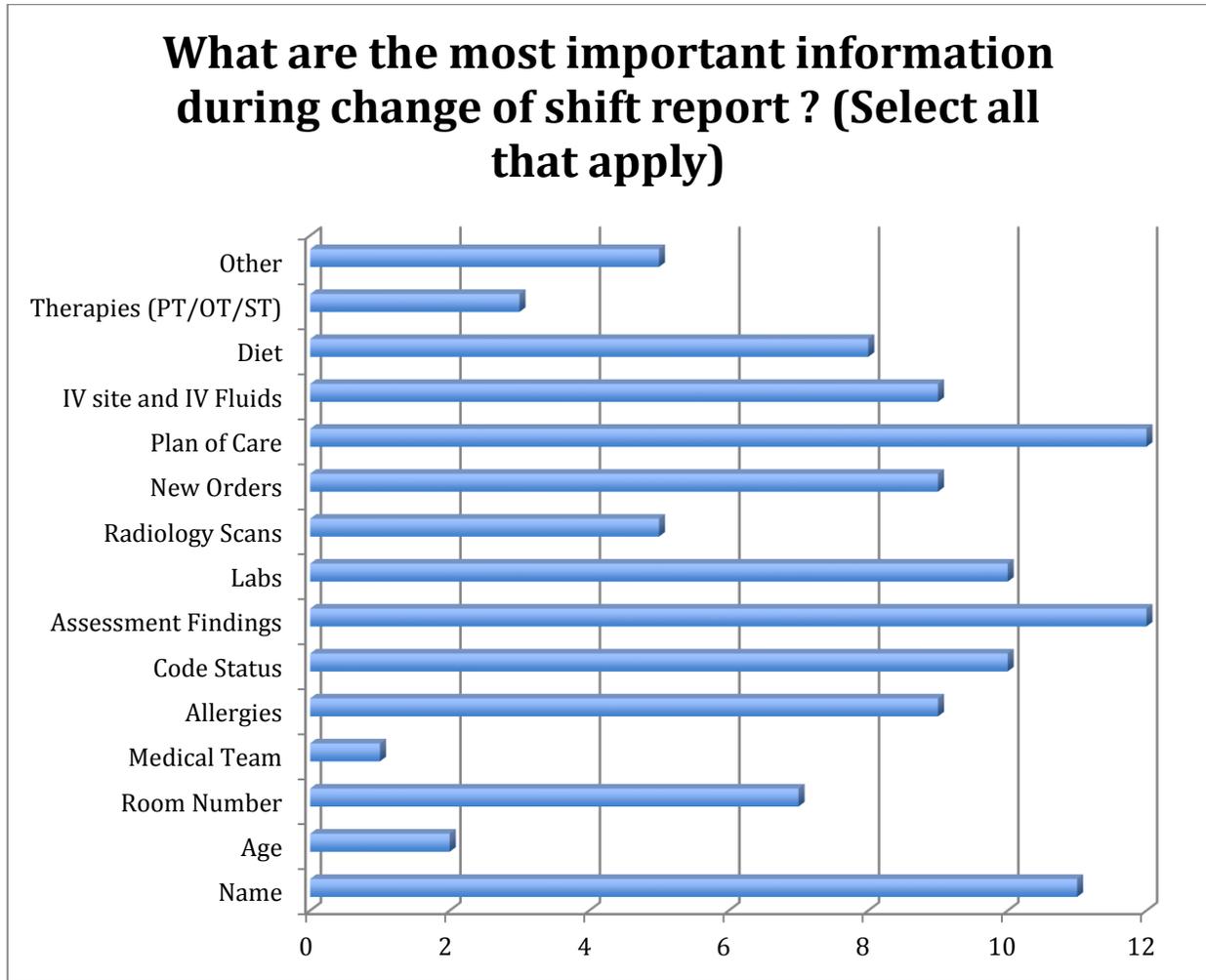
Appendix E

Survey Results



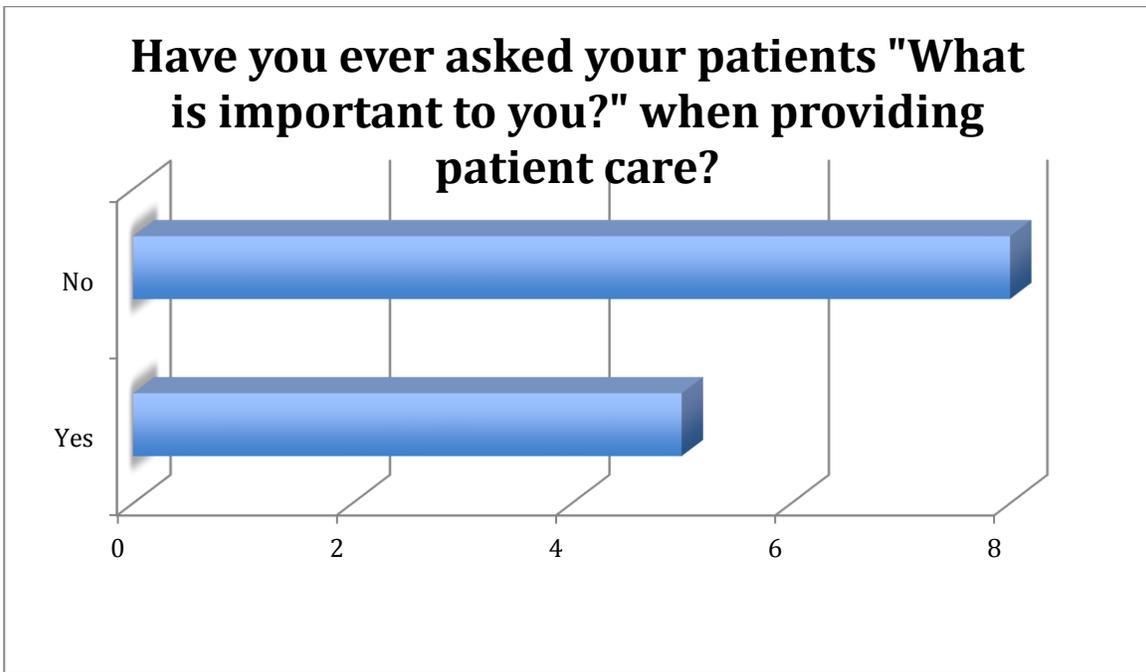
Appendix E

Survey Results



Appendix E

Survey Results



Appendix F

Report Sheet Template

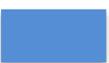
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ABNORMAL ASSESSMENT:	DIET:	LABS:	
	IV/IVF:		
	POC/NEW ORDERS:	WHAT IS IMPORTANT TO THE PATIENT?	

PATIENT INFO/STICKER	DX:	STATUS:	ALLERGIES:
	HX:		PRECAUTIONS:
ABNORMAL ASSESSMENT:	DIET:	LABS:	
	IV/IVF:		
	POC/NEW ORDERS:	WHAT IS IMPORTANT TO THE PATIENT?	

