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Abstract

Evidence supports the use of a standardized shift report form during shift-to-shift report with the benefits of an efficient and succinct communication between nurses, a decrease in unnecessary overtime, an increase in patient safety, and an increase in nurse satisfaction. The aim of this project was to develop and implement a standardized communication method with a shift report form, educate bedside nurses on the use of the standardized shift report form, and evaluate nurses' perception and satisfaction with using the form. Nurses' perception and satisfaction with using a standardized shift report form was measured by comparing their responses to a questionnaire provided before and after the implementation of the shift report form. Bedside nurses were educated on the standardized shift report form which followed the communication method DD-BSR. The standardized communication method DD-BSR focuses on the top five patient care items when giving report: 1) Diagnosis, 2) Diet which includes how the patient takes their medication, 3) Bowel and bladder, 4) Safety/skin and lines, and 5) Readiness, how the patient transfers. Kurt Lewin's three-stage change theory guided the implementation of the standardized communication method. The Mann-Whitney U Test was used to investigate whether there was statistical significance between nurses' perception and satisfaction with shift-to-shift report before and after using a standardized shift report form. Even though the results of this project did not show a statistical significant difference, the standardized communication method developed in this project DD-BSR may be further applied to projects or studies improving communication during shift report.

Keywords: *shift-to-shift report, shift report, hand off, handoff tool, standardized communication, bedside shift report*

Implementation of a Standardized Shift Report Form

On a patient care unit shift-to-shift report occurs two to three times a day depending on the staffing schedules of 8 or 12 hour shifts. During this time “essential patient information” (para 1, Athwal, P., 2009) is transferred to the next shift for the continuation of consistent and safe patient care. Zou and Zhang (2016) reports The Joint Commission (TJC) found poor communication during shift-to-shift report as the leading cause of sentinel events. The Joint Commission found that 65% of the 3000 sentinel events examined, communication breakdown was the root cause and the Agency for Healthcare Research and Quality (AHRQ) (2013) noted that communication breakdown is connected to 70% of patient adverse events (Rogers, 2017). Additionally miscommunication is responsible for patient harm in more than 80% of medical malpractice lawsuits (Vines, Dupler, Van Son, & Guido, 2014). Effective communication is essential for the transfer of consistent, quality, and safe patient care (Reinbeck & Fitzsimons, 2013). Several causes contribute to a failing shift-to-shift report: inadequate formal tools to support the transfer of care, a lack of an expected standardization, multiple interruptions, language issues including accents, and a lack of common knowledge. Shift-to-shift reporting without a structured report form can lead to omissions, rambling, and deficient patient information (Athwal, P., 2009). Additionally insufficient communication may result in delayed or inaccurate patient care, extend a patients stay, contribute to unnecessary preventable spending, decrease satisfaction, and possibly patient harm (Scheidenhem & Reitz, 2017). This DNP project will be developing and implementing a standardized reporting form supported by evidence-based practice for use on a Nerve, Muscle and Bone Innovation Center in a rehabilitation hospital.

Background

In 2006 The Joint Commission (TJC) established hand-off communication as a National

Patient Safety Goal (The Joint Commission, 2017). In 2009 TJC established the standardization of shift-to-shift report as a National Client Safety Goal (Vines, Dupler, Van Son & Guido, 2014). Since TJC established hand-off communication as a National Patient Safety Goal there has been an increase in assessing and critiquing the value of patient care information, shift report time, and the standardization of shift report (Cornell, Townsend Gervis. Yates & Vardaman, 2014). According to Vines (2014) shift-to-shift report should consist of current information, treatment and discharge planning, and any changes to the patient. Handoff report can occur anytime during treatment however the risk for miscommunication occurs during shift-to-shift report (Vines, et al, 2014). Utilizing a standardized shift-to-shift report form is a strategy to meet the National Client Safety Goal. An emergency department (ED) study found that utilizing a standardized written report form resulted increased accuracy of patient information, staff satisfaction, and saved nurses time (Riesenberg, Leitzsch, & Cunningham, 2010). Inadequate shift-to-shift report can result in treatment delay, improper patient care, treatment omissions, and adverse events (Gaden, & Lincoln, 2016). Furthermore poor communication can lead to decreased patient and staff satisfaction and unexpected costs (Scheidenhelm & Reitz, 2017).

Significance

Using a standardized shift report form is significant to the Nerve, Muscle, and Bone Innovation Center as a method to promote quality patient outcomes, maintain the unit budget by decreasing unnecessary nurse overtime, decreasing patient treatment omissions by improving communication, and serving as a report guide tool for the unit nurses. Sufficient nurse to nurse report is not only significant from a safety aspect but also from a financial standpoint. Healthcare facilities improve communication methods in order provide exceptional patient care with the anticipation of Medicare reimbursement (Reinbeck & Fitzsimons, 2013). The shift-to-shift report

process starts with the current nurse giving verbal report to the oncoming nurse and ends when the oncoming nurse presumes care of the patient. An inpatient medical rehabilitation unit in Utah decreased overtime by half through implementation of a written standardized briefing form (Cannon, Dausilio, Hernandez, Lynch & Trujillo, 2016). On a medical surgical unit a standardized report form encouraged a higher level of clinical thinking and reasoning among nurses (Lim & Edmund, 2016). These findings suggest the importance of using a standardized shift-to-shift report form as a way to maintaining and continuing quality patient care and efficient shift reporting.

Problem Statement

Shift-to-shift report is an involved process, which includes the transition of patient care from one nurse to another nurse. Shift report includes detailed communication about the patients treatment, care plan, and discharge planning. The project will address the problem of poor communication between nurses as evidenced by leadership and administration. The rehabilitation hospital encourages bedside shift report, but lacks an organizational policy and communication tool. The lack of consistency and of a standardized shift report tool for the transfer of patient information has caused patient care issues. Nurses on the Nerve, Muscle, and Bone Innovation Center at a rehabilitation hospital are inconsistent with the transfer of patient information during shift report. Currently the nurses give shift-to-shift report utilizing different shift report forms. This practice has resulted in patient care omissions such as outpatient appointments and the need to wear an orthotic brace in or out of bed. The current practice of shift report can be improved by implementing a standardized shift report form while still focusing on safety, quality, communication, and collaboration. Implementing a standardized shift-to-shift report form will improve report efficiency, nursing communication, and decrease staff overtime.

Purpose Statement

The purpose of the quality improvement project is to develop and implement a shift to shift report protocol for a Nurse, Muscle and Bone Innovation Center in a rehabilitation hospital. The protocol will increase staff perception and satisfaction with shift to shift reporting utilizing a standardized shift report.

Project Question

The PICOT format: population, intervention, comparison, outcomes, and timeframe will be used to lay the groundwork for the project (Bemker & Schreiner, 2016). The question that will be answered by this project: will a procedural protocol (I) using a standardized report from improve the shift to shift reporting process (C) compared to nurses using individual developed shift report forms (O) in a rehabilitation hospital (P) over the 4-6 week implementation and evaluation of the outcomes (T).

Will a standardized report form improve the shift to shift reporting process at a rehabilitation hospital?

Project Objectives

Project expectations are to: (1) provide a practice standard for shift-to-shift report, (2) decrease RN overtime, and (3) enhance nurse communication during shift report. Three aims of the quality improvement DNP project are to (1) educate nurses on the importance of a quality shift report (2) determine staff perception with the current shift report process before and after implementation of a standardized shift report form, and (3) create and implement a standardized shift-to-shift report form. The project is important because communication is vital to safe consistent patient care and the project will assist with decreasing unnecessary potential staff overtime. Given the timeframe of the DNP project the objectives are:

1. Create and implement a standardized shift-to-shift report form.
2. Educate nurses at a rehabilitation hospital on the standardized shift-to-shift report form.
3. Increase nurse perception of and satisfaction with shift-to-shift report.

Search Terms

The internet search engine Google was used along with the Touro University Nevada online library database CINAHL Plus. An initial Google search term of shift report resulted in 102,000,000 results. After reviewing 4 pages of results the Google search term was changed to shift report form with 39,100,000 results and bedside shift report with 271,000 results: the Agency for Healthcare Research and Quality Nurse Bedside Shift Report Implementation Handbook and Bedside shift report by Planetree provided examples of standardized report forms. Utilizing the CINAHL Plus journal database the key words searched were: *hand off*, *handoff tool*, and *SBAR*. An advanced search of published dates 2013 to 2018 was entered and resulted in 515, 93, and 149 titles. After skimming the articles, studies, and abstracts there were some that focused on performing handoff report at the bedside and therefore was not included. Also excluded were reviews of books and conference posters. All the selected articles were written in English. The literature synthesis table (Appendix A) summarizes the themes found in the literature for the topic of implementing a standardized communication report tool. The following studies and reviews specific to use of a standardized report tool or form during shift-to-shift report revealed the following themes: a review of handoffs (Halm, 2013), an article describing the use of a standardized handoff report form (Lim & Pajarillo, 2015), a quality improvement project of the use of a modified bedside handoff form (Wollenhaup, Stevenson, Thompson,

Gordon, & Nunn, 2017), and an article discussing the handoff practices during shift-to-shift (Jewell, 2016).

Review of Literature

An evidenced-based strategy was used to review the literature. The research studies in the literature were focused primarily on nursing communication and the literature included bedside shift report as a method to enhancing communication, increasing both nurse and patient satisfaction, and encouraging safety (Taylor, 2015)

While there was limited literature to support a specific report tool, the use of a standardized report form during shift-to-shift report was shown to decrease overtime. According to a study by Cornell, Townsend, Gervis, Yates, and Varaman (2014) the use of the report tool (SBAR) Situation-Background-Assessment-Recommendation resulted in shorter report time and more consistent efficient communication. Additionally a structured shift-to-shift report form such as Information Situation-Background-Assessment-Recommendation-Read Back (ISBARR) was supported as well (Lim & Pajarillo, 2015). Shift-to-shift report can comprise of verbal face-to-face, tape-recorded, or written (Halm, 2013). The literature showed that communication during shift-to-shift report is crucial to providing quality safe patient care (Taylor, 2015, Lim & Pajarillo, 2015). As noted by Griffin (2010) shift-to-shift report may be seen as a social opportunity as well as an opportunity to share judgements and opinions. The use of a report form shifts the focus towards an objective and succinct exchange of patient care information. Additional positive impacts from using a standardized shift report form relates to a more effective use of time, improved communication, and increased staff satisfaction (Halm, 2013, Wollenhaup, Stevenson, Thompson, Gordon & Nunn, 2017, Lim & Pajarillo, 2015, Taylor, 2015).

Impact of the problem

Shift report is vital because it includes the passing of accountability and responsibility to the oncoming nurse (Anderson, Malone, Shanahan & Manning, 2015). During this time the quality and safety of patient care may be compromised therefore it is imperative that nurses realize the importance of a detailed and consistent shift-to-shift report (Halm, 2013).

Addressing the Problem with Current Evidence

The evidence suggested implementing a shift report form or tool to correctly give patient care information (Taylor, 2015). Overall the literature supported The Joint Commission (TJC) suggestions of implementing standardized shift report procedures for the prevention of patient care shift report errors (Halm, 2013, Jewell, 2016, Lim & Pajarillo, 2015, Taylor, 2015).

Current management

Current shift-to-shift report practice on the Nerve, Muscle and Bone Innovation Center include the nursing staff reading from different shift report forms that they have developed themselves. This process also includes the oncoming nursing staff using a different shift report form or no shift report form. With multiple interruptions the nursing staff at times forget where the report left off and due to the variance in report forms if patient care information was either omitted or repeated. Along with patient care omissions, nursing staff have been inconsistent with reporting patient care information during shift-to-shift report. Newer nursing staff are unsure what patient care information should be included during handoff.

Current recommendations

The current recommendations include that the literature supports utilizing a standardized shift report tool or form. Efficient shift-to-shift report makes a huge impact on patient outcomes, staff satisfaction, and overtime (Athwal, Fields & Wagnell, 2009, Dyches, 2014, Wollenhaup,

Stevenson, Thompson, Gordon & Nunn, 2017, Vines, Dupler, Van Son & Guido, 2014). The improvement of nurse communication is further supported by literature that looked at the use of a standardized report form. There has been a decrease in nursing errors including pressure ulcers, falls, and IV line care with the use of a standardized report form (Zou & Zhang, 2016). Utilizing a shift report tool has enabled staff to feel more prepared to work with the patient, improved the communication flow of patient care information, and assisted nurses with doing their job well (Jukkala, James, Autry, Azueo, & Miltner, 2012). Results from the study showed that communication among nurses significantly improved after implementation of the report tool (Jukkala et al., 2012).

Issues still under investigation

There are studies in the literature that have continued to do investigation and formulation of a standard shift to shift process. The literature has revealed there are a number of ways to approach shift to shift report and that each should include a direct communication and a standardized form or check list that contains important patient information (Halm, 2013).

Issues not yet addressed

There are issues that may have not been addressed and there is a need for further research which addresses the handoff exchange during different stages of a patient stay. A multidisciplinary approach may be needed among various staff personnel with different educational background and responsibilities to assure that patient safety is addressed throughout the patient stay (Jewell, 2016). According to Jewell (2016) it is suggested to further explore the best system design that decreases redundant handoffs and the best strategy to report important patient care information between healthcare providers.

Controversies

The Joint Commission has established a need for a standardization of shift-to-shift report however there remains minimal evidence-based research to support a specific report, procedure or approach (Riesenberg, L., Leitzsch, J., & Cunningham, J., 2010). A report form and approach used in one setting may not be effective on a different setting. Most of the research resulted in positive findings from use of a standardized report form with limited research and studies published of negative results from utilizing a standardized report form (Risenberg, L. et al, 2010).

Conclusion

The majority of the literature supported the use of a standardized shift report form during shift-to-shift report. The benefits of a standardized shift report form included an efficient and succinct communication between nurses, a decrease in unnecessary overtime, an increase in patient safety, and an increase in nurse satisfaction.

Theoretical Framework

Historical Development of the Theory

Kurt Lewin's three-stage change theory will be used for the implementation of a standardized shift report form (Oguejiofo, 2018, Appendix B). Kurt Lewin, known as the father of social psychology was born in 1890 in Germany (Nursebuff, 2018). Lewin immigrated to the States and worked at Harvard Medical School with Dr. Jacob Fine in the area of psychological rehabilitation of displaced camp tenants (Nursebuff, 2018).

Kurt Lewin is considered an early pioneer of change theories with the "Three Step Change Model" (Accipio, 2018). His model provided the groundwork for John Kotter's 8-step change model and many other later developed change models (Accipio, 2018). The Three Step Change Model was suggested in his 1947 paper titled the "Frontier in Group Dynamics"

(Accipio, 2018). The paper looked at the behaviors and practices of various groups and how their behaviors and practices influenced the process of change (Accipio, 2018). Lewin concluded that favorable change occurs through a three-step method; unfreezing, changing, and freezing (Accipio, 2018).

