Bedside Reporting at Change of Shift

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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

- Data was broken down into full report (Full), partial report (Partial), and no report (None).

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.

References


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