PATIENT INFO/STICKER	DX:	STATUS:	ALLERGIES:
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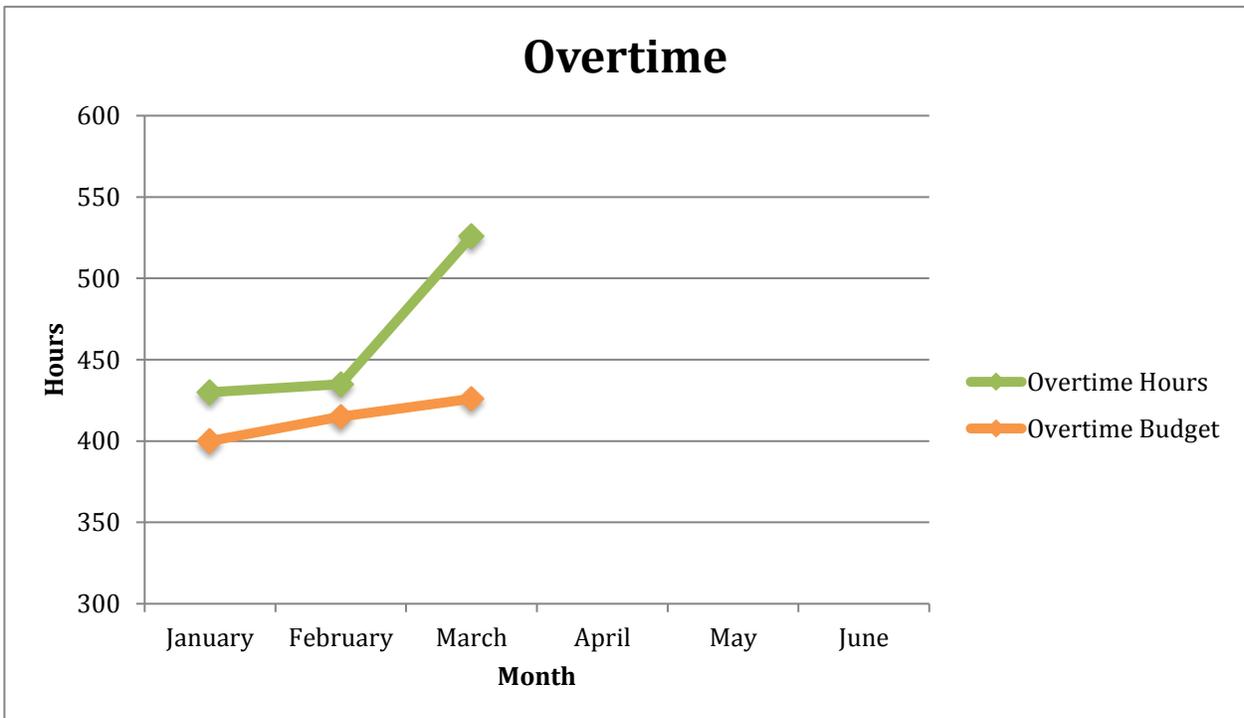
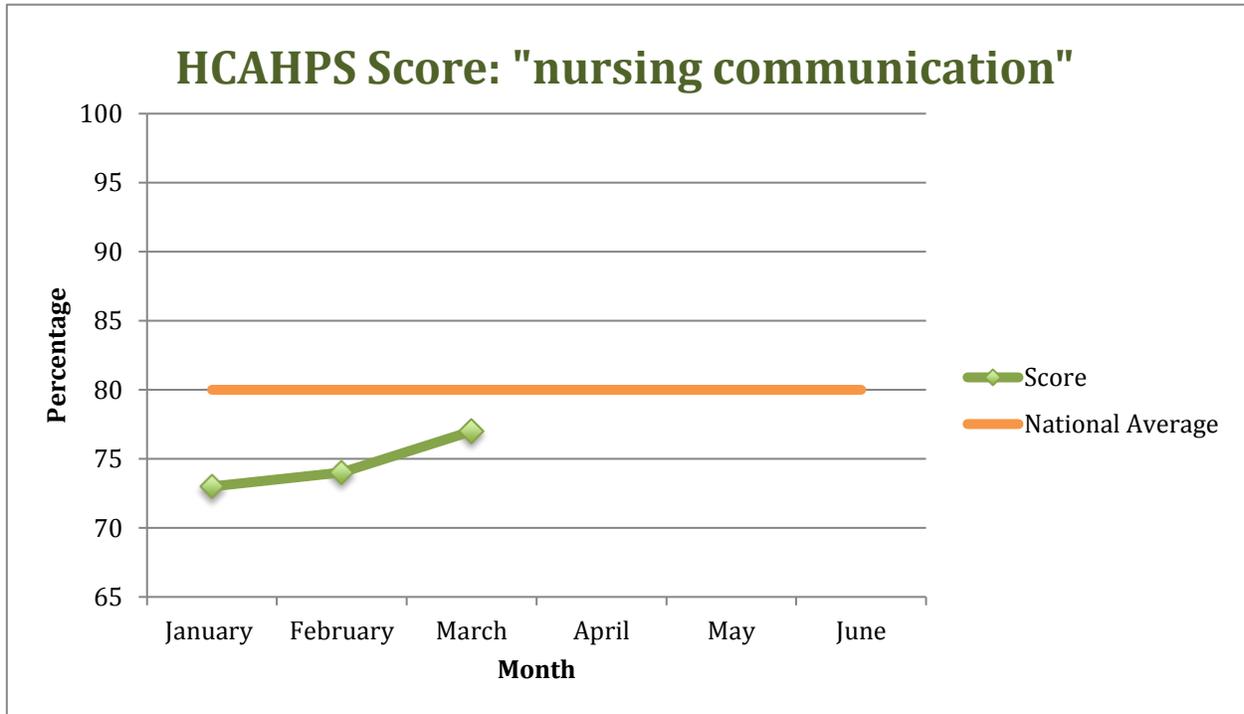
Appendix G

Timeline

Events	January	February	March	April	May	June
Project Approval						
Microsystem Assessment and Data Collection						
Conduct Research						
Pre-implementation survey						
Obtain survey results						
Develop Shift Report Sheet						
Provide Education to Staff						
Implement the utilization of shift report sheet						
Ongoing assessment						
Post-implementation survey						

Appendix H

Outcomes



Note: The project was implemented in March.

Appendix I

Post-implementation Survey

1. How long does change of shift report approximately take?

- A. 5-10 minutes
- B. 10-15 minutes
- C. 15-20 minutes
- D. 20-25 minutes
- E. 25 minutes or longer

2. How often does change of shift report cause you overtime?

- A. Once a pay-period
- B. Twice a pay-period
- C. Three times or more a pay-period
- D. Never

3. Do you feel change of shift report is organized?

- A. Yes
- B. No

4. Does the report sheet help with giving/receiving change of shift report?

- A. Yes
- B. No

6. Did identifying your patient's values improve nurse-patient rapport and improve communication?

- A. Yes
- B. No