It is human nature to oppose change as people are comfortable with what they know or the status quo (Accipio, 2018). Lewin states that in order to overcome this change resistance it is imperative to understand the emotional barriers and encourage people to consider that the new process may be better (Accipio, 2018). Lewin primarily found that people affected by the change process were not involved in the process which attributed to the change process failure (Accipio, 2018). Therefore Lewin explained the importance of preparing people for change (unfreezing), education, implementation, and leadership communication (changing), and then strengthening the change process (freezing) (Accipio, 2018).

Applicability of Theory to Current Practice

Due the ease of applicability of the Lewin's change theory in the clinical setting it is commonly used in nursing (Wojciechowski, Murphy, Pearsall, & French, 2016). The three-stages are: unfreezing the present stage, moving to the new stage, and freezing in the new stage (Oguejiofo, 2018). The change concepts are driving and resistant forces (Oguejiofo, 2018). The project driving forces include: getting out on time, frustration with inconsistent shift report, and omissions in patient care. Possible resistant forces include: fear of change, the possibility of more work, and an increase in accountability.

Major Tenets

The first stage of Lewin's change theory includes the understanding of staff perception of shift-to-shift report. The unfreezing stage involves assessing the need for change in shift-to-shift

report, motivating nurses for the change, and overcoming the resistant forces (Kritsonis, 2005). During the unfreezing stage staff realize the importance of moving from the comfortable practice norm to accepting a standardized shift report form during handoff (Radtke, 2013).

Moving is the second stage where the unit staff accept the need for a practice change and is interactive with developing an organized standardized shift report form. The second stage includes education and implementation of the new standardized shift report form.

The third stage includes incorporating the form into everyday practice through policy and procedure. According to Parsons & Cornett, (2011) sustainability in the third stage is accomplished when the outcome has not resorted back to former practices for at least one year.

. Theory Application to the DNP Project

Changing an Innovation Centers practice at the rehabilitation hospital to embrace the use of a standardized shift report form will require a strategic plan, leadership support, and engaging staff to keep the practice change on track. These strategies will unfreeze the current shift report practice by disrupting the status quo, moving nurses to accepting the implementation of a standardized shift report form, and refreezing the Innovation Center's culture in which a standardized shift report form becomes a practice expectation (Kritsonis, 2005).

The unfreezing stage can be challenging due to a resistance to change (Lock, 2018). A pre questionnaire will be emailed to staff about satisfaction and perception of the current shift report practice. In addition discussions and meetings with staff about the quality improvement project and how shift report can be improved with the use of a standardized shift report form will take place. Providing additional leadership reports and hospital survey results and evidence-based research to staff will strengthen the need to change the current shift report practice.

The moving stage includes educating and implementing the standardized shift report form. During this stage it is important for leadership to accept, embrace the practice change and remove barriers (Kritsonis, 2005). Leadership will coordinate education sessions regarding the practice change, support staff by being present during shift change, reinforce the practice change, and address nursing staff barriers. Continuous feedback from staff and leadership will be used to assist with any revisions to the practice change.

Upon transitioning to the third stage, staff are ready to freeze the new practice (Oguejiofo, 2018). This stage signifies that the new practice change has been integrated and accepted by nurses as evidence by a decrease in staff over time and an increase in staff satisfaction and perception of shift report (Bradley, Parkosewich, & Bertie, 2018). The developed standardized shift report form should become the standard during shift report for all shift changes. During this stage sharing new leadership data, hospital survey results, and staff recognition for their help with the transition is important. In addition a staff post implementation survey will be emailed to staff. Strategies such as providing feedback and drafting a policy will be designed for the sustainability of quality outcomes (Kritsonis, 2005). The expectation to use the standardized shift report form during bedside shift report will be included in new hire nurse orientation.

Project Design

This is a quality improvement project and coincides with the need to revise the bedside shift report (BSR) initiative within the project site. The project lead will be informing the nursing staff via email of the BSR initiative and the DNP project. The project lead will assist in the evaluation of the current hand off practice, provide feedback on practice changes, brain storm ideas, determine barriers and solutions, and discuss a standardized shift report form. The project

lead in collaboration with the leadership team will draft a BSR policy and guidelines to share with the BSR champions. A mixed method of both quantitative and qualitative data will be used for the project. The project will include pre and post questionnaires that will be developed by the project lead. Although most of the data that will be collected from the questionnaires is quantitative there will be one open-ended question. The open-ended question will provide qualitative data that will complement and supplement the quantitative data collected (Moran, Burson, & Conrad, 2017). The questionnaires will include one question asking for feedback and will provide available space to list the top five patient care items that should be reported during shift report.

Both qualitative and quantitative methods will aid in the project objectives of creating, implementing, and educating staff on the use of a new shift report form to increase staff satisfaction with shift report. The project variables are a standardized shift report form and staff satisfaction. A standardized shift report form is an independent variable which will influence the dependent variable of staff satisfaction. A dependent variable is the variable that is impacted or predicted and is the outcome (Silva & Terhaar, 2018). Pre implementation questionnaires will be emailed to all bedside nurses using SurveyMonkey and will evaluate nursing satisfaction and perception with the BSR process and shift report tool. The pre implementation questionnaire results will be reviewed and compiled to guide the drafting of a shift report form and an educational in-service. The developed shift report form will be implemented onto an Innovation Center and will include the development of an educational in-service and online learning modulate by the project lead (Appendix C & D). The educational in-service will include the expected goal for nursing staff to utilize the form during bed side shift report. The project lead will also do rounding education on the innovation center in which interactive feedback will take

place to ensure compliance with use of the developed shift report form. A post implementation questionnaire using SurveyMonkey will be emailed to all bedside nurses after two weeks to evaluate nursing satisfaction and perception with the BSR process and shift report tool, Due to turnover and work schedule, the sample of bedside nurses completing the pre and post implementation questionnaire will not be the same.

Population of Interest

The population of interest are the bedside nurses on the Nerve, Muscle and Bone Innovation Center in a rehabilitation hospital. While patient care technicians are not directly included in the use of the developed shift report form, the BSR process will include collaboration with patient care technicians as a way to add to a successful hand off.

Setting

The setting is a magnet designated rehabilitation hospital in the Midwest that provides rehabilitation and physical medicine for children and adults with complicated conditions such as stroke, traumatic neuro and spinal cord injuries, amputations, and cancer related deterioration. Administration agrees that a standardized shift report form is needed and has provided permission for the project of developing and implementation of a standardized shift report form.

Stakeholders

The stakeholders in the quality improvement project comprise of the hospital chief nursing officer, hospital leadership and management representatives, bedside shift report nursing champions, and frontline bedside nurses and patient care technicians. Stakeholders will be educated by way of emails and meetings about the quality improvement initiative and will be asked for their feedback and suggestions throughout the process.

Recruitment Methods

This is a quality improvement project and all staff nurses will be involved in the bedside shift report initiative (BSR). Bedside shift report champions will be formed and designated as the BSR champions committee. The use of champions to engage, educate, and to establish implementation is important because staff prefer education from their peers (Wollenhaup, Stevenson, Thompson, Gordon & Nunn, 2017, Vines, Dupler, Van Son & Guido, 2014 & Dorvil, 2018). Advertisement and incentives will not be used to recruit the BSR committee.

Tools/Instrumentation

A pre and post questionnaire (Appendix E) was developed by the project lead. The reliability and validity of the tool was determined by the content validity index (CVI) calculation tool used to evaluate the item development of questions and included, expert rating scores to determine validity of the questions (Appendix F). The CVI tool was completed by the course instructor, academic mentor, and the project mentor as these individuals have knowledge of the project. The pre questionnaire mean average score is 3.5 and the post questionnaire mean average score is 3.7. This indicates that the questions are highly relevant.

The questionnaires will use SurveyMonkey and will be emailed to the bedside nursing staff before pre implementation and post implementation of the standardized shift report tool. The purpose is to discover what patient care information nurses think is important to verbally pass along during hand off and an opportunity for nurses to provide feedback both before and after utilizing the developed form. For a quality improvement project to be successful and feasible, conversations with and input from staff is important before and after an implementation. (Gregory, Tan, and Tilrico, 2014). Conversations with and input from staff will be acquired at BSR committee meetings, educational in-service, and by observing and shadowing shift change.

Data Collection Procedures

Pre and post implementation questionnaires will be emailed to all the bedside nurses on the Nerve, Muscle, and Bone Innovation Center at the project site via SurveyMonkey. The results will evaluate whether there is an increase in nursing satisfaction, perception, and attitude before and after implementing a standardized shift report tool. All responses will be anonymous as identifiable questions will not be asked to the population completing the questionnaires. There will not be any monetary incentives for completing the questionnaires. Follow up emails will be sent from the unit managers reminding bedside nurses to complete the questionnaires. The project lead will be compiling and reviewing the results of the pre and post implementation questionnaires.

Intervention and Project Time Line

The project timeline is five weeks (Table 1). The timeline will include implementation of the project intervention, data collection, and analysis and interpretation. In week 1 bedside nurses will be asked to complete a pre implementation questionnaire related to bedside shift report and the use of a standardized shift report form. The questionnaires will provide feedback and comments about the bedside shift report process along with information for a shift report form. In week 2 the project lead will meet with the BSR champion committee to discuss the shift report tool, barriers and solutions to BSR, and the BSR process. The BSR committee comprising of members of the leadership team will finalize the BSR process, prepare a BSR policy and guidelines (Appendix G), develop a shift report tool (Appendix H), and BSR evaluation tool (Appendix I) for BSR competency. Education of the BSR process and the use of the shift report tool for all inpatient bedside nurses will take place. In week 3 the project lead will email bedside nurses a post implementation questionnaire and check off bedside nurses on the use of the

developed standardized shift report form and provide just in time feedback. The project lead during week 4 will continue to check off bedside nurses and the use of the developed standardized shift report form and provide just in time feedback. The project lead will at the end of week 4, beginning of week 5 analyze survey data.

Table 1

Week	Activity
1	<ul style="list-style-type: none"> • Project lead will meet and discuss project with the bedside shift report committee • Pre implementation questionnaire emailed to bedside nurses
2	<ul style="list-style-type: none"> • Review pre implementation questionnaire responses • Develop a shift report form • Meet and discuss shift report form with the bedside shift report committee • Project lead will educate bedside nurses
3	<ul style="list-style-type: none"> • Email bedside nurses post implementation questionnaire • Project lead will check off and observe the use of the standardized shift report form and provide just in time feedback
4	<ul style="list-style-type: none"> • Project lead will continue to check off and observe the use of the standardized shift report form and provide just in time feedback
5	<ul style="list-style-type: none"> • Review and compile post implementation questionnaire responses • Analyze survey data

Ethics/Human Subjects Protection

The required Internal Review Board (IRB) forms will be submitted for review to remain compliant with Touro University Nevada IRB. This DNP project is a quality improvement project, and will likely not require IRB review. No project participant names or identifying data will be utilized. Benefits to participating in the implementation of a standardized shift report form include: efficient and succinct communication between nurses, a decrease in unnecessary overtime, an increase in patient safety, and an increase in nurse satisfaction (Zou & Zhang, 2016, Jukkala, James, Autry, Azueo, & Miltner, 2012 & Athwal, Fields, & Wagnell, 2009). A potential risk includes the unwillingness of participants to change their current practice. There will not be any monetary incentives for completing the questionnaires.

Plan for Analysis/Evaluation

The quality improvement project includes reviewing and analyzing responses of a pre and post implementation questionnaire. Data from a random sample group of bedside nurses will be collected pre and post implementation. This method will be used to collect information and feedback for a shift report form and nurses satisfaction with bedside shift report. Observation and shadowing of the current shift-to-shift report practice will occur before and after the development and implementation of a standardized shift report form. Compliance with the implementation will be measured by leadership direct observations and a bedside shift report evaluation and audit form. The project lead initially expects possible opposition from the bedside nurses and limited compliance with the use of a standardized shift report form to improve communication during bedside shift report. Favorable results will depend upon encouragement, education, and consistent monitoring from leadership and BSR committee members. While the quality improvement intervention focused on increasing nursing satisfaction with shift report and the possibility of decreasing unnecessary overtime, future projects could evaluate a standardized hand off process for patient care technicians (PCT's). A statistical software analysis tool Statistical Package for Social Services (SPSS) may be used to analyze the questionnaire results.

Significance

With the reform in healthcare to decrease costs, hospitals have to improve and implement patient centered quality programs (Staggers & Blaz, 2013). Bedside shift report using a standardized shift report form is a way to increase nurse patient communication scores, practice efficiency, and increase the quality of patient care (Wolosin, Ayala & Fulton, 2012). Bedside shift report is an important process during which vital clinical patient information must be accurately and concisely communicated to the oncoming nurse. Communication breakdowns

during shift report compromise patient safety and decrease nurse satisfaction with report (Holly & Poletick, 2013, Reinbeck & Fitzsimmons, 2013 & Wollenhaup, Stevenson, Thompson, Gordon & Nunn, 2017). These findings suggest having a standardized shift report form a priority (Mardis, Mardis, Davis, Justice, Holdinsky, Donnelly, Ragozine-Bush & Riesenber, 2016).

Implications for Nursing

Due to the transference of accountability and responsibility between nurses, having a standardized shift reporting process and tool is an important initiative (Anderson, Malone, Shanahan, & Manning, 2015). Implementing a standardized shift report tool supports the hospital's goal of patient centered care. Utilizing a standardized shift report tool focuses on the national patient goal of hand-off communication, improves patient outcomes, decreases overtime, and increases nurse perception and satisfaction with bedside shift report (The Joint Commission, 2017, Zou & Zhang, 2016, Jukkala, James, Autry, Azueo, & Miltner, 2012 & Athwal, Fields, & Wagnell, 2009). During shift report off going nurses report to oncoming nurses patient care information. It is expected that having a standardized shift report form will provide a clear, concise, and consistent clinical patient picture, serve as a shift report guide tool for new graduate bedside nurses, and increase nurse perception and satisfaction with bedside shift report.

Analysis

The aim of this project was to develop and implement a standardized communication method with a shift report form, educate bedside nurses on the use of the standardized shift report form, and evaluate nurses' perception and satisfaction with using a standardized shift report form. Nurses' perception and satisfaction with using a standardized shift report form was measured by comparing their responses to a questionnaire provided before and after the

implementation of the shift report form. The pre questionnaire survey had 10 respondents and the post questionnaire survey had 14 respondents.

