AN EVALUATION OF AN EXISTING PRACTICE: BEDSIDE REPORT ON THE MEDICAL/SURGICAL/PEDIATRIC/SWING BED UNIT

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INTRODUCTION

Problem

- No uniform report process on Medical/Surgical/Pediatric/Swing Bed (MSPS) unit.
- Consistently low nurse communication Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores and ranks.

Literature Review

- 63% increase (Thomas & Donohue-Porter, 2012).
- Scores consistently 90% or above (Anderson & Mangino, 2006).
- Bedside report increases nurse communication scores by 12.6% (Radtko, 2013) and 38% which was maintained for 23 months (Wakefield, Ragan, Brandt, and Tregnago, 2012).
- Bedside report improves the nurse-patient relationship (p < .0001) (Tidwell et al., 2011).
- Bedside report allows for a more concise, consistent report (Cairns, Dudjak, Hoffman, & Lorenc, 2013).
- Nurses were more satisfied with the report process (Evans et al., 2012; Sherman et al., 2013; Tidwell et al., 2011).

OBJECTIVES

- 1. Nurse compliance to bedside report will be at or above 90%.
- 2. HCAHPS nurse communication score will increase to 90%.
- 3. Nurse compliance to bedside report will be at or above 90%.

SETTING and PARTICIPANTS

- Setting: Medical/Surgical/Pediatric/Swing Bed Unit at Avera St. Luke’s Hospital, a 119-bed hospital in Northeastern SD.
- Participants: MSPS staff nurses and float nurses.

OUTCOMES

- Objective 1: Partially met. Only the 0700 change of shift time was at 90% or above consistently.
- Objective 2: Not met. The nurse communication HCAHPS scores never reached 90%. Courtesy/respect of nurses was over 90% three times after implementation.
- Objective 3: Not met. The nurse communication rank was never over 90, however courtesy/respect of nurses reached 95 one quarter.

MATERIALS AND METHODS

- Descriptive, longitudinal quality improvement project.
- Existing Practice: Bedside Report
  - Includes patient introduction and preferred name, diagnosis, assessment abnormalities, pain interventions and last dose given, diet, activity, anything the patient would like to add, and one goal for the day.
  - Occurs twice per day at 0700, 1900 with the oncoming and off going nurse at the patient’s bedside.
  - Implemented November 2015.
  - Mandatory Bedside Report educational session prior to implementation.
- Tools: Anonymous pre-implementation survey in October 2015 and two post-implementation surveys at nine and 15 months. Audit tool was utilized for 3 months post implementation and for 16 days in March 2017 to assess nurse compliance with bedside report. HCAHPS nurse communication scores and ranks including courtesy/respect of nurses, nurses listening carefully, and clear communication by nurses from October 2014-December 2016.

RESULTS

- Nurse Compliance to Bedside Report
  - Audit Tool: Initially ranged from 84-98% with an 0700 mean of 91% and 1900 mean 88%. Second audit tool utilization revealed an 0700 mean of 97% and a 1900 mean of 98%.
  - Survey Results: Increase in self-report of bedside report. Increase in “always” responses from 20% to 26%, “often (3-4) patients’ increased from 53-59%, and a decrease in “sometimes (2 patients)” from 27% to 15%.
- Nurse Communication
  - HCAHPS Score: mean pre-implementation score was 80%, post 84%. Range of change -0.6%-7.5%.
  - HCAHPS Rank: mean pre-implementation rank was 28, post 57. Range of change -46.2.
- Courtesy/Respect of Nurses
  - HCAHPS Score: mean pre-implementation score was 87%, post 90%. Range of change -6.4%-10.4%.
  - HCAHPS Rank: mean pre-implementation rank was 42, post 59. Range of change -54.77.
- Nurses Listening Carefully
  - HCAHPS Score: mean pre-implementation score was 79%, post 82%. Range of change -2.5%-8.1%.
  - HCAHPS Rank: mean pre-implementation rank was 39, post 59. Range of change -22.58.
- Clear Communication by Nurses
  - HCAHPS Score: mean pre-implementation score was 73%, post 79%. Range of change 3-8.8%.
  - HCAHPS Rank: mean pre-implementation rank was 14, post 54. Range of change was 20-59.

CONCLUSIONS

- Compliance rose significantly with the use of the audit tool.
- The most affected HCAHPS score and rank was clear communication by nurses.
- Nurses reported bedside report allows them to better prioritize their shift (69%), increases communication between nurses and patients (88%), and that it is beneficial to see the patients at the beginning of the shift (96%).
- While scores and ranks increased, implementing bedside report is not sufficient on its own to meet the desired level for nurse communication HCAHPS scores and ranks.
- Major limitations of this project include the small sample size of available HCAHPS scores and ranks and the inability to compare survey responses between surveys. Another limitation identified was the inability to control for change of shift admits and ICU nurses.
- This project adds rank information to the body of knowledge.
- Bedside report recently implemented successfully on two other units.

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REFERENCES

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