

Bedside Shift Report in the Emergency Department

Abigail Schneck BSN, RN

Rachel Slane BSN, RN

Victoria Sneeringer BSN, RN

Brianna Lange BSN, RN

Kaitlyn Willis BSN, RN

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Bedside Shift Report In The Emergency Department

Abigail Schneck BSN, RN; Rachel Slane BSN, RN; Victoria Sneeringer BSN, BS, RN; Brianna Lange BSN, RN; and Kaitlyn Willis BSN, RN
Cedar Crest Emergency Department

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND

- Bedside shift report (BSR) not being implemented in the Cedar Crest Emergency Department (CC-ED)
 - Goal: Find reasons why it is not being performed and implement changes in a manner that increases nursing satisfaction and encourages BSR to become the new norm for giving and receiving report.
- Preliminary reasons it is not being performed
 - RN feels uncomfortable discussing information in front of patient
 - Takes time to go from room to room
 - Not possible due to situation (new patient/ambulance arrival, critical patient, psychiatric crisis)

PICO

- **P:** Nurses in the emergency department
- **I:** Bedside shift report
- **C:** Non-bedside shift report
- **O:** Impact nurse satisfaction for plan of care

EVIDENCE

- Nurses found the SBAR easy to use and prevented the loss of patient information more effectively than pre-intervention and practice (Campbell & Dontje, 2018)
- Qualitative data was collected and in support of using the I-Pass tool for the ED (Heilman et al., 2016)
- Participants identified nurse accountability, nurse introduction, and patient involvement as benefits of utilizing BSR. Patient needs were more properly addressed through BSR (Foster, Abraham, & Gillum, 2019)
- Nurses perceive that BSR heightens their ability to attend to patient needs and reduce errors (White-Trevino & Dearmon, 2018)

OUTCOMES

- Pre-survey:
 - Results from our pre-survey show that 5% of respondents currently complete BSR in the CC-ED, while 77.5% of respondents said they sometimes complete BSR. 17.5% of respondents said they never complete BSR.
 - 70% of RNs feel that BSR would “help you [them] provide better care and have better understanding of what is going on with your [their] patients” while 30% felt BSR would not be helpful.
 - 52.5% of RNs report BSR could help lead to a decrease in errors.
 - 25% of RNs report they are afraid of push-back when requesting BSR at shift change while 75% do not.
- Implementation
 - Implementation stage in progress. The document below was distributed via email to all CC-ED RNs to guide BSR.
- Final data collection not performed yet related to delay in project completion due to Covid-19 acuity and precautions that were taken in the CC-ED. Final data would be collected through post-survey.
- Projected outcome: Nurses overall more satisfied with the care they provide their patients. Having better knowledge about their patient’s will lead to a higher rate of nurse satisfaction.

Checklist of Information to Share in Bedside Shift Report

- Name, Date of Birth, Gender
- GCS/Orientation
- Diagnosis
- Complaints
- Disposition? Admit or discharge
 - If discharge: what needs to be done prior to leaving
 - If admit, what level of care: MST, MS, LLM, ICU
- Drips (rate, med, parameters, does it need to be changed)
- Lines
- Vitals/VNM’s
- Critical Labs (Are we doing anything to correct it?)
- Pertinent Past Medical History
- Toileting status (Independent, assisted, bed pan, bedside commode, urinal)
- Restraints
- Psych paperwork (201, 302, bed searching or placed awaiting transport)

IMPLEMENTATION

- Pre-survey distributed 7/31/2020 via email calling all ED-CC RNs to respond. The goal: to gather data regarding current use to BSR and barriers identified if BSR is not being done. Pre-survey sent via Survey Monkey to CC-ED RNs.

IMPLEMENTATION (continued)

- Implementation: The use of a BSR tip sheet that was created after reviewing evidence gathered through research studies that helps highlight key points that should be reviewed during change of shift for continuity of care. This document is displayed in the column to the left. This was sent on 7/31/2020 for implementation after pre-survey completion.
- The use of post-survey to evaluate whether BSR is being completed post-implementation and any barriers that still need to be addressed.

NEXT STEPS

- Continued implementation of BSR on the unit when safe to do so and follow-up on progress of BSR being completed on unit.
- Post-survey to be administered. Evaluate value to BSR for nursing satisfaction. Determine significance for ED-CC and for LVHN emergency departments as a whole.
- Address concerns/issues that come up during the process
- Have research available that demonstrates BSR leads to better continuity of care and improved nursing satisfaction

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