The Mann-Whitney U Test, a non-parametric version of the unpaired samples t test, was used to investigate whether there was statistical significance between nurses' perception and satisfaction with shift to shift report before and after using a standardized shift report form. This test is appropriate when (1) there are two independent categorical groups in the independent variable and (2) the scale of the dependent variable is ordinal. The level of significance was established at $p < 0.05$. Results for the nurse's perception and satisfaction survey did not reveal a statistical significance for any of the survey questions (Table 2).

Table 2

Results of Statistical Analysis, Mann-Whitney U Tests to Assess for Differences in Nurse Attitudes Toward the Shift Report Form

Survey Question	Test Statistic, p-value	Finding
#3 I feel shift report causes me to run late.	U=55.5, z=-0.900, p=0.368	Non-significant
#4 I feel shift report is organized.	U=52.0, z=-1.162, p=0.245	Non-significant
#5 A standardized shift report form would/is helpful with shift report.	U=59.0, z=-0.696, p=0.486	Non-significant
#6 I am comfortable with engaging patients and family members during shift report.	U=56.0, z=-0.915, p=0.360	Non-significant
#7 I include my patients during shift report.	U=61.50, z=-0.587, p=0.558	Non-significant
#8 The patient's condition aligns with	U=54.0, z=-1.146, p=0.252	Non-significant

information given during shift report.		
#9 I am satisfied with shift report.	U=42.50, z=-1.817, p=0.069	Non-significant

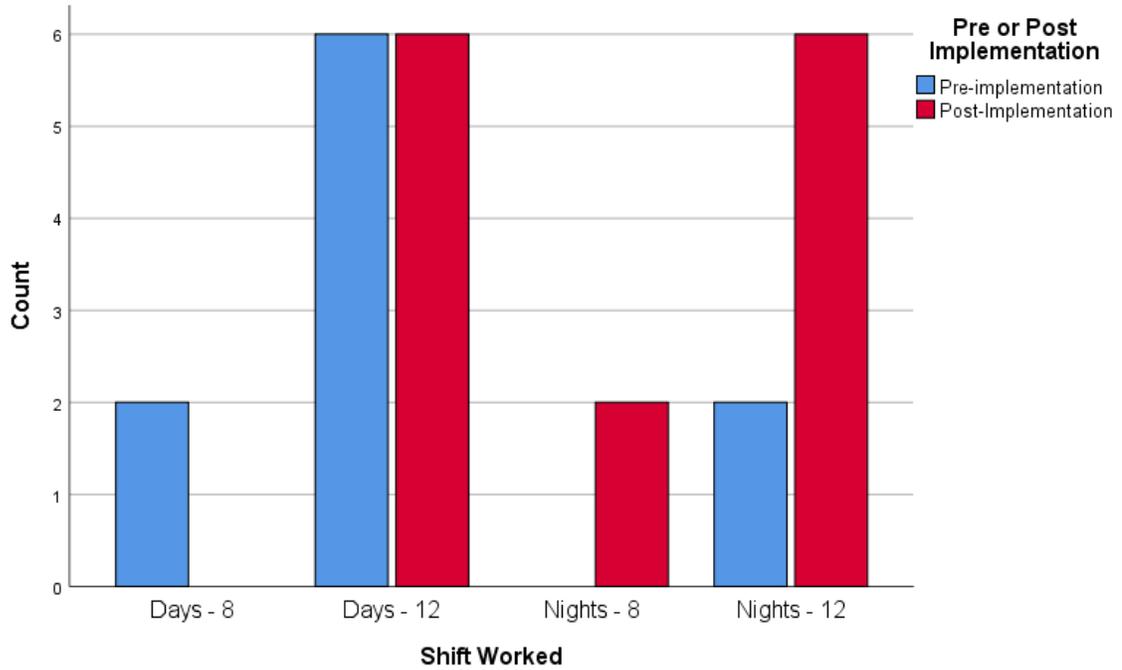


Figure 1. I work the following shift

The majority of respondents answering question 1 on the pre questionnaire worked 12 hour day shift ($n = 6, 60\%$), with an equal number of respondents on the post questionnaire working 12 hour day shift ($n = 12, 42.86\%$) and 12 hour night shift ($n = 12, 42.86\%$).

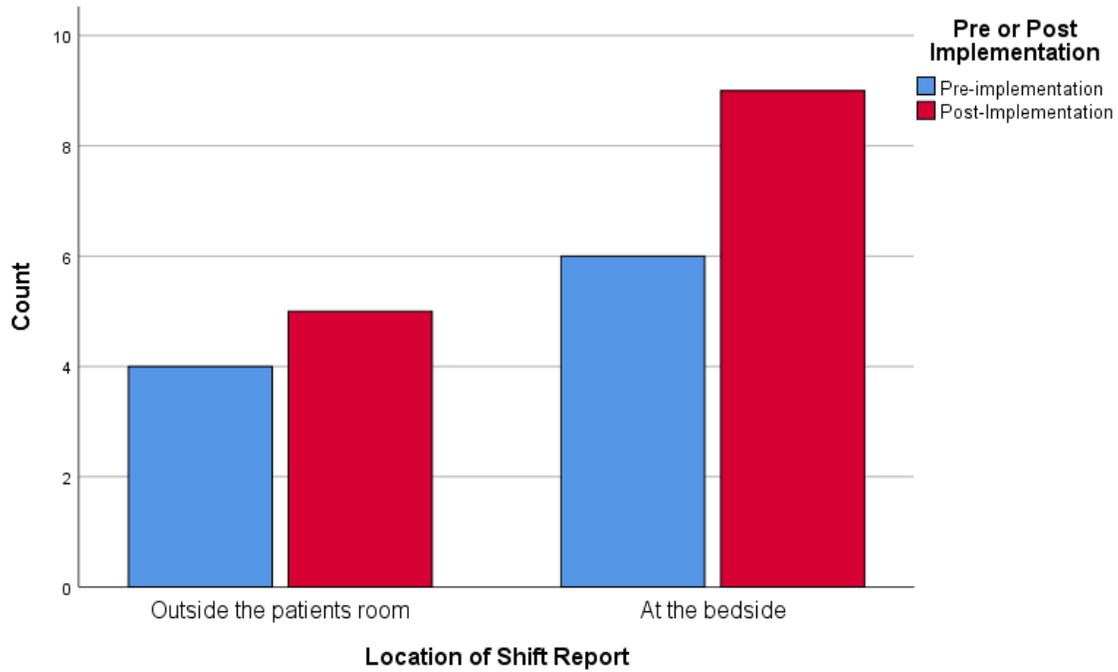


Figure 2. Shift report is taking place

Question 2 had the greatest number of respondents reporting shift report taking place at the bedside, pre questionnaire respondents ($n = 6, 60\%$) at the bedside and on the post questionnaire respondents ($n = 9, 64.29\%$) at the bedside.

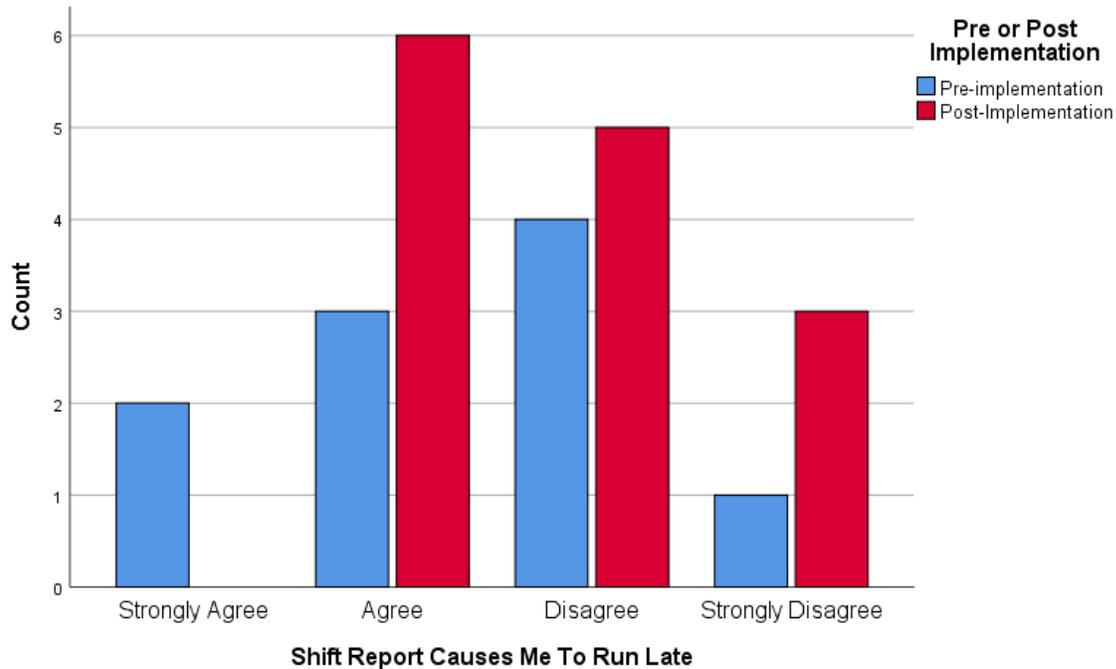


Figure 3. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” I feel shift report causes me to run late

For question 3, nurses reported their perception of whether shift report makes them run late pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to the perception of running late (U=55.5, z=-0.900, p=0.368).

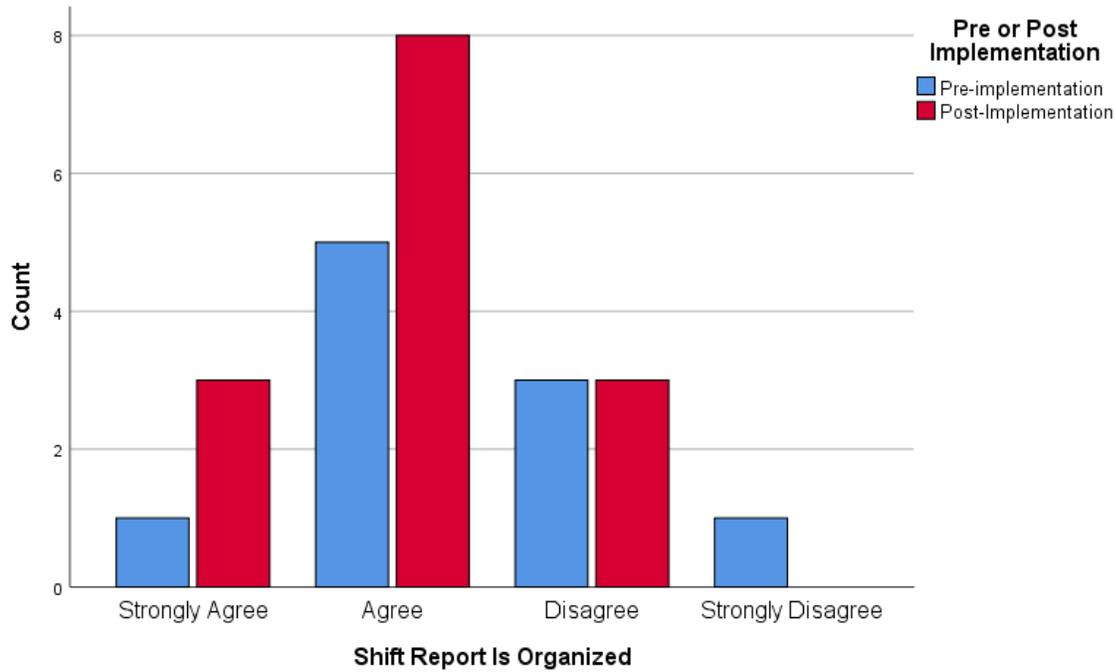


Figure 4. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” I feel shift report is organized

For question 4, nurses reported their perception of shift report organization pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard shift report organization (U=52.0, z=-1.162, p=0.245).

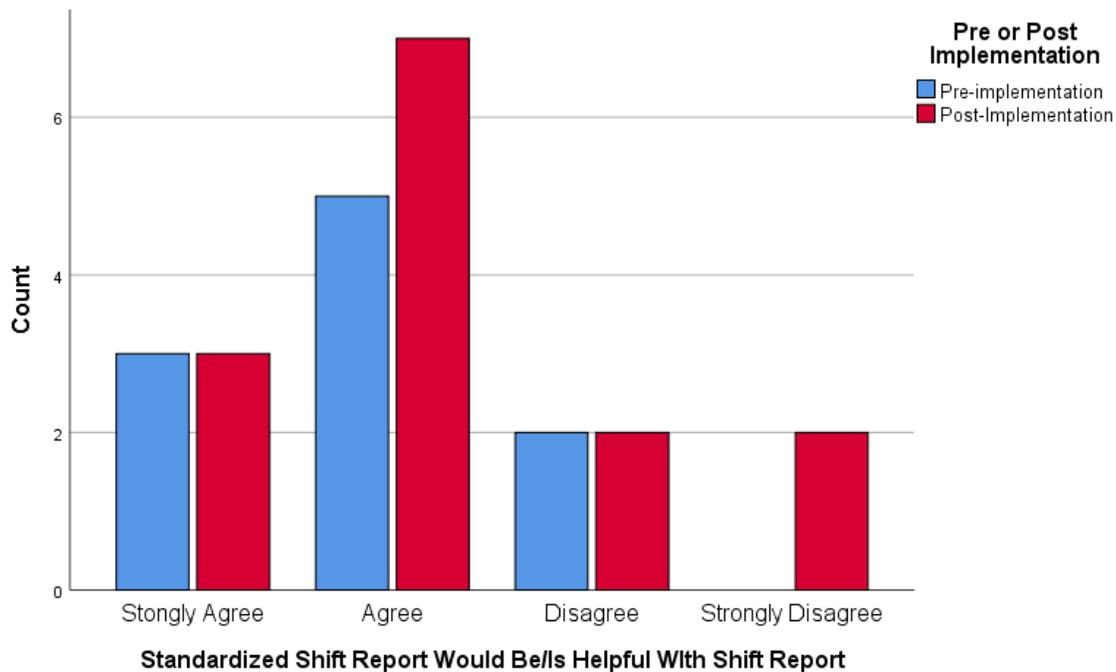


Figure 5. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” A standardized shift report form would be/is helpful with shift-to-shift report

For question 5, nurses reported their perception with whether a standardized shift report would be and is helpful with pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to the helpfulness of a standardized shift report (U=59.0, z=-0.696, p=0.486).

