Patient Care Services / Nursing

Implementation of Dual Neurological Assessments at Bedside Shift Reporting

Kristen Campbell BSN, RN
Lehigh Valley Health Network, Kristen.Campbell@lvhn.org

Jeury Mejia Pena ADN, RN
Lehigh Valley Health Network, Jeury.Mejia@lvhn.org

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

Implementation of Dual Neurological Assessments at Bedside Shift Reporting

Kristen Campbell, BSN, RN, Jeury Mejia Pena, ADN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- Discrepancies between RN neurological assessments in comparison of what was received in verbal RN shift report handoff were observed.
- An event occurred in which a patient had a change in neuro assessment from verbal report handoff and it was unclear when the change occurred-potentially delaying care.
- This promoted an investigation into how this can be prevented in the future.

PICO

- In the low level patient population on 7A and observation room population on TTU, will dual neurological assessments during bedside shift report, compared to no dual bedside neurological assessments at bedside shift report provide earlier recognition of neurological changes?

Evidence

- "80 percent of serious medical errors involve miscommunication between caregivers when patients are transferred or handed-off." (Mardis et al., 2016)
- Patient bedside handoff has the ability to identify important information gaps and errors that could result in patient harm. (Taylor, 2015)
- "Inadequate patient handoffs have the potential to be associated with sentinel events." Communication issues result in 2/3 of sentinel events in hospitals. (Taylor, 2015)

Implementation Plan

- Pre-data was collected via a data collection tool that RNs completed regarding any instances of neuro discrepancies being found after verbal hand-off.
- Education was provided to the staff via TLC on comprehensive neuro assessments.
- Dual neuro assessments at bedside shift report were initiated.
- Post-data collection via the data collection tool was completed to compared the results post-implementation of the initiative.

Results

- Approximately 60% of total nurses on 7A and TTU completed the TLC education for comprehensive neurological assessment review.
- Pre-data collection tool results: 7 completed surveys showed no reported discrepancies in verbal neuro assessments.
- Post-data collection tool results: 1 out of 5 surveys completed showed a discrepancy in neuro assessment during bedside shift report handoff.

Reported Neurological Assessment Discrepancies

(chart y-axis: 0 to 10; x-axis categories: Pre-survey (verbal), Post-survey (dual assessment))

Outcome

- Pre-data collection did not reflect the same observations regarding neuro assessment discrepancies found prior to project initiative.
- Post-data collection revealed one change in neuro assessment that was found during the implementation of the project.
- Staff completion of data collection tools was low.
- Staff verbalized confidence, awareness, and improved accuracy of neuro assessments at RN hand-off with this initiative.

Barriers/Next Steps

- Barriers include small numbers of data collection tools completed by staff. Limited number of neuro patients in the TTU observation room during project implementation.
- Additional barriers include inconsistencies of staff completing the dual neuro assessments and floated staff not being educated on the new unit standard.
- Next steps include hardwiring the process of bedside neuro assessments at shift change with extension to entire neuro population on both units outside of the low-level population.
- Consider implementation of a Work List task in Epic for RNs to complete documentation that dual assessment was completed.

References

- Mardis, T., Mardis, M., Davis, J., Justice, E., Holdinsky S.R., Donnelly, J., Ragozine-Bush, H., & Riesenberg, L.A. (2016). Bedside shift-to-shift handoffs. *Journal of Nursing Care Quality*, 31(1), 54-60.
- Taylor, J. (2015). Improving patient safety and satisfaction with standardized bedside handoff and walking rounds. *Clinical Journal of Oncology Nursing*, 19(4), 414-416.

A PASSION FOR BETTER MEDICINE.

Lehigh Valley Health Network