

## Bedside Shift Report

Stephanie Martinez BSN, RN  
*Lehigh Valley Health Network*, Stephanie.Martinez@lvhn.org

Rebecca L. Schippang RN  
*Lehigh Valley Health Network*, Rebecca\_L.Schippang@lvhn.org

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# Bedside Shift Report

Stephanie Martinez, BSN, RN & Rebecca Schippang, RN  
ED-Muhlenberg

Lehigh Valley Health Network, Allentown, Pennsylvania

## BACKGROUND

- Network policy mandates nurses should be practicing bedside shift report.
- ED-M management noticed a decreased compliance with bedside shift report.
- Bedside shift report is proven to improve patient safety, improve patient and family satisfaction, improves nursing accountability, and offers opportunity for better communication between nurses
- Aim is to identify barriers to practice of bedside shift report among nurses in the unit and improve compliance of bedside shift report by providing education to nurses.

## PICO

P - Emergency Department Nurses

I - Bedside shift report

C - Traditional shift report (at nurse's station)

O - Measure compliance of nursing staff practicing BSR post TLC education using SBAR audits.

## EVIDENCE

- “Bedside shift reporting focuses on the RN-to-RN handoff communication with the added benefits of increased accountability, mentoring opportunities, and patient and staff satisfaction (Cairns et al., 2013).
- “Bedside shift report increased accountability, patient safety, and patient involvement after implementation.” (Small & Fitzpatrick, 2017)
- “Some of the most commonly reported nurse advantages include improved report efficiency, teamwork, nursing accountability, and report accuracy; enhanced individual patient care and documentation practices; satisfaction with patients being involved; visualizing patients and the ability to prioritize care; and improved discharge or transition of care.” (Dorvil, 2018)
- “Battié and Steelman (2014) reported that clarity of patient information, continuity of care, and the ability to ask questions are just a few key elements of effective bedside shift reporting for all involved participants.” (Walsh, Hetzler, & Winningham, 2018)

## OUTCOMES

- Prior to intervention: only 40% of nurses were compliant with bedside shift report.
- Of 99 nurses only 38 completed the pre-intervention survey regarding bedside shift report.
- 57% of staff completed the education.
- Post education: only 62% of nurses were compliant with bedside shift report.
- Of 99 nurses only 33 completed the post-intervention survey.

1. On a scale of 1 (not comfortable) to 10 (very comfortable) am comfortable giving report at the bedside.
2. On a scale of 1 (do not believe) to 10 (strongly believe) I believe bedside shift report increases PATIENT SAFETY.
3. On a scale of 1 (do not believe) to 10 (strongly believe) I believe bedside shift report increases ACCOUNTABILITY between colleagues. 1
4. On a scale of 1 (do not believe) to 10 (strongly believe) I believe bedside shift report would increase patient satisfaction.
5. On a scale of 1 (do not believe) to 10 (strongly believe) I believe bedside shift report is a good opportunity to establish rapport and a baseline assessment of a patient.
6. On a scale of 1 (LITTLE INTERFERENCE) to 10 (SIGNIFICANT INTERFERENCE) I believe bedside shift report is an interference to the fast, paced workflow in the ER.

## IMPLEMENTATION

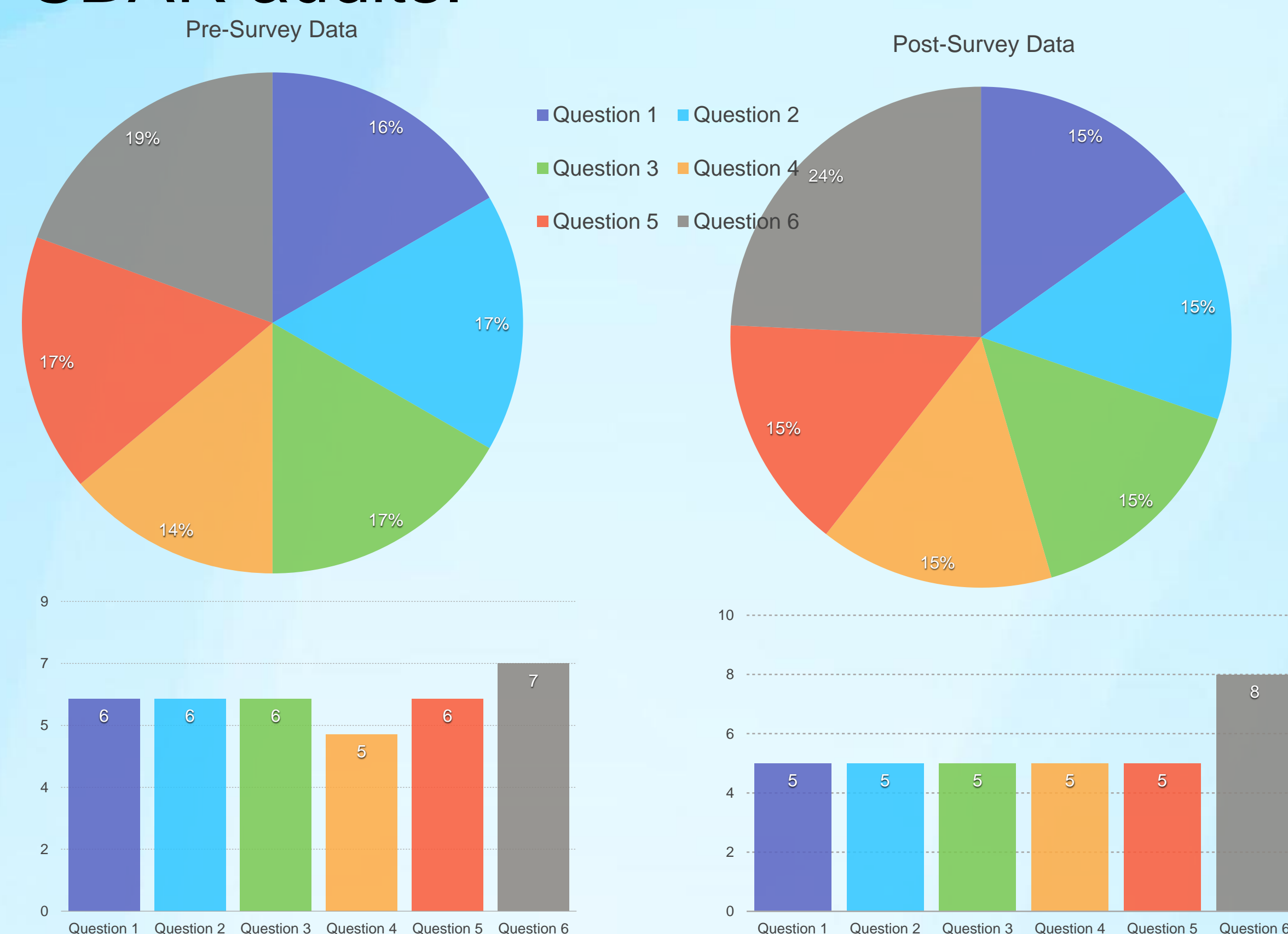
- Conduct and review results of SBAR audit pre/post intervention
- Establish nurses beliefs and perceptions regarding bedside shift report via written survey pre and post intervention
- Provided education via TLC PPT on bedside shift report
- Review and compare numbers for compliance
- Review and compare numbers for survey results

## NEXT STEPS

- Lead by example, and practice compliance of bedside shift report.
- Continue to reinforce benefits of bedside shift report.
- Annual education via TLC to refresh why bedside shift report is considered an evidence based practice.
- Consider bedside shift report education days to simulate bedside shift report in a safe, learning environment.

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