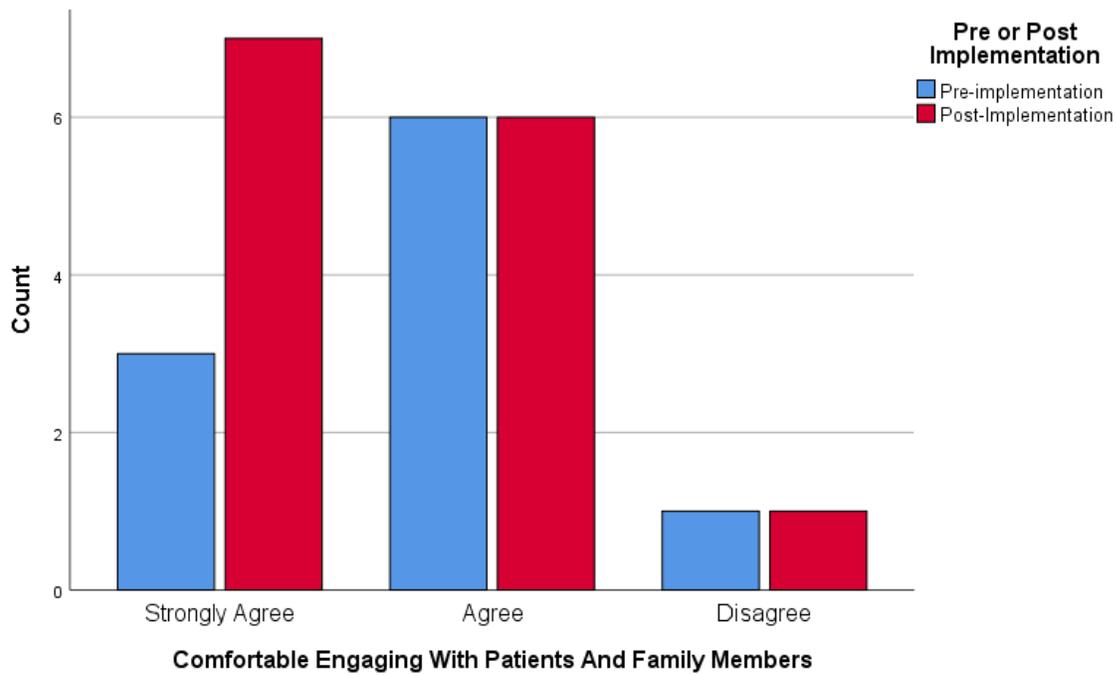


Figure 6. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” I am comfortable engaging with patients and family members during shift report

For question 6, nurses reported their perception with engaging with patients and family members pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to engagement with patients and family members (U=56.0, z=-0.915, p=0.360).

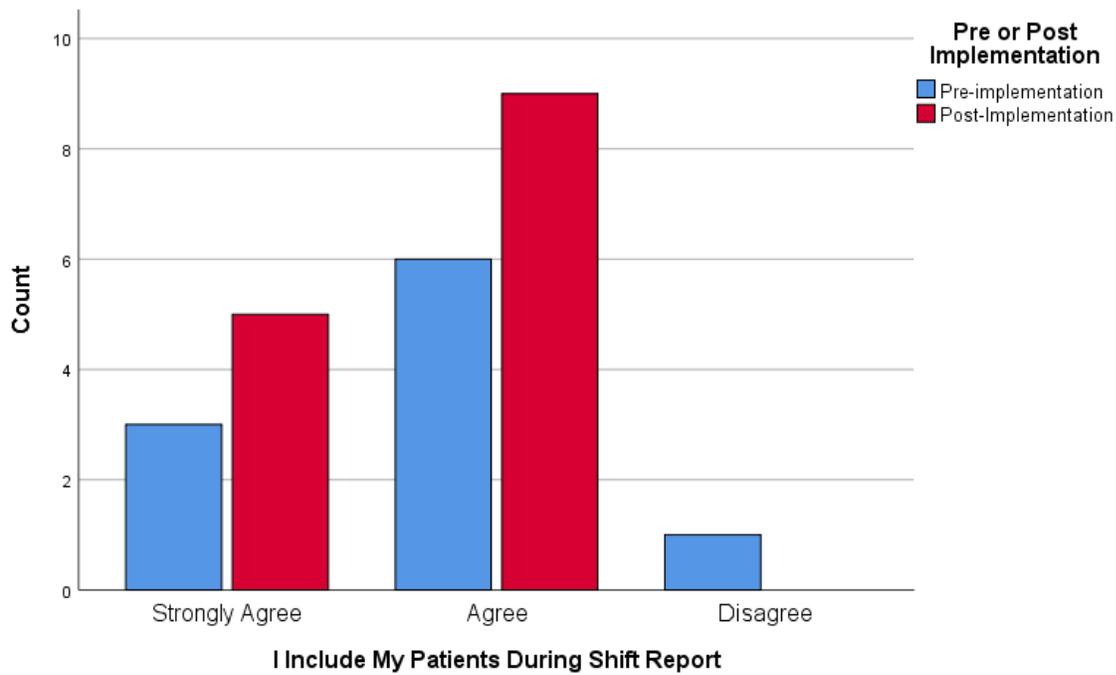


Figure 7. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” I include my patients during shift report

For question 7, nurses reported their perception with including patients during shift report pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to including patients during shift report ($U=61.50$, $z=-0.587$, $p=0.558$).

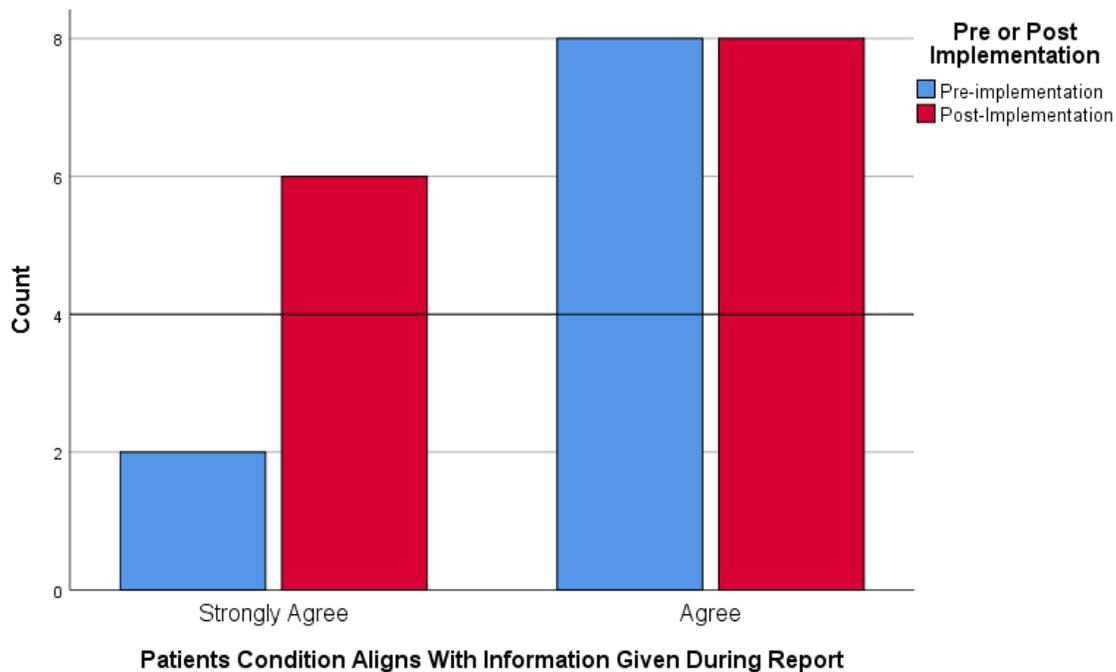


Figure 8. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” The patient’s conditions aligns with information given during report

For question 8, nurses reported their perception of whether the patient’s condition aligns with information given during report pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to patients condition aligning with information given during report (U=54.0, z=-1.146, p=0.252).

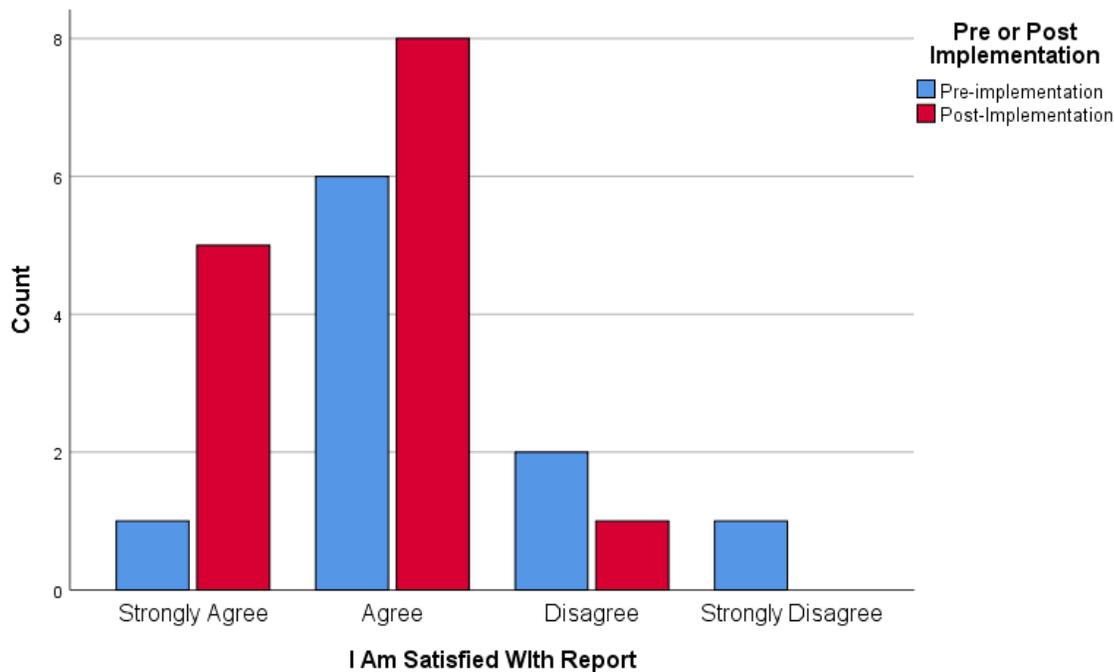


Figure 9. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” I am satisfied with shift report.

For question 9, nurses reported their perception and satisfaction with shift report pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to satisfaction with report ($U=42.50$, $z=-1.817$, $p=0.069$).

Question number 10 on the pre and post survey gathered qualitative data. The responses to Question 10 on the pre-implementation survey provided imperative information which was used for the development of the shift report form. Question 10 of the pre questionnaire survey asked respondents to: List the top five patient care items that they would like to see on a shift report form. Seven respondents listed:

- a) Diagnosis in 6 of the 7 responses,
- b) Bowel and bladder in 4 of the 7 responses,
- c) How patients take their medications and diet in 4 of the 7 responses,

- d) Skin and wound care in 4 of the 7 responses,
- e) Transfer status in 4 of the 7 responses,
- f) Patients history in 3 of the 7 responses,
- g) Pain management and goal in 3 of the 7 responses,
- h) Patients vital signs in 2 of the 7 responses,
- i) Isolation precautions in 1 of the 7 responses, and
- j) a to do list in 1 of the 7 responses.

From this information, the shift report form and standardized communication method mnemonic DD-BSR were developed to be implemented during bedside shift report. The standardized communication method requested that nurses focus on the top five patient care items in the following order when giving report: 1) Diagnosis, 2) Diet which includes how the patient takes their medication, 3) Bowel and bladder, 4) Safety/skin and lines, and 5) Readiness, how the patient transfers. Additional patient care information may be looked up on the computer on wheels.

Question 10 of the post questionnaire survey asked for comments from the respondents. Two respondents answered: 1) Obviously depends on many factors, but I agree that something standardized will help with workflow, so I am happy that this is being implemented and 2) Great report!. While there was no significant result, two respondents provided positive feedback on the developed and implemented shift report form.

Discussion

The project goal was to develop, educate, and implement a standardized shift report form to ensure that shift report was clear, concise, and consistent between bedside nurses. The standardized shift report form was designed using feedback from nurses which was collected

during a pre-implementation survey. Bedside nurses were educated on the standardized shift report form which followed the communication mnemonic DD-BSR. While some of the nurses did not want to use the developed shift report form, the project lead requested that nurses follow the standardized communication mnemonic DD-BSR focusing on the top five patient care items when giving report: 1) Diagnosis, 2) Diet which includes how the patient takes their medication, 3) Bowel and bladder, 4) Safety/skin and lines, and 5) Readiness, how the patient transfers. Additional patient care information may be looked up on the computer on wheels. A post-implementation survey was completed after implementation. A Mann-Whitney U test was used to evaluate the hypothesis that staff perception and satisfaction with shift-to-shift reporting utilizing a standardized shift report would increase compared to pre implementation data. There was no statistically significant difference in nurse responses to the pre and post implementation survey questions. However, question nine “I am satisfied with shift report” was close to being statistically significant ($p=0.069$).

After implementing the standardized shift report form, the DNP project lead provided just in time feedback using the Bedside Shift Report Coaching and Feedback form regarding the standardized mnemonic DD-BSR. Of the 23 bedside nurses observed (11 of the 23 bedside nurses twice), 10 nurses consistently reported the top five patient care items using the mnemonic DD-BSR in the correct order. Additional education may be helpful as bedside nurses continue to report the standardized communication mnemonic DD-BSR out of order. Further studies might examine the challenges of implementing a standardized communication method during shift report. While the Joint Commission has established a need for a standardized shift report form during shift-to-shift report, there remains minimal evidence-based research to support a specific report, procedure or approach (Riesenberg, Leitzsch & Cunningham, 2010).

Significance

Evidence from the literature indicated that an implemented shift report form or standardized communication method could be helpful when nurses give patient care information (Taylor, 2015). Overall, literature supports The Joint Commission (TJC) suggestions of implementing standardized shift report procedures for the prevention of patient care shift report errors, this project implementation of a standardized communication method did not show any significance with improving the shift-to-shift reporting process or increase in nurse perception of and satisfaction with shift-to-shift report (Halm, 2013, Jewell, 2016, Lim & Pajarillo, 2015, Taylor, 2015). While studies in the literature continue to investigate and formulate standardized shift to shift processes, there is no common approach making the implementation of a standardized shift report form a challenging nursing practice change.

Development of the bedside shift report policy required the use of the communication method DD-BSR as a standardized communication written and verbal method. Random audits will be needed to enforce and sustain the standardized communication method. Bedside shift report along with the expectation of the standardized communication method DD-BSR will be introduced during nursing orientation, an annual online learning module will be required, and bedside shift report utilizing the standardized communication method will be included in annual staff evaluations.

Implications

Efficient communication skills are imperative to reducing patient care treatment delays, improper care, treatment omissions, and adverse events as discrepancies have the potential of compromising patient safety (Gaden & Lincoln, 2016). During shift-to-shift report there are concerns of poor communication at the project site. The standardized shift report form may be

implemented on other units and continued education on the use of a standardized communication method will be needed to sustain the standardized communication mnemonic DD-BSR.

Implementation of the quality improvement project increased awareness of the importance of improving communication during shift report while addressing national patient client safety goals and initiatives.

Limitations

There were several limitations of this project. The project limitations included a small number of survey respondents and limited timeframe to complete the project implementation. A larger number of respondents may have achieved a result that showed a statistical significant difference and combined with a longer timeline may have provided these results. The timeline provided was within the confines of the academic program. An additional limitation included that the bedside nurses were not knowledgeable about the implementation even though they received the information. Contrary to emailing a PowerPoint and educating the unit nurses before project implementation, nurses reported not knowing about the implementation or had multiple questions about the project. This project has the capability to be generalized across clinical settings and may be of value and replicated in other nursing facilities.

Dissemination

Dissemination of project results to organizational stakeholders and other healthcare professionals is important. Project result dissemination provides an opportunity to help with additional organizational quality improvement processes and in other similar healthcare environments. The project will be disseminated through a final presentation to the Touro University Nevada nursing faculty and students and a PowerPoint presentation of the project results will be shared with nursing administration, bedside nurses, and BSR champions at the

practice site (Appendix J). Additionally the project will be submitted online to the Doctors of Nursing Practice Doctoral Project Repository. Doing so allows the replication or application to additional studies and provides opportunities for both practice improvement and successes (Forsyth, Wright, Scherb, & Gasper, 2010). A poster may be submitted to the Academy of Medical Surgical 2019 annual conference. An abstract containing a description of the project, methodology, analysis, and results will be submitted online to the planning committee and notice of the review outcome will be sent mid-summer in July.

Project Sustainability

Project sustainability is supported by nursing administration and BSR champions. Benefits to sustaining the implemented standardized communication method include enhancing the culture of improved communication and the organizations mission of patient centered care. Sustainability of the project will include ongoing audits, observations, and continued communication of the expectation from nursing administration and BSR champions during unit huddles and monthly meetings at the practice site. Additionally expectation of the standardized communication method DD-BSR will be introduced at the practice site during nursing orientation and included in annual staff evaluations. This will enforce both project sustainability and assist with a culture of patient centered care through improved communication.

Conclusion

The implementation of a standardized communication method and development of a standardized shift report form was expected to increase nurse perception of and satisfaction with shift-to-shift report. Even though the results of this project did not show a statistical significant difference, the standardized communication method developed in this project DD-BSR may be further applied to projects or studies improving communication during shift report. The quality

improvement project included the development of pre and post questionnaire surveys, bedside nursing staff education both prior and during implementation, bedside shift report policy and guidelines, and bedside shift report coaching and feedback form.

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Appendix A

Standardized Shift Report Form Synthesis

Reference	Nurse to Nurse Shift Report Communication
Agency for Healthcare Research and Quality (2013)	Prevents errors and improved nurse to nurse communication
Athwal et al., (2009)	Decreased overtime
Cornell et al., (2014)	Improved nurse to nurse communication
Dyches, R. (2014)	Increased nurse satisfaction
Griffin, T. (2010)	Improved nurse to nurse communication.
Halm, M. A. (2013)	Improved nurse to nurse communication. Organized communication is required.
Jewell, J. A. (2016)	Improved communication
Jukkala et al., (2012)	Improved communication
Lim, F., & Edmund J.Y. (2016)	Improved nurse to nurse communication
Reinbeck, D. M., & Fitzsimons, V. (2013)	Improved nurse to nurse communication
Riesenberg et al., (2010)	Standardized communication decreases variability therefore decreasing errors
Rogers, J. (2017)	Increased staff satisfaction
Taylor, J. S. (2015)	Utilizing standardized communication improves shift report. Improves patient continuity of care. Decreases errors.
The Joint Commission. (2017)	Prevents errors and improves nurse to nurse communication
Vines et al., (2014)	Improves patient plan of care.
Wollenhaup et al., (2017)	Increased staff satisfaction

Appendix B

Lewin’s Three-Step Change Model

Unfreezing	Moving	Freezing
<ul style="list-style-type: none"> • Discussions with staff about their perception of shift report • Staff engagement • Identify driving and resistant forces • Review websites and databases of current shift report forms • Observe current practices • Review leadership data and hospital survey results 	<ul style="list-style-type: none"> • Draft shift report policy • Draft shift report form • Training • Educate staff about the change • Implement shift report form 	<ul style="list-style-type: none"> • Offer ongoing training and education • Provide information during orientation for new nurses • Review leadership data and hospital survey results • Discussions with staff about their perception of shift report • Reinforce the use of a standardized shift report form

Appendix C EDUCATIONAL POWERPOINT

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**THE RE-ENERGIZATION OF
BEDSIDE SHIFT REPORT (BSR)**

MARCUS RAMIREZ MSN, RN
CLINICAL NURSE EDUCATOR AND
CRYSTA HILDEBRAND DNP STUDENT

BEDSIDE NURSING REPORT OBJECTIVES

- Define and understand the reasons behind bedside shift report
- Debunk the “myths” of bedside shift report
- Define the “Power Hour”
- Acknowledge the responsibilities of the BSR Champions
- Identify the top items that should be addressed in the BSR shift report tool
- Plan & Implement BSR on **All Units**



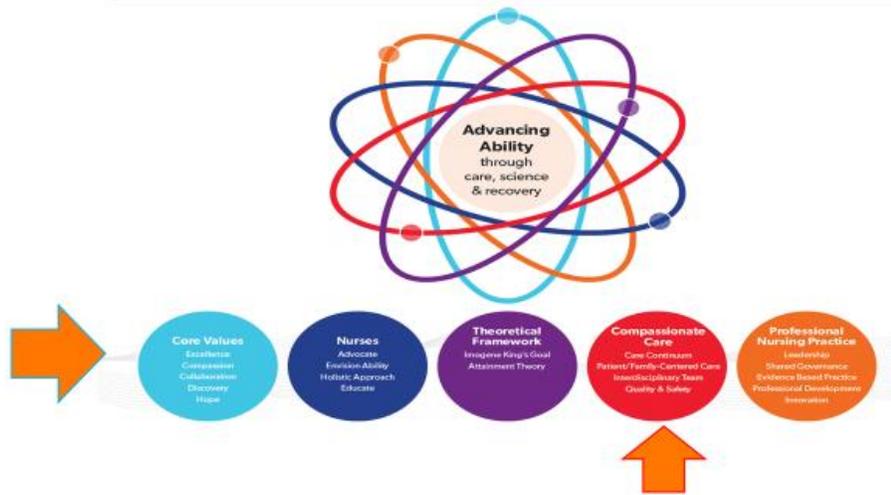
SHIRLEY RYAN ABILITY LAB MISSION & VISION

Shirley Ryan Ability Lab is **dedicated** to providing the **best** patient outcomes through the **highest-quality** patient care, translational **research**, scientific discovery and education.

BE THE MODEL

Nursing Professional Practice Model

Shirley Ryan
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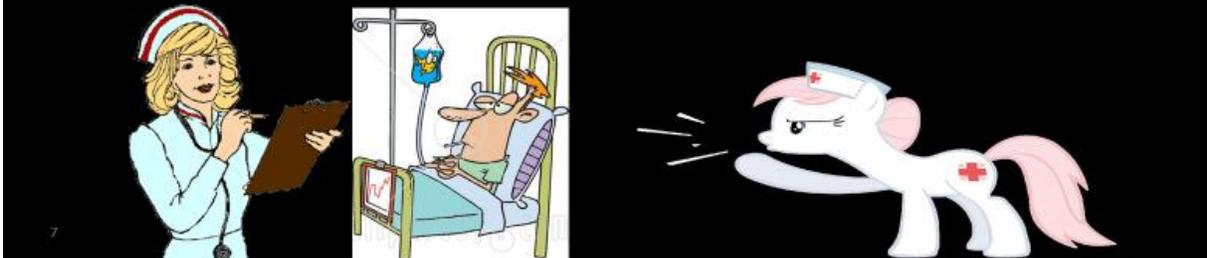




WHY ARE WE RE-ENERGIZING BSR?

Research shows BSR improves:

- Patient Safety, Quality & Outcomes
- Patient Experience & Care
- Time management and accountability between nurses



WHY WE ARE RE-ENERGIZING BSR

The Case for Bedside Shift Report

80%



Percent of serious medical errors traced back to communication breakdowns.

Research D. Joint Commission aims to improve patient hand-offs. 2015, Oct. 22.

< 5 min



Estimated time for bedside shift report per patient

Guide to Patient and Family Engagement in Hospital Quality and Safety. June 2015. AHRQ.

Nurse satisfaction increases with implementation of bedside shift report



Anderson CD, Mangino RR. "Nurse Shift Report: who says you can't talk in front of the patient." Nurs Admin Q. 2006; 30(2): 112-122.
Chaboyer W, McMurray A, Wallis M. "Bedside nursing handover: a case study." Int J Nurs Pract. 2010; 16(1): 27-34.



\$8,000

The amount one hospital saved in overtime within 2 months of adopting bedside shift report

Athwal P, Fields W, Wagnell E. "Standardization of change-of-shift report." J Nurs Care Qual. 2009 Apr-Jun;24(2):143-7.

8

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BSR PRACTICE WILL IMPROVE PATIENT AND FAMILY ENGAGEMENT

- BSR will help patients and families **learn** to be members of the health care team.
- BSR will create a culture of care where patients, families, and staff all **practice** together as partners to **improve** the quality and safety of patient care for their transition home or other facility.



9

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**TOP
5****BEDSIDE SHIFT REPORT****MYTHS**

- Can't be done because of visitors in patient room
- Can't be done because patient is asleep
- Can't be done because of HIPPA
- Can't be done because I don't want the patient to know that they have been difficult or noncompliant
- Can't be done efficiently because patient and family has a complex question or needs a lengthy clarification

UNKNOWN VISITORS OR FAMILY IN THE ROOM

- When there are unknown visitors or family in the room, explain what you'll be doing and ask the visitors to step out.
- If the patient wants them back in, say:
"We'll be talking about your treatment plan and progress this past shift. We want to maintain your privacy, but if you would like your visitors to be present, I can invite them back in."



12

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PATIENT IS ASLEEP

- If the patient is asleep, do you wake them for report?
- In these cases, the nurse going off shift decides if the patient requires sleep. Always ask the patient during your shift if he/she would like to be woken up for BSR.



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PATIENT IS NONCOMPLIANT AND YOU NEED TO SHARE INFORMATION WITH ONCOMING NURSE

- The patient may be anxious or “difficult.”
- If the patient is noncompliant and you need to share information with the nurse coming on duty nurse, you can share this information with the patient and nurse coming on duty by pointing onto your report sheet.



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PATIENT AND FAMILY HAS A COMPLEX QUESTION OR NEEDS A LENGTHY CLARIFICATION

- If the patient or family has a complex question or needs a lengthy clarification, the nurse coming on duty should let the patient know that the question is important but that it will take longer than the time available during bedside shift report to answer it.
- Let the patient know that you will be back after shift report to fully answer the questions and address concerns.

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HIPPA CONCERNS



HIPAA acknowledges incidental disclosures may occur

- **Not a HIPAA violation as long as**
- Take reasonable safeguards to protect privacy
- Disclose only or use the minimum necessary information

Important to know: BSR is part of treatment and normal operations and therefore does not violate HIPAA

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★ POWER HOUR
1 HOUR BEFORE BSR

What is going to set me up for a successful BSR?!

•The Four P's!

- +Pain**
- +Potty**
- +Positioning**
- +Patient Environment**

POWER HOUR
Empowering Your Success

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SO WHERE DOES THE BSR CHAMPION FIT IN?

As our Champion we are looking to You to be a leader and design a simple BSR shift report tool that can be used for all units!

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BENEFITS TO USING A STANDARDIZED SHIFT REPORT FORM

- **Clear**

- Shorter hand-off duration
- Improved communication

- **Concise**

- -Hand-off can occur 4x a day

- **Consistent**

- **Guide Tool**

- -Need to know vs Nice to know

20

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Abilitylab.A red neon sign with the word "ERROR" in a stylized, glowing font.A yellow neon sign with the words "DELAYS EXPECTED" in a stylized, glowing font.

HAND OFFS WITHOUT THE USE OF A STANDARDIZED BSR TOOL MAY RESULT IN:

- Miscommunication between nurses, PCTs and patients
- Safety events
- Medication errors
- Delays in patient care
- Increased costs
- Inefficient time management



WHAT ARE THE TOP 5 THINGS YOU NEED TO KNOW ABOUT THIS PATIENT DURING BSR?

- Vital signs
- Blood Glucose
- Integumentary
- Incision/Wound
- Neurological
- Oxygenation
- Artificial Airway
- Respiratory
- Cough/suction
- Cardiovascular
- Gastrointestinal/Diet
- Genitourinary
- ADLs
- Transfer
- Other

Which ones are the most pertinent?!

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BSR CHAMPIONS

- Round on the unit and observe and provide constructive feedback
- Create a culture of unit accountability
- Re-energize/Re-direct new RNs and nurse veterans to BSR
- Observe and coach non compliant staff on BSR and remind them that BSR is **part of their performance evaluations.**



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REMEMBER: BE THE MODEL

Core Values *Compassionate*
Excellence *Care*
 **Quality & Safety**

*These are the elements needed
to make BSR a success!*

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BSR CHAMPION CHARGED



REFERENCES

- Agency for Healthcare Research and Quality (AHRQ). *Nurse Bedside Shift Report Training Tool (Tool 3)*. Retrieved from https://www.ahrq.gov/sites/default/files/.../strat3_tool_3_pres_video_508.pptx
- Anderson CD, Mangino RR. "Nurse Shift Report: who says you can't talk in front of the patient." *Nurs Admin Q*. 2006; 30(2): 112-122.
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- Planetree, Inc. Patient Preferred Practice Primer: Bedside Shift Report. Derby, CT, 2017
- Studer Group (2018). Sample Bedside Shift Report Letter.

Appendix D



**The Re-Energization of Bedside Shift Report
(BSR)**

SRALAB NURSING MISSION

Nursing at Shirley Ryan Abilitylab is dedicated to providing holistic patient-family centered care, to advance human ability, empower individuals and families, and support individual's quality of life across the continuum of care.

WHY IS BEDSIDE SHIFT REPORT IMPORTANT FOR OUR PATIENTS AND STAFF?

- We at the Shirley Ryan Ability Lab stand by our mission and vision to provide the highest-quality patient care by conducting shift report at the patient’s bedside. The purpose of the re-energization of Bedside Shift Report is to make sure we are engaged with our patients about their plan of care, medications, tests, and progress while here at SRAlab.
- By engaging with our patients & families during shift change, we are demonstrating our continued dedication to compassionate connected care.
- Bedside Shift Report will ensure best practices and proper communication of all important patient information as well as introduce the patient & family to the oncoming nurse.

3

NURSING PROFESSIONAL PRACTICE MODEL

Nursing Professional Practice Model

PCTs & RNs

Be the model for our patients!
SRAlab will always continue to provide safe and compassionate care. We are dedicated to ensure best practices for our patients.

Remember!
Excellence & Compassion are part of our **CORE VALUES**



Remember!
Quality & Safety & Patient/Family-Centered Care are part of **COMPASSIONATE CARE**

4

PURPOSE

To provide guidelines for a consistent Beside Shift Report and *standardize communication* between nursing. Beside Shift Report will facilitate delivery of high quality patient care and increase patient & family engagement during their stay at the Shirley Ryan Abilitylab.

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BEDSIDE SHIFT REPORT OBJECTIVES

- State the reasons behind bedside shift report (BSR)
- Debunk the barriers/myths of BSR in patient's room
- Define the standardized communication tool used by nursing (DD-BSR)
- Define the "Power Hour" and the role it plays in DD-BSR
- List the BSR process when beginning your shift

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WHY RE-FOCUS ON BSR?**RESEARCH SHOWS BSR CAN IMPROVE:**

- Improve patient safety & quality
- Improve time management and accountability between nurses
- Improve communication between patient & family
- Improve in *Press-Ganey* scores due to increased trust in nursing staff

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Abilitylab.**WHY RE-FOCUS ON BSR?****RESEARCH SHOWS BSR CAN DECREASE:**

- Decrease in time needed for bedside shift report
- Decrease in call light activity
- Decrease in overtime costs
- Decrease in hospital costs & hospital acquired complications

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LEARN, PRACTICE & IMPROVE

Bedside Shift Report will help patients and families:

- *Learn* to be active members of the health care team
- *Practice* a culture of care where patients, families, and staff all work together as a team
- *Improve* safety and quality of patient care

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PATIENT HAND OFFS WITHOUT THE USE OF A STANDARDIZED BSR TOOL MAY RESULT IN:

A digital display, similar to a traffic sign or a public information screen, shows the words 'DELAYS EXPECTED' in a bright yellow, pixelated font against a black background.

- Miscommunication between nurses, PCTs & patients
- Safety events
- Medication errors
- Delays in patient care
- Increased costs
- Inefficient time management

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MYTHS



What are the barriers/myths regarding BSR?

Barriers/Myths of Bedside Shift Report

- Can't be done because of visitors in patient room
- Can't be done because patient is asleep
- Can't be done because of HIPPA
- Can't be done because I don't want the patient to know that they have been difficult, noncompliant or have new sensitive information.
- Can't be done efficiently because patient and family have complex questions that require lengthy clarification

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UNKNOWN VISITORS OR FAMILY IN THE ROOM

- When there are unknown visitors or family in the room, explain what you'll be doing and ask the visitors to step out if patient prefers.
- If the patient prefers their visitors present you can state: "We'll be talking about your treatment plan and progress this past shift. We want to maintain your privacy, but if you would like your visitors to be present, of course they can stay during shift report."

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IF THE PATIENT IS ASLEEP, DO YOU WAKE THEM FOR REPORT?

- Always ask the patient during your shift if he/she or their loved one(s) would like us to wake them up for BSR.
- Exceptions can also be made for sleeping patients, confused or agitated patients. In these cases, shift report should take place outside the room but *not at the nurse's station*.

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HIPAA CONCERNS DURING BSR?



- BSR is part of treatment and normal operations and therefore *does not* violate HIPAA.
- HIPAA acknowledges incidental disclosures may occur.
- It is not a HIPAA violation as long as nursing takes reasonable safeguards to protect privacy and disclose only minimum patient information.

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PATIENT IS NONCOMPLIANT OR HAS NEW SENSITIVE INFORMATION?

The patient may be anxious, difficult or have new sensitive information. If you need to share sensitive information with the oncoming nurse, you can share this information by either discussing it at door side or by pointing at the sensitive information on your report sheet.

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PATIENT AND FAMILY HAS A COMPLEX QUESTION THAT NEEDS A LENGTHY CLARIFICATION

- If the patient or family has a complex question or needs a lengthy clarification, the oncoming nurse should let the patient/family know that the question is important but that it will take longer than the time available during bedside shift report to answer it.
- Let the patient know that you will be back after shift report to fully answer the questions and address concerns.

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BSR STANDARDIZED COMMUNICATION METHOD

- Nursing will utilize a *standardized communication method to be used with their nursing report sheet*
- Nursing will focus on the *Top 5 patient issues* in the following order when giving report:
 1. **D Diagnosis**
 2. **D Diet**
 3. **B Bowel & Bladder**
 4. **S Safety/Skin & Lines**
 5. **R Readiness**

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DD-BSR standardized communication method

Diagnosis: Give the oncoming nurse a short description of their current diagnosis and why patient is here.

Diet: Not only what type of diet a patient is on but also how they take their medication.

Bladder & Bowel: Continent? Intermittent cathing schedule? Ostomy? Suppository? Enema? etc.

Safety/Skin/Lines: Impulsive? Fall risk? Restraints? Skin intact? Wounds? Lines? Drains?

Ready: Transfer status & orthotics. How does this patient get out of bed and ready for the day?

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**THIS ACRONYM WILL HELP YOU REMEMBER TO COVER
THE TOP 5 PATIENT ISSUES
DURING BEDSIDE SHIFT REPORT**

DD-BSR

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**REMEMBER DURING BEDSIDE SHIFT
REPORT>>>**

**It is the responsibility of the oncoming
nurse to review any other information
not covered during DD-BSR in the
patient's *PowerChart***

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BEDSIDE SHIFT REPORT PROCESS

- All Inpatient RNs will perform shift-to-shift report at the patient's bedside with patient and family engagement during a minimum of two shift changes daily.
- Bedside shift report occurs at 0630 and 1830.
Other recommended times include 1430 and 2230 when appropriate. In extenuating circumstances, per nursing discretion, door side shift report may take place of BSR.
- Shift-to-shift report will NEVER take place at the nurse's station.

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BEDSIDE SHIFT REPORT PROCESS...

- *Oncoming RN ready to work at 0630,1430,1830, or 2230*
- *RN signs out a Cerner phone, reviews assignment sheet, logs into Stafflink and meets off going RN*
- *Oncoming RN obtains a computer on wheels for use during bedside shift report*
- *If you are receiving report from multiple nurses, Flex staff are prioritized to give report first.*

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BEDSIDE SHIFT REPORT PROCESS

- *Introduce nursing staff, patient & family/visitor*
- *Invite patient and family to participate in DD-BSR*
- *Open PowerChart in patient's room and review tasks & orders*
- *Conduct DD-BSR with the patient and family using language everyone understands*
- *Conduct focused safety assessment and visual assessment of patient and environment*

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WHAT ACTION IS GOING TO SET ME UP FOR A SMOOTH & SUCCESSFUL BSR?

THE POWER HOUR!

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POWER HOUR: PATIENT SAFETY CHECK

- The “*Power Hour*” is the hour prior to shift change. During this time the RN will engage with their PCT to *round together* in patient rooms and address the following **4 Patient Safety Checks**
- Pain, Potty, Positioning and Patient Environment.
- *Engaging* in the Power Hour will ensure a smoother more focused bed side shift report during change of shift.

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Power Hour Safety Checklist

- **Pain**
- **Potty**
- **Positioning**
- **Patient Environment**

“Remember to check the 4Ps!”

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REMEMBER: BE THE MODEL FOR OUR PATIENTS

Core Values

- Excellence
- Compassion

Compassionate Care

- Quality & Safety
- Patient/Family-Center



These are the elements needed to make BSR a success!

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PLEASE REFER TO YOUR BSR CHAMPION FOR QUESTIONS/CONCERNS

- 18
 - Dee Cain, RN
 - Megan Johlle, RN
 - Tina Ross, PCT
- 19
 - Michelle Downar, RN
 - Nicole Miller, RN
 - Kaci Anderson, PCT
- 20
 - Sarah Mulroe, RN
 - Rachel Quillen, RN
 - Evelyn De Hitta, RN
 - Janice Pittman, PCT
 - Sasha Hanson, PCT
- 21
 - Mat Peltier, RN
 - Heather Summers, RN
 - Marcia Smith, PCT
 - Mary Combs, PCT
- 22
 - Bernice Nimako, RN
 - Tim Malone, RN
 - Karolina Sierzputowska, RN
 - Stephanie Chester, RN
- 23
 - Lisa Osmond, RN
 - Lydia Willis, RN
 - Jackie Petkovic, RN
 - Emily Ocwieja, RN
 - Erika Negro, PCT
- 24
 - Emma Adcock, RN
 - Nicole Weyland, RN
 - Allison Madden, PCT
 - Britney Mitchell, PCT
- 25
 - Jessica Keeshin, RN
 - Kurt Butzbach, RN
 - Rebecca Staff, RN
 - Tarika Robinson, PCT
 - Josephine Haygood, PCT
- Flex
 - Amy Myrda, RN
 - Kamika Pitts, RN

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BSR QUIZ

Where should shift report take place?

- A. At a nurses station
- B. In the staff lounge
- **C. In the patient's room or at the door side in certain situations**
- D. In the hallway

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BSR QUIZ

- **What are the advantages to bedside shift report and using a standardized handoff tool? (check all that apply)**
- **A. Increase in RN communication**
- B. Increase in call light usage
- **C. Increase in patient satisfaction scores**
- D. Decrease in savings related to overtime and medical errors
- **E. Decrease in adverse events due to communication breakdowns**

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BSR QUIZ

What is the power hour?

- A. 60 minute unit luncheon to discuss patient events
- **B. The hour prior to shift change during which nurses and PCTs work together to address the 4 P's Pain, Potty, Positioning, and Patient Environment for all patients.**
- C. 60 minute scheduled patient nap
- D. The hour that the unit eats an energy bar

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BSR QUIZ

What is the acronym to follow during bedside shift report?

- A. SBAR
- B. CARE
- C. IPASS
- D. **DD-BSR**

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BSR QUIZ

True or False?

The Power Hour is designed to make bedside shift report smoother by performing the 4 Patient Safety Checks prior to change of shift.

- **True** or False

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BSR QUIZ

What if there are family and visitors in the room?

- A. Come back later
- B. Knock on the door, enter, and give report
- C. Tell the family and visitors to leave the room
- **D. Explain what you'll be doing and ask the patient if you would like the visitors to be present.**

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BSR QUIZ

What if the patient is asleep?

- A. Wake him/her up
- B. Come back later
- **C. The off going RN decides if the patient requires sleep. Ask the patient/family during your shift if he/she wants us to wake them up for BSR.**
- D. Give report at the bedside

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BSR QUIZ

What if the patient or family member has a lengthy question?

- A. Tell them to consult with their doctor.
- B. The on coming RN should let the patient know that the question is important and that you will be back after shift report to fully answer the question and address concerns.**
- C. Challenge the question with the family member, visitor, or patient.
- D. Explain to the patient & family that there is little time for questions during shift report.

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BSR QUIZ

- True or False? Bedside shift report is a violation of HIPAA?
- **False**
- **The HIPAA privacy rule recognizes that BSR is part of treatment and normal operations and reasonable precautions are taken such as using lowered voices or talking apart from others and minimal necessary patient information is provided.**

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BSR QUIZ

- True or False? SRALab core values and compassionate care are the elements needed to make BSR a success.
- **True**

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REFERENCES

- Agency for Healthcare Research and Quality (AHRQ). *Nurse Bedside Shift Report Training Tool (Tool 3)*. Retrieved from https://www.ahrq.gov/sites/default/files/.../strat3_tool_3_pres_video_508.pptx
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- Planetree, Inc. Patient Preferred Practice Primer: Bedside Shift Report. Derby, CT, 2017
- Studer Group (2018). Sample Bedside Shift Report Letter.

Appendix E

PRE and POST IMPLEMENTATION QUESTIONNAIRES

- 1) I work the following shift:
 - A. Days -8
 - B. Days -12
 - C. Nights -8
 - D. Nights -12
 - E. Flex

- 2) The shift report is taking place:
 - A. At the nurses station
 - B. Outside the patients room
 - C. At the bedside
 - D. Other

- 3) I feel shift report causes me to run late.
 - A. Strongly agree
 - B. Agree
 - C. Strongly disagree
 - D. Disagree

- 4) I feel shift report is organized.
 - A. Strongly agree
 - B. Agree
 - C. Strongly disagree
 - D. Disagree

- 5) A standardized shift report form would help with shift report.
 - A. Strongly agree
 - B. Agree
 - C. Strongly disagree
 - D. Disagree

- 6) I am comfortable engaging with patients and family members during shift report.
 - A. Strongly agree
 - B. Agree
 - C. Strongly disagree
 - D. Disagree

- 7) I include my patients during shift report.

- A. Strongly agree
- B. Agree
- C. Strongly disagree
- D. Disagree

8) The patient's condition aligns with information given during report.

- A. Strongly agree
- B. Agree
- C. Strongly disagree
- D. Disagree

9) I am satisfied with shift report.

- A. Strongly agree
- B. Agree
- C. Strongly disagree
- D. Disagree

10) List the top 5 patient care items that you would like to see on a shift report form.

POST IMPLEMENTATION QUESTIONNAIRE

1) I work the following shift:

- A. Days -8
- B. Days -12
- C. Nights -8
- D. Nights -12
- E. Flex

2) The shift report is taking place:

- A. At the nurses station
- B. The patients room
- C. At the bedside
- D. Other

3) I feel shift report causes me to run late.

- A. Strongly agree
- B. Agree
- C. Strongly disagree
- D. Disagree

4) I feel shift report is organized.

- A. Strongly agree
- B. Agree
- C. Strongly disagree
- D. Disagree

5) The implemented shift report form and standardized communication method is helpful with shift report.

- A. Strongly agree
- B. Agree
- C. Strongly disagree
- D. Disagree

6) I am comfortable engaging with patients and family members during shift report.

- A. Strongly agree
- B. Agree
- C. Strongly disagree
- D. Disagree

7) I include my patients during shift report.

- A. Strongly agree
- B. Agree
- C. Strongly disagree
- D. Disagree

8) The patient’s condition aligns with information given during report.

- A. Strongly agree
- B. Agree
- C. Strongly disagree
- D. Disagree

9) I am satisfied with shift report.

- A. Strongly agree
- B. Agree
- C. Strongly disagree
- D. Disagree

10) Comments:

Appendix F

CONTENT VALIDITY INDEX TABLE

Content Validity Index Table for Pre Implementation Questionnaire

Item	Course Instructor	Academic Mentor	Project Mentor	Mean

1	3	3	3	3.0
2	4	4	4	4.0
3	4	3	3	3.33
4	4	4	3	3.67
5	4	4	4	4.0
6	4	4	3	3.67
7	4	4	3	3.67
8	4	4	3	3.67
9	4	3	2	3.0
10	3	4	3	3.33

Content Validity Index Table for Post Implementation Questionnaire

Item	Course Instructor	Academic Mentor	Project Mentor	Mean
1	3	3	3	3.0
2	4	4	4	4.0
3	4	3	3	3.33
4	4	4	3	3.67
5	4	4	4	4.0
6	4	4	4	4.0
7	4	4	3	3.67
8	4	4	4	4.0
9	4	4	4	4.0
10	4	3	3	3.33

Appendix G
BSR POLICY AND GUIDELINES

NIC Label:

Guidelines for Bedside Shift Report

PURPOSE: Provide guidelines for consistent Bedside Shift Report to standardize

communication between nurses, facilitate delivery of high quality patient care, and increase patient and family engagement and involvement in treatment and discharge planning.

STAFF RESPONSIBLE: Inpatient nurses

DEFINITIONS:

1. Bedside Shift Report (BSR) – A three to five minute shift report discussing a patients treatment and care plan to take place between nursing shifts in the patient’s room (or at the door side in certain situations). The BSR takes the place of a traditional shift report and involves patients and family as well as oncoming and off-going nursing staff working with the patient. Succinct, and vital patient information is prioritized for the BSR.
2. Handoff Tool, a tool developed to facilitate exchange of clear, concise, and consistent information in the following order 1) diagnosis, 2) diet and how patient takes meds, 3) bowel and bladder, 4) skin/lines/safety, and 5) transfer status (ready) and devices (DD-BSR) format. It is not part of the medical record, and therefore not to be used as an authoritative source for patient condition, medications, treatment plans.
3. DD-BSR: Acronym to help nurses remember points to focus on during the BSR 1) diagnosis, 2) diet and how patient takes meds, 3) bowel and bladder, 4) skin/lines/safety, and 5) transfer status (ready) and devices. Other pertinent patient care information should be looked up on the patient’s Power orders in the electronic medical record system.
4. Power Hour – The hour prior to shift report staff work together to address the 4 P’s Pain, Potty, Positioning, and Patient Environment for all patients.

GENERAL CONSIDERATION: All Inpatient RN’s will perform shift-to-shift report at the patient’s bedside with patient and family engagement during a minimum of two shift changes daily, **6:30am** and **6:30pm** and highly encouraged at 2:30pm and 10:30pm are the recommended mandatory times for BSR. In extenuating circumstances, per nursing discretion, door side shift report make take the place of BSR. Shift-to-shift report will never take place at a nurse’s station.

PATIENT FAMILY EDUCATION:

- Patient and family members will be given a copy of the bedside shift report letter on admission and informed about bedside shift report.

PREPARING FOR BSR:

- Power Hour will happen with staff the hour prior to shift report. This will allow for a smoother and more focused report.
- The on-coming RN will obtain a computer on wheels to use as a resource during bedside shift report and find the off-going RN.

DOING BSR:

- Knock on the patients door before entering. The off-going RN will introduce the patient and family to the on-coming RN.
- If visitors are present in the room obtain permission from the patient before giving report.
- Encourage patient and family engagement in bedside shift report. Use layman’s term to engage the patient and family in at least two treatment items ie bowel

- movement, therapy, shower, pain, out appointment, dressing change, etc.
- Discuss sensitive patient treatment and discharge issues outside the patient's room.
- Use the developed Handoff Tool to focus on specific priority patient issues, including but not limited to the following patient care items DD-BSR: 1) diagnosis, 2) diet and how patient takes meds, 3) bowel and bladder, 4) skin/lines/safety, and 5) transfer status (ready) and devices. Other pertinent patient care information should be looked up on the patient's Power orders in the electronic medical record system.
- The off-going RN should ask the on-coming RN if there are any questions.
- Perform safety checks -assess the patients room, equipment, and material/supply availability.
- Update the white board with oncoming RN and PCT if known.
- Ask the patient "What can I do for you?" or "What questions can I answer?" and thank the patient
- Exceptions can be made for sleeping patients, infants, toddlers, confused, agitated, or end of life patients. In these cases shift report should take place outside of the room and not at a nursing station.

DOCUMENTATION:

PATIENT	DX & HX	DIET & MEDS	BOWEL & BLADDER	SKIN, SAFETY & LINES	TRANSFER & DEVICES	OTHER
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N

Patient-Centered Bedside Shift Report- Questions and Answers

I HAVE A CONCERN/QUESTION	TO KEEP US FOCUSED
What is the patient-centered bedside shift report?	This is a report at the change of shift between the patient, you, and the oncoming RN peer. This standardized method of providing report is designed to help ensure the safe handoff of care between nurses by involving the patient and family.
Why are we doing shift report at the bedside?	Bedside shift report allows the patient and family to be involved in shift report, gives them the opportunity to hear what has occurred throughout the shift, and what will be the next steps in their care. It also gives them the chance to ask questions and provide input into the care process.
What are the advantages of the bedside shift report?	Patient safety and quality. Bedside shift report is an opportunity to make sure there is effective communication between patients and families and nursing staff. Studies have found that adverse events are caused by breakdowns in

	<p>communication among caregivers and between caregivers and patients.</p> <p>Patient experience of care. After implementing bedside shift report, hospitals reported an increase in patient satisfaction scores and improvements in the nurse patient relationship.</p> <p>Nursing staff satisfaction. Bedside shift report has improved nursing communication satisfaction when incorporated into a standardized handoff tool for clear, concise, and consistent report and holding each other accountable. Peer to peer feedback</p>
What do we nurses do during the bedside shift report?	<p>As peers, your responsibility is to:</p> <p>Introduce yourself when going into a patient room and manage each other up.</p> <p>Include the patient and the family per the patient's preference</p> <p>Explain clearly – Top 5 Handoff Tool DD-BSR</p> <p>Complete your safety checks while in the room (bed alarms, IV, fall precautions, update the white board)</p> <p>Ask the patient, "What can I do for you?" prior to leaving the room</p>
I have a concern it will take longer to do shift report.	<p>Once we get over the initial learning curve of adopting BSR, nurses should be able to report on each patient in less than five minutes. Studies have shown that nurses who perform bedside shift report spend less time in shift report, have better time management, and are able to prioritize patient needs/concerns better.</p>
I have a concern that we are violating patient privacy by adopting this practice.	<p>Shift report does not violate HIPAA because it transitions patient care from one caregiver to another. It is part of treatment and normal operations.</p>
I have a concern that I may be dealing with sensitive information in the bedside shift report.	<p>We realize that sometimes the patient may not be aware of certain information or a diagnosis. Bedside shift report is not an appropriate venue for discussing bad news. We understand that not all information will be discussed in the patient room. When necessary, the information can be exchanged between nurses before entering the room, or nurses can point to relevant information on the computer or hand off tool.</p>

BSR Summary Sheet

UNKNOWN VISITORS OR FAMILY IN THE ROOM

- When there are unknown visitors or family in the room, explain what you'll be doing and ask the visitors to step out.
- If the patient wants them back in, say:

"We'll be talking about your treatment plan and progress this past shift. We want to maintain your privacy, but if you would like your visitors to be present, I can invite them back in."

PATIENT IS ASLEEP

- If the patient is asleep, do you wake them for report?
- In these cases, the nurse going off shift decides if the patient requires sleep. Always ask the patient/family during your shift if he/she wants us to wake them up for BSR.

PATIENT IS NONCOMPLIANT AND YOU NEED TO SHARE INFORMATION WITH THE ONCOMING RN

- The patient may be anxious or “difficult.” This can be handled two ways:

If the patient is noncompliant and you need to share information with the nurse coming on duty nurse, you can share this information with the patient and nurse coming on duty by pointing onto your report sheet.

You can also use this as a patient education opportunity, as appropriate. For example, if the patient keeps self-transferring, discuss in BSR to reinforce safety and patient accountability. You may find out some additional information (for example, the patient has urinary urgency, which is why he’s self-transferring) so you can make a plan for the shift (ie; always have urinal nearby and work with OT on urinal management.)

PATIENT AND FAMILY HAS A COMPLEX QUESTION OR NEEDS A LENGTHY CLARIFICATION

- If the patient or family has a complex question or needs a lengthy clarification, the nurse coming on duty should let the patient know that the question is important but that it will take longer than the time available during bedside shift report to answer it.
- Let the patient know that you will be back after shift report to fully answer the questions and address concerns.

HIPAA acknowledges incidental disclosures may occur

- Not a HIPAA violation as long as:
- Take reasonable safeguards to protect privacy
- Disclose only or use the minimum necessary information

Important to know: BSR is part of treatment and normal operations and therefore does not violate HIPAA

BSR SUMMARY:

Bedside Shift Report is an expectation, not an option. While we recognize a change in practice can be challenging, our patients are depending on us to implement the best practices to deliver the best possible care. All shift handoffs should happen in the patient’s room or be the door side with **maximum participation** from patients and family possible. Use the developed Handoff Tool DD-BSR to ensure: CLEAR, CONCISE, CONSISTENT REPORT

BE THE MODEL, CORE VALUES: Compassionate Care, Quality & Safety, Excellence

THESE ARE THE ELEMENTS TO MAKE BSR A SUCCESS

REFERENCE:

Agency for Healthcare Research and Quality. (2013). Strategy 3: Nurse bedside shift report.
Retrieved from

https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy3/Strat3_Implement_Hndbook_508.pdf

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Appendix H
 Developed Shift Report Form

PATIENT	DX & HX	DIET & MEDS	BOWEL & BLADDER	SAFETY, SKIN & LINES	TRANSFER & DEVICES	OTHER
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N
Code: Full/DNR A&O: 1 2 3 4	Isolation	Accucheck _____ Crush/whole w/sauce/GTUBE	LBM		Contact/Min/Mod/Max/ AD LIB Walker/WC/Cane/Gait belt	Pain: Respiratory: Bath: Y/N Daily Wt: Y/N

Appendix I BSR COACHING AND FEEDBACK FORM

Bedside Shift Report (BSR) Coaching and Feedback Form

We ask that you complete this form and provide real-time feedback to the off going and on-coming RNs at the completion of their BSR shift. Once you complete this form **please make 2 copies and give one copy to the RN giving report and the second copy to the Unit Manager for his/her review.** The intention of this form is to provide feedback to lead and sustain BSR.

Date _____

Unit _____

Shift _____

Auditor's Name _____

1. RN giving report: _____

2. RN receiving report: _____

3. Please rate on a scale from 1 (uninvolved) to 4 (very involved) how involved was the patient and/or families in this BSR. 1 2 3 4 N/A Patient/families were unavailable or unable to participate

4. Was DD-BSR followed? Yes No

5. If no, what content was missing from report and why?

6. What additional information was included in report? _____

7. Was a workstation on wheels used? Yes No If No Why

8. Please list any challenges and equipment issues that arose while completing BSR or coaching staff members on the process: _____

9. Comments: _____

Practice Site PowerPoint of the Project Results

Development & Implementation of a Standardized Communication Method During Shift Report

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Introduction

- Shift report occurs 2 to 3x a day on a unit
- The Joint Commission (TJC) - poor communication is the leading cause of sentinel events.
- The Agency for Healthcare Research and Quality - communication breakdown is connected to 70% of patient adverse events.
- Communication failures and breakdowns are responsible for patient harm in more than 80% of medical malpractice lawsuits.

Introduction (continued)

- Shift report without a standardized communication method leads to:
 - Omissions
 - Rambling
 - Deficient patient information
 - delayed or inaccurate patient care
 - extend a patients stay
 - contribute to unnecessary preventable spending
 - decrease patient and staff satisfaction
 - contribute to patient harm or near misses

Background

- In 2006 TJC established hand-off communication as a National Patient Safety Goal.
- Shift-to-shift report should include current information, treatment and discharge planning, and any patient changes.
- An ED study found that utilizing a standardized written report form resulted in increased accuracy of patient information, staff satisfaction, and saved nurses time.

Problem

- Address poor communication between nurses during hand off
- Patient care omissions
- Inconsistent hand off

Purpose Statement & Project Question

- Develop and implement a standardized communication method on the Nerve, Muscle, and Bone Innovation Center in a rehabilitation hospital.
- Increase staff perception and satisfaction with shift-to-shift reporting
- Will a standardized shift report form improve the shift-to-shift reporting process at a rehabilitation hospital?

Project Objectives

- Create and implement a standardized communication method and shift report form.
- Educate bedside nurses on the standardized communication method and shift report form.
- Increase nurse perception of and satisfaction with shift-to-shift report.

Review of the Literature

- Limited literature to support a specific report tool
- Situation-Background-Assessment-Recommendation (SBAR) & Information-Situation-Background-Assessment-Recommendation-Read Back(ISBARR) – supported showing a shorter report time and more consistent efficient communication
- Use of a shift report form focuses on an objective and succinct exchange of patient care information

Impact of the problem & Current practice

- Shift-to-shift report is the passing of accountability and responsibility to the oncoming nurse.
- Imperative that bedside nurses realize the importance of a clear, concise, and consistent shift report.
- Different shift report forms and communication methods are being used
- Patient care omissions

Literature Review Current Recommendations

- Utilizing a standardized communication method and shift report tool enables staff to feel more prepared to care for the patient, improves the communication flow of patient care information, and assists nurses with doing their job well.
- Studies show that communication among nurses significantly improves after implementation of a shift report tool.

Literature Review Conclusion

- The majority of the literature supports the use of a standardized communication method and shift report tool during shift report.
- Efficient and succinct communication between nurses showed:
 - a decrease in unnecessary overtime,
 - an increase in patient safety, and
 - an increase in nurse satisfaction.

