

Barriers to Bedside Shift Report

Chelsea R. Farabaugh BSN, RN

Lehigh Valley Health Network, chelsea_r.farabaugh@lvhn.org

Rebecca S. Lukaszczyk BSN, RN

Lehigh Valley Health Network, Rebecca_S.Lukaszczyk@lvhn.org

Kathy J. Mueller BSN, RN

Lehigh Valley Health Network, kathy_j.mueller@lvhn.org

Kiera O'Donnell BSN, RN

Caleb R. Smith BSN, RN

Lehigh Valley Health Network, caleb_r.smith@lvhn.org

See next page for additional authors

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Authors

Chelsea R. Farabaugh BSN, RN; Rebecca S. Lukaszczyk BSN, RN; Kathy J. Mueller BSN, RN; Kiera O'Donnell BSN, RN; Caleb R. Smith BSN, RN; and Megan P. Sutter BSN, RN

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Chelsea Farabaugh, BSN, RN, Rebecca Lukaszczyk, BSN, RN, Kathy Mueller, BSN, RN, Kiera O'Donnell, BSN, RN, Caleb Smith, BSN, RN, Megan Sutter, BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- Inconsistency among staff participating in bedside report
- Response to patients request for increased involvement in care
- Increase patient satisfaction
- Continue nurse-patient relationship
- Increase patient safety

PICO Question

With RNs on OHU and TOHU, does identification of barriers to bedside report and education improve compliance among nursing staff and improve nurse-patient communication?

Evidence

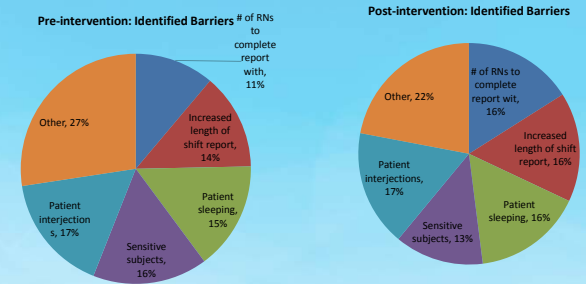
- CINAHL Search Results:
 - 61,154 total articles found; narrowed to 30 articles
 - Key words: “shift report,” “hand off,” “patient safety,” “barrier*,” “continuity in patient care,” “communication barriers”
 - Levels varied from 4 to 5
- Key Findings:
 - Barriers to bedside shift report:
 - Other functions
 - Time
 - HIPAA
 - Sensitive information
 - Family member presence
 - Disturbing patient
 - Fear of change

Implementation

- Pre survey
- Education with Management
- Scripting for report
- Laminated bedside report checklist
- Observations by Management daily
- 11 point scoring system with red/green cards
- Post survey

Bedside Shift Report Checklist	
1	Introduce on-coming RN
2	Re-emphasize bedside shift report (why)
3	Ask family/visitors to leave (if app.)
4	Use Professional Exchange Report Screen
5	Current pain level – goals/target
6	Review Roadmap
7	Assess IV/Drips
8	Direct patient observation requirements
9	Perform room safety check
10	Update Communication Board
11	Closing

Results



Conclusion

- Overall staff comfort with bedside shift report improved after education, however original barriers are still present at decreased levels.
 - 26% Pre-intervention vs 74% Post-intervention
- 65% Pre staff compliance to 77% Post staff compliance

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