

# Bedside Reporting at Change of Shift

John Burd BSN, RN

Lehigh Valley Health Network, john.burd@lvhn.org

michelle Trilli BSN, RN

Lehigh Valley Health Network, michelle\_m.trilli@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

---

## Published In/Presented At

Burd, J., & Trilli, M. (2016, March 18). *Bedside Reporting at Change of Shift*. Poster presented at LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

# Bedside Reporting at Change of Shift

John Burd, BSN, RN

Michelle Trilli, BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

## BACKGROUND / SIGNIFICANCE

- The purpose of this project is to increase the compliance with LVHN's established expectation for bedside shift report among the nurses on two medical surgical units.
- During bedside shift report, nurses are expected to communicate critical information about the patient's plan of care such as: abnormal assessments, pain, mobility, fall score, skin interventions, allergies, new orders, line/tube/med reconciliation, and resuscitation status.
- Shift report, when conducted outside the patient's room, is not in alignment with evidence-based practice and current LVHN policy.

## PICO QUESTION

On two medical surgical units, are the nursing staff compliant with LVHN's expectation to conduct shift report at the patient's bedside?

## METHODS

- Observation was used to assess current bedside shift report compliance.
- Data was collected on LVH-M 4T(orthopedic/neuro Med-Surg unit) and LVH-M 7T (24 hour observation Med-Surg unit).
- Data collectors allowed the off-going nurse to dictate the location of where report was given to prevent bias.
- The data was broken down into full report at the bedside (**Full**), full report outside the patient's room (**None**), and report partially outside the patient's room with focused safety checks (IV, wound, equipment, etc).(**Partial**)
- There are accepted reasons to conduct a partial bedside shift report, which include: family members present, if the patient does not wish to have report inside the room, a diagnosis/test result that the doctor has not yet discussed with the patient, patient is sleeping, and any other sensitive information.
- Re-education of the nursing staff regarding expectations of bedside shift report was performed.
- Observation of bedside shift report was assessed to determine effectiveness of the re-education process.

## EVIDENCE

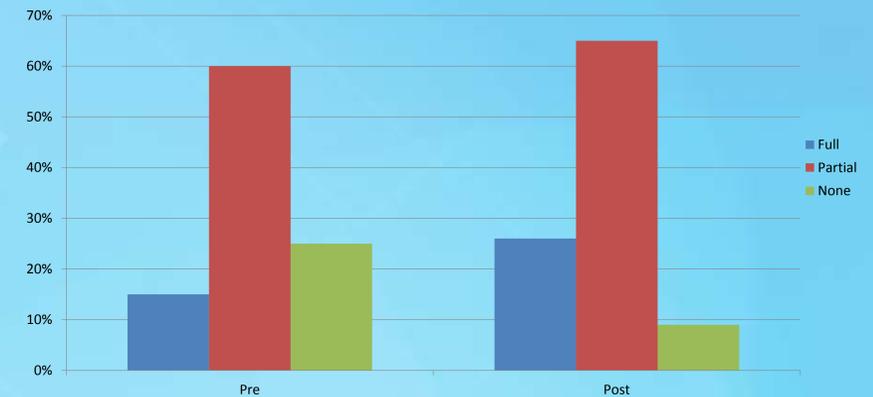
- Search engines CINAHL, Google Scholar, and PubMed were used with keywords *bedside report, handoff report, nursing report, and change of shift.*
- Bedside nurse to nurse handoff has a positive impact on the nurse and patient's perspective of their daily plan of care.
- Studies show utilizing bedside shift report maximizes patient safety, decreasing adverse patient events and allowing for environment/equipment checks.
- Report at the bedside increases nurse to nurse communication and facilitates comprehensive nurse to physician communication regarding care of patients shortly after shift report.
- Bedside report allows the oncoming nurse to introduce self to the patient and establish a relationship from the start of the shift.

## OUTCOMES / RESULTS

4T Orthopedic/Neuro



7T Observation



## CONCLUSIONS

- On the observation unit there was a higher number of float pool staff who did not receive re-education.
- The observation unit also saw a higher incident of night time admissions, which in turn made nurses adjust their delivery of bedside report to accommodate the patient's rest.
- Also noted, nurses' prior experience with different methods of shift report impacted compliance with bedside report.
- Keeping bedside shift report in practice involves planning for the future. Nurses comfortable with bedside report need to role model these behaviors to maintain compliance.
- For future work, there is a need to investigate what nurses perceive as justified reasons for not conducting shift report at the bedside.
- On admission, patient's should understand the importance of bedside shift report.
- Keeping the patient's involved in their care begins with the nurse to nurse communication at the bedside.

- Chaboyer, W., McMurray, A., Johnson, J., Hardy, L., Wallis, M., & Sylvia Chu, F. Y. (2009). Bedside handover: Quality improvement strategy to "transform care at the bedside". *Journal Of Nursing Care Quality, 24*(2), 136-142. doi:10.1097/01.NCQ.0000347450.90676.d9
- Derby, K. M., Foss, D. M., Maxson, P. M., & Wroblewski D.M. (2012). Bedside nurse-to-nurse handoff promotes patient safety. *MEDSURG NURSING, 21*(3), 140-145.
- Evans, D., Friese C.R., Grunawalt, J., McClish, D., & Wood, W. (2012). Bedside shift-to-shift nursing report: Implementation and outcomes. *MEDSURG NURSING, 21*(5), 281-284,292.
- Staggers, N., & Jennings, B. (2009). The Content and Context of Change of Shift Report on Medical and Surgical Units. *The Journal of Nursing Administration, 39*(9), 393-398. Retrieved September 1, 2015.
- Tidwell, T., Edwards, J., Snider, E., Lindsey, C., Reed, A., Scroggins, I., & ... Brigance, J. (2011). A nursing pilot study on bedside reporting to promote best practice and patient/family-centered care. *The Journal Of Neuroscience Nursing: Journal Of The American Association Of Neuroscience Nurses, 43*(4), E1-E5. doi:10.1097/JNN.0b013e3182212a1d
- Wakefield, D., Ragan, R., Brandt, J., & Tregnago, M. (2012). Making the Transition to Nursing Bedside Shift Reports. *The Joint Commission Journal on Quality and Patient Safety, 38*(6), 243-254. Retrieved November 1, 2015, from [http://www.jointcommissioninternational.org/assets/1/14/s1-jqps-0612\\_wakefield.pdf](http://www.jointcommissioninternational.org/assets/1/14/s1-jqps-0612_wakefield.pdf)

© 2016 Lehigh Valley Health Network

A PASSION FOR BETTER MEDICINE.™

610-402-CARE LVHN.org