Analysis

- The Mann-Whitney U Test was used to investigate whether there was statistical significance between nurses' perception and satisfaction with shift report before and after implementing a standardized communication method and standardized shift report form.
- The level of significance was established at $p < 0.05$.
- Results for the nurse's perception and satisfaction survey did not reveal a statistical significance for any of the survey questions.
- Pre questionnaire survey - 10 Respondents
- Post questionnaire survey - 14 Respondents

Analysis

Results of the Statistical Analysis, Mann-Whitney U Tests to Assess for Differences in Nurse Attitudes Toward the Shift Report Form

Survey Question	p-value	Finding
#3 I feel shift report causes me to run late.	p=0.368	Non-significant
#4 I feel shift report is organized.	p=0.245	Non-significant
#5 A standardized shift report form would/is helpful with shift report.	p=0.486	Non-significant
#6 I am comfortable with engaging patients and family members during shift report.	p=0.360	Non-significant
#7 I include my patients during shift report.	p=0.558	Non-significant
#8 The patient's condition aligns with information given during shift report.	p=0.252	Non-significant
#9 I am satisfied with shift report.	p=0.069	Non-significant

Analysis continued Question 1 I work the following shift

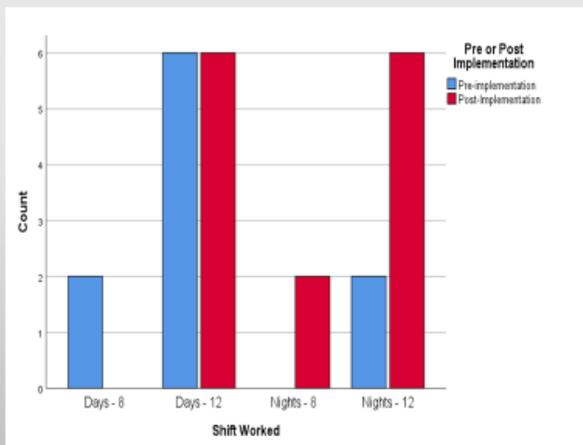


Figure 1. I work the following shift
The majority of respondents answering question 1 on the pre questionnaire worked 12 hour day shift (n = 6, 60%), with an equal number of respondents on the post questionnaire working 12 hour day shift (n = 12, 42.86%) and 12 hour night shift (n = 12, 42.86%).

Analysis continued Question 2 Shift report is taking place

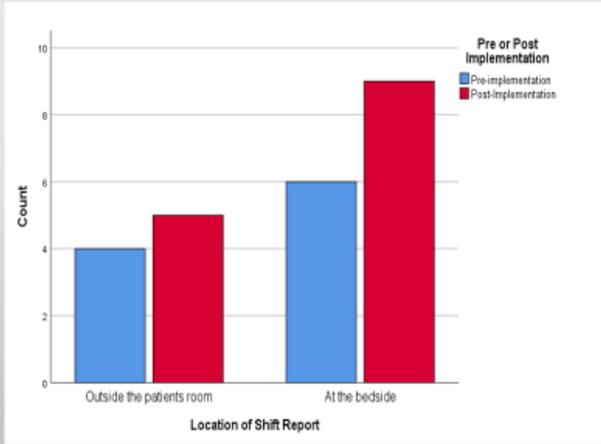


Figure 2. Shift report is taking place
Question 2 had the greatest number of respondents reporting shift report taking place at the bedside, pre questionnaire respondents (n = 6, 60%) at the bedside and on the post questionnaire respondents (n = 9, 64.29%) at the bedside.

Analysis continued Question 3 Shift report causes me to run late

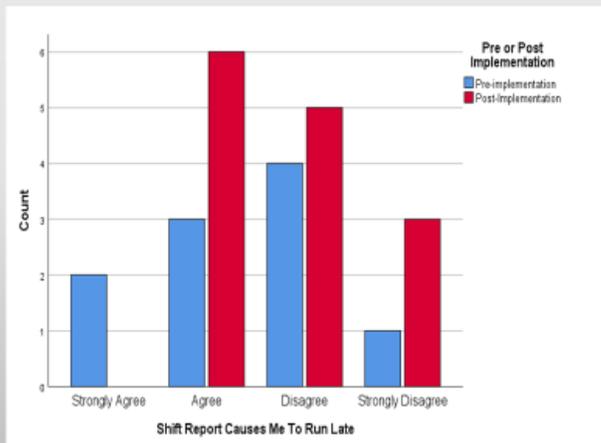


Figure 3. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” I feel shift report causes me to run late

For question 3, nurses reported their perception of whether shift report makes them run late pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to the perception of running late (U=55.5, z=-0.900, p=0.368).

Analysis continued Question 4 Shift report is organized

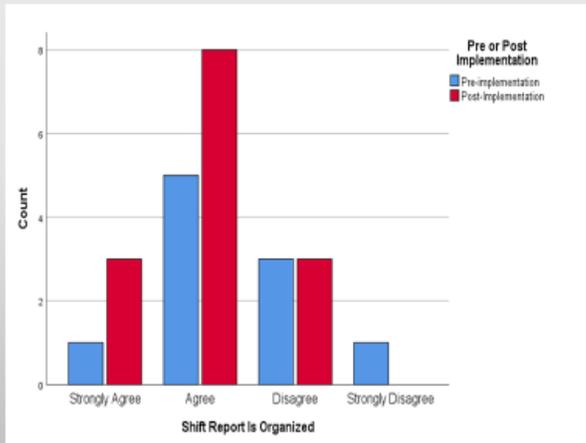


Figure 4. "Strongly Agree", "Agree", "Disagree", or "Strongly Disagree" I feel shift report is organized

For question 4, nurses reported their perception of shift report organization pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard shift report organization (U=52.0, z=-1.162, p=0.245).

Analysis continued Question 5 A standardized shift report form would be/is helpful with shift report

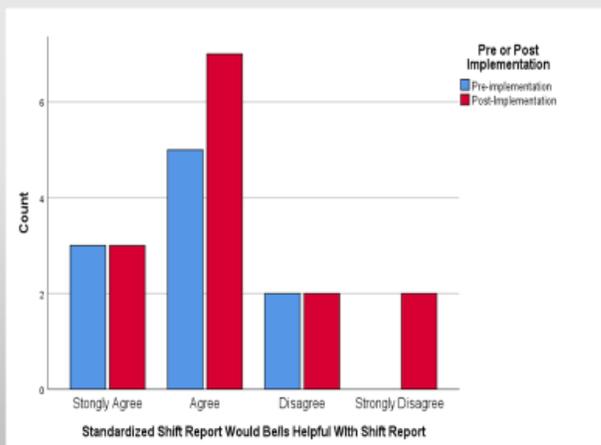


Figure 5. "Strongly Agree", "Agree", "Disagree", or "Strongly Disagree" A standardized shift report form would be/is helpful with shift-to-shift report

For question 5, nurses reported their perception with whether a standardized shift report would be and is helpful with pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to the helpfulness of a standardized shift report (U=59.0, z=-0.696, p=0.486).

Analysis continued
 Question 6 Comfortable engaging with patients and family members during shift report

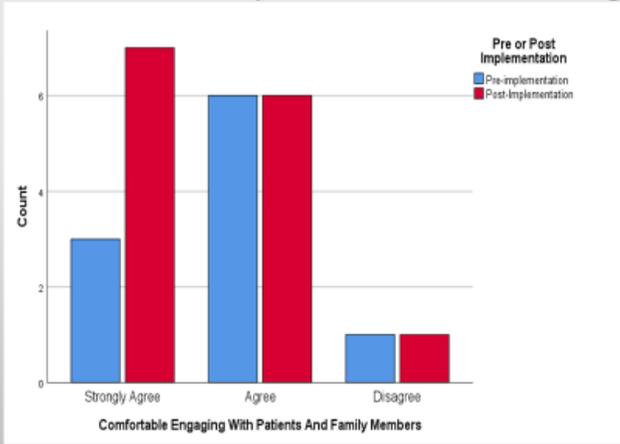


Figure 6. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” I am comfortable engaging with patients and family members during shift report

For question 6, nurses reported their perception with engaging with patients and family members pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to engagement with patients and family members (U=56.0, z=-0.915, p=0.360).

Analysis continued
 Question 7 I include my patients during shift report

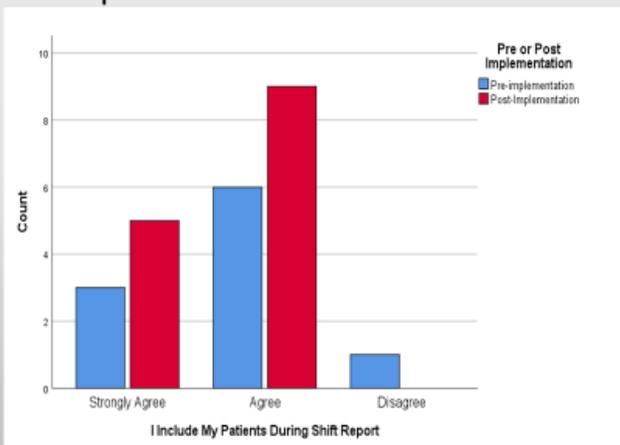


Figure 7. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” I include my patients during shift report

For question 7, nurses reported their perception with including patients during shift report pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to including patients during shift report (U=61.50, z=-0.587, p=0.558).

Analysis continued
 Question 8 The patients condition aligns with information given during shift report

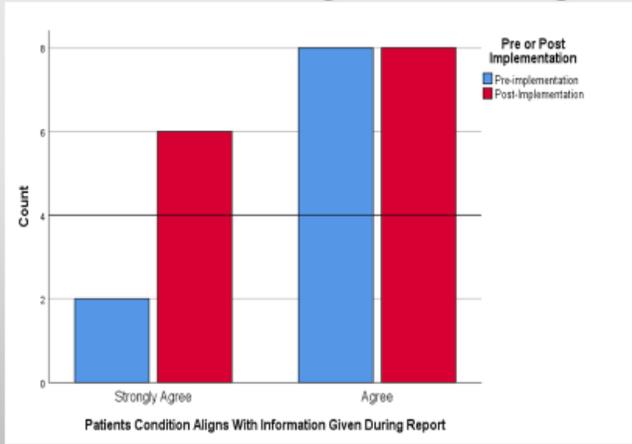


Figure 8. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” The patient’s conditions aligns with information given during report

For question 8, nurses reported their perception of whether the patient’s condition aligns with information given during report pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to patients condition aligning with information given during report (U=54.0, z=-1.146, p=0.252).

Analysis continued
 Question 9 Satisfaction with shift report

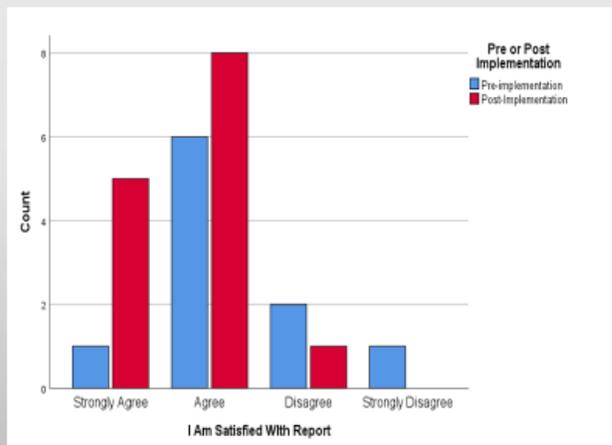


Figure 9. “Strongly Agree”, “Agree”, “Disagree”, or “Strongly Disagree” I am satisfied with shift report

For question 9, nurses reported their perception and satisfaction with shift report pre and post-implementation. The Mann-Whitney U Test revealed no significant difference pre-implementation (n=10) and post-implementation (n=14) of the standardized shift report form with regard to satisfaction with report (U=42.50, z=-1.817, p=0.069).

Analysis continued

Question 10 Pre and post survey: top five patient care items and comments

Seven respondents listed:

- a) Diagnosis in 6 of the 7 responses.
- b) Bowel and bladder in 4 of the 7 responses.
- c) How patients take their medications and diet in 4 of the 7 responses.
- d) Skin and wound care in 4 of the 7 responses.
- e) Transfer status in 4 of the 7 responses.
- f) Patients history in 3 of the 7 responses.
- g) Pain management and goal in 3 of the 7 responses.
- h) Patients vital signs in 2 of the 7 responses.
- i) Isolation precautions in 1 of the 7 responses, and
- j) a to do list in 1 of the 7 responses.

Two respondents answered:

- 1) Obviously depends on many factors, but I agree that something standardized will help with workflow, so I am happy that this is being implemented and
- 2) Great report!

DD-BSR Standardized Communication Method

- **Diagnosis:** give the oncoming nurse a short description of the patients current diagnosis and why they are here
- **Diet:** type of diet that the patient is on and how the patient takes their medications
- **Bladder & Bowel:** Continent? Intermittent cathing schedule? Ostomy? Suppository?
- **Safety/Skin/Lines:** Impulsive? Fall risk? Restraints? Skin intact? Wounds? Lines?
- **Ready:** Transfer status and orthotics. How does the patient get of bed and ready for the day?

Developed Shift Report Form utilizing DD-BSR

DATE/TIME	ES & DM	DETAILED	FOCUS & HIGHLIGHT	SAFETY, SIGNS & SYMPTOMS	TEASERS & OCCURS	OTHER
Code: HUB/DM ABC: 1234	isolation	Accucheck _____ Cult/Whole w/Track/UTBC	LMV		Contact/In/Head/Vis/ AD US Walker/WOC/Gene/Sat. bet	Pain: Sats: 1/16 Daily Wt: 1/16
Code: HUB/DM ABC: 1234	isolation	Accucheck _____ Cult/Whole w/Track/UTBC	LMV		Contact/In/Head/Vis/ AD US Walker/WOC/Gene/Sat. bet	Pain: Sats: 1/16 Daily Wt: 1/16
Code: HUB/DM ABC: 1234	isolation	Accucheck _____ Cult/Whole w/Track/UTBC	LMV		Contact/In/Head/Vis/ AD US Walker/WOC/Gene/Sat. bet	Pain: Sats: 1/16 Daily Wt: 1/16
Code: HUB/DM ABC: 1234	isolation	Accucheck _____ Cult/Whole w/Track/UTBC	LMV		Contact/In/Head/Vis/ AD US Walker/WOC/Gene/Sat. bet	Pain: Sats: 1/16 Daily Wt: 1/16
Code: HUB/DM ABC: 1234	isolation	Accucheck _____ Cult/Whole w/Track/UTBC	LMV		Contact/In/Head/Vis/ AD US Walker/WOC/Gene/Sat. bet	Pain: Sats: 1/16 Daily Wt: 1/16
Code: HUB/DM ABC: 1234	isolation	Accucheck _____ Cult/Whole w/Track/UTBC	LMV		Contact/In/Head/Vis/ AD US Walker/WOC/Gene/Sat. bet	Pain: Sats: 1/16 Daily Wt: 1/16

Limitations

- Small number of survey respondents
 - Pre questionnaire survey - 10 Respondents
 - Post questionnaire survey - 14 Respondents
- Limited timeline to complete the project implementation
 - 5 weeks
- A larger number of respondents and a longer timeline may have achieved a result that showed a statistical significant difference.
- The project has the capability to be generalized across clinical settings and may be of value and replicated in other nursing facilities.

Conclusion

- The implementation of a standardized communication method and development of a standardized shift report form was expected to increase nurse perception of and satisfaction with shift-to-shift report.
- Even though the results of this project did not show a statistical significant difference the standardized communication method DD-BSR may be further applied to projects or studies improving communication during shift report.

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