Bedside Shift Report- Don’t Sleep On This one!

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Background/Triggers

- Network Goal
- Expectation of Leader Standard Work
- Patient experience/HCAHPS
- Need for Increased compliance

PICO Question

- For medical-surgical nurses in an acute care setting, will an increased leadership presence along with a structured guide aid in increasing compliance with bedside shift report compared to only asking them to comply with policy change?
- P: Medical-surgical nurses in an acute care setting
- I: Increased leadership presence and structured guide during shift change
- C: Asking nurses to comply with policy change
- O: Increased compliance with bedside shift report

Evidence

- Unit leadership, both formal/informal is crucial in maintaining the nurses’ energy and enthusiasm for bedside shift report (BSR). (Labriole, et al., 2018)
- Improvement in overall nurse satisfaction with shift report. (Labriole, et al., 2018)
- Adoption of nurse BSR includes ongoing leadership assessment of nurses’ attitudes/perceptions, encouraging nurses and listening to their feedback to modify the process, and continuing reinforcement of practice and monitoring by nurse leaders. (Dorvil, 2018)
- Nurse BSR improves the overall patient experience with care. (Dorvil, 2018)
- BSR increases nurse satisfaction overall. (Dorvil, 2018)
- Improved compliance was achieved by educating nurses, addressing nurse barriers, standardizing the process, monitoring, and providing leadership support. (Scheidenhelm & Reitz, 2017)
- A standardized approach to BSR helped increase nurse compliance. (Scheidenhelm & Reitz, 2017)

Implementation Plan/Methods

- Pre-assessment survey to evaluate current trends of BSR and barriers to BSR.
- Posters in nurse staff areas/small handout cards for nurse
- Standardized guide in patient rooms to aid the nurse in giving report
- Increased leadership presence during shift change (approximately 3 days a week for 4 weeks)
- Nurses gather data over several weeks prior to intervention and also during the intervention by secretly observing instances of BSR.
- Outcome Indicators- Percentage rates of compliance with BSR among nurses.

Standardized guide:

BEDSIDE SHIFT REPORT CHECKLIST:

- INTRODUCTION OF ONCOMING NURSE
- SITUATION/BACKGROUND
- PLAN OF CARE
- ASSESSMENT: WOUNDS, INCISIONS, BRAINS, IV SITES, CATHETERS
- SAFETY: SIDE RAILS, BED ALARMS, SOCKS, ETC.
- IDENTIFY: PATIENT/FAMILY NEEDS & CONCERNS

Outcomes/Results

- Pre-intervention: The nurses on 3B observed 19/47 (40%) bedside shift reports while the nurses on 4B observed 21/47 (45%).
- Post-Intervention: The nurses on 3B observed 41/74 (55%) while 4B nurses observed 45/51 (88%). B had a 38% increase in compliance and 4B had a 96% increase in compliance with BSR.

Lessons Learned

- Leadership presence on the units was seen to have a positive correlation with increasing compliance with nurses completing their shift handoff report at the patient’s bedside.
- Leadership presence needs to be maintained until the practice becomes hardwired amongst nurses.
- Educating nurses as to the reason why bedside shift report is the best practice lends to increased understanding/compliance.

REFERENCES: