Bedside Shift Handoff

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To implement a change in practice in shift report at ED-CC that will result in improved patient outcomes and nurse satisfaction, while decreasing adverse patient safety incidents.
In adult emergency department patients, will standardizing bedside shift handover as compared to report at the nursing station be effective in decreasing negative patient outcomes (i.e. IV infiltrations, medication rate errors, biohazard exposures) and increasing nurse accountability?
Knowledge v. Problem

- Trigger:
  - Knowledge deficit at change of shift
  - At change of shift there was an informal handoff that took place only at the nurses’ station
    - For example: orders not being completed, medications not being given, disorderly rooms, and infiltrated IVs
EVIDENCE

- Negative Patient Outcomes
  - Nurses able to visualize patient at very beginning of shift and end (Reinbeck & Fitzsimons, 2013)
  - Sentinel events occur from communication breakdowns during shift reports (Weigand, 2013)
  - Allows for glance at patient status, IV patency, fall precautions, etc. (Baker, 2010)

- Nurse Accountability/Satisfaction
  - Bedside reporting promotes accountability and teamwork (Weigand, 2013)
  - Bedside reporting encourages a successful transition to practice environment for nurses (Joshi, Currier, & O’Brien, 2011)
  - It is a way to transfer trust between nurses (Baker, 2010)
EVIDENCE

Resistence to Change

- Staff reported bedside handoff took little to no additional time from completing tasks (Cairns, Dujak, Hoffman, & Lorenz, 2013)
- HIPAA concerns addressed by specifying appropriate in-room comments between nurses (Reinbeck & Fitzsimons, 2013)
- Initially, staff members were concerned with an increase in length (Reinbeck & Fitzsimons, 2013)
- Nurses oppose due to report taking too long (Weigand, 2013)
- Bedside shift report is meant to be fast (Baker, 2010)

Patient Satisfaction

- HCAHPS scores increased (Reinbeck & Fitzsimons, 2013)
- Patients were more involved in their care and able to identify with their caregivers (Evans et al. 2012)
- Bedside report integrates patient into healthcare team (Joshi et al., 2011)
- Patients are more comfortable about the direction of their care and satisfied with the healthcare team (Baker, 2010)
Current Practice at LVHN

- At LVHN the current standard of practice is to complete bedside shift handoff at every shift change, however it was not always implemented in the past on specific units.
IMPLEMENTATION

Implementation and staff compliance of Bedside Shift Handoff will:

- Increase nurse-to-nurse accountability
- Integrate patients into their own healthcare team
- Recognize change in patient status
- Increase nurse satisfaction
- Catch and/or prevent medical errors
Practice Change

- Nurses completed pre-survey to include their concerns
- Staff was educated with a TLC learning module to demonstrate the conduction of a bedside shift handoff, as well as its importance
- Bedside shift handoff was also demonstrated to the staff by the nurse residents prior to the “Go Live” date
- Nurses will be validated during “Go Live” time on bedside shift handoff by the residents
RESULTS

- Nurse residents are currently awaiting the “Go Live” date in June of 2014 to validate staff and await results of the post-surveys.
Implications for LVHN include:

- Increased patient satisfaction
- RN to RN reliance, respect, and satisfaction
- Safe practices
- Improved patient outcomes and care
Strategic Dissemination of Results

- Poster presentation at nurse residency graduation
- Staff made aware of progress of the EBP project through frequent e-mails from Deb Greenwood, group facilitator
Lessons Learned

- Nurse residences learned the process of applying the research of evidence-based practice project to a unit.

- Hopefully, post-”Go Live” results will show that:
  
  - RNs of floor learned the importance of bedside shift handoff in their care and how to effectively and efficiently perform bedside shift handoff.
References


Make It Happen

- Questions/Comments:

Contact Information: