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

Amanda Banker, BSN, RN
University of Missouri Sinclair School of Nursing

Sinclair School of Nursing
University of Missouri Health

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

- Bedside report increases patient satisfaction scores (AHRQ, 2013).
  - 63% increase (Thomas & Donohue-Porter, 2012).
  - Scores consistently 90% or above (Anderson & Mangino, 2006).
- Bedside report increases nurse communication scores by 12.6% (Radtke, 2013) and 38%, which was maintained for 23 months (Wakefield, Ragan, Brandt, and Tregnago, 2012).
- With bedside report patients felt more informed (Anderson & Mangino, 2006; Baker & McGowan, 2010; Maxson, Derby, Wrobleski, & Foss, 2012; Sherman, Sand-Jecklin, & Johnson, 2013; Tidwell et al., 2011).
- Bedside report improves the nurse-patient relationship ($p < .0001$) (Tidwell et al., 2011).
- Bedside report allows for a more concise, consistent report (Cairns, Dudjak, Hoffmann, & Lorenz, 2013).
- Nurses were more satisfied with the report process (Evans et al, 2012; Sherman et al., 2013; Tidwel et al., 2011).

PICOT QUESTION

On the medical/surgical/pediatric/swing bed unit (P) how has the implementation of bedside change of shift reporting (I) compared to the previous practice of not reporting at the bedside (C) affected patient satisfaction HCAHPS scores and ranks (O) between October 2014-Decemer 2016 (T)?

OBJECTIVES

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

All objectives to be met by December 2016

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.

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.
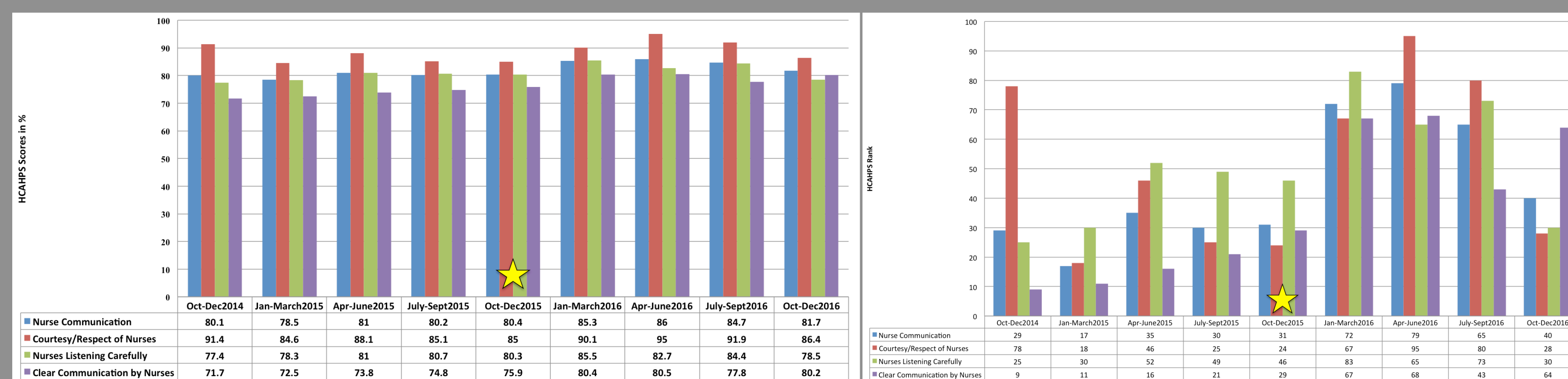
HCAHPS Scores Pre and Post Bedside Report Implementation

HCAHPS Ranks Pre and Post Bedside Report Implementation

RESULTS

- **Nurse Compliance to Bedside Report**
  - Audit Tools: Initially ranged from 84-98% with an 0700 mean 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 -4-62.
- **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 was 3-8.8%.
  - HCAHPS Rank: mean pre-implementation rank was 14, post 54. Range of change was 20-59.
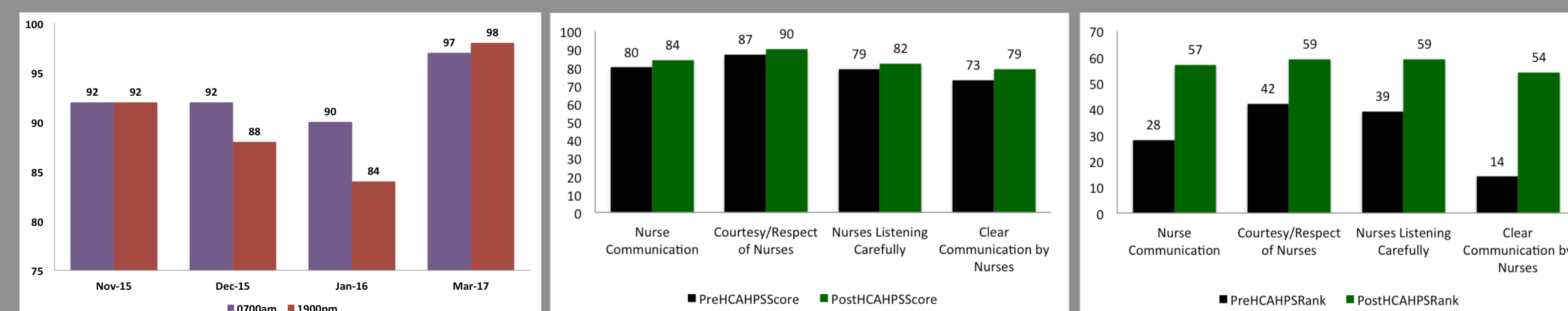
Audit Tool Compliance Rates

Mean HCAHPS Scores Pre/Post Implementation

Mean HCAHPS Ranks Pre/Post Implementation

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.

Bedside Report Audit Tool

Date/Time: _____ Pt. Room Number: _____

Was Bedside Report Completed?: Yes No
Was Pain Addressed?: Yes No
Was The White Board Updated?: Yes No
If No, why?: _____
Night Shift RN: _____
Day Shift RN: _____

Bedside Report Components:
- Patient Introduction – preferred name, diagnosis
- Assessment Abnormalities
- Pain – interventions, last dose
- Activity – PT/OT/transfers, fall risk
- Diet
- Anything the patient would like to add
- What is one thing we can focus on for you today?

Avera

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.

ACKNOWLEDGEMENTS

REFERENCES

- Agency for Healthcare Research and Quality. (2013). Strategy 3: Nurse bedside shift report (implementation handbook). Retrieved from http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/Strat3_Implement_Hndbook_508.pdf
- Anderson, C. D., & Mangino, R. R. (2006). Nurse shift report: Who says you can't talk in front of the patient? Nursing Administration Quarterly, 30(2), 112-122.
- Baker, S. J., & McGowan, N. (2010). Bedside shift report improves patient safety and nurse accountability. Journal of Emergency Nursing, 36(4), 355-358. doi:10.1016/j.jen.2010.03.009
- Cairns, L. L., Dudjak, L. A., Hoffmann, R. L., & Lorenz, H. L. (2013). Utilizing bedside shift report to improve the effectiveness of shift handoff. Journal of Nursing Administration, 43(3), 160-165. doi:10.1097/NNA.0b013e31828dc02
- Evans, D., Grunawalt, J., McCloh, D., Wood, W., & Friese, C. R. (2012). Bedside shift-to-shift nursing report: Implementation and outcomes. MEDSURG Nursing, 21(5), 281-284, 292.
- Maxson, P. M., Derby, K. M., Wrobleski, D. M., & Foss, D. M. (2012). Bedside nurse-to-nurse handoff promotes patient safety. MEDSURG Nursing, 21(3), 140-144.
- Radtke, K. (2013). Improving patient satisfaction with nursing communication using bedside shift report. Clinical Nurse Specialist, 27(1), 19-25. doi:10.1097/NUR.0b013e3182777011
- Sherman, J., Sand-Jecklin, K., & Johnson, J. (2013). Investigating bedside nursing report: A synthesis of the literature. MEDSURG Nursing, 22(5), 308-312, 318.
- Thomas, L., & Donohue-Porter, P. (2012). Blending evidence and innovation improving intershift handoffs in a multihospital setting. Journal of Nursing Care Quality, 27(2), 116-124. doi:10.1097/NCQ.0b013e318241cb3b
- Tidwell, T., Edwards, J., Snider, E., Lindsey, C., Reed, A., Scroggins, I., ... Brigance, J. (2011). A nursing pilot study on bedside reporting to promote best practice and patient/family-centered care. Journal of Neuroscience Nursing, 43(4), E1-E5. doi:10.1097/JNN.0b013e3182212a1d
- Wakefield, D. S., Ragan, R., Brandt, J. & Tregnago, M. (2012). Making the transition to nursing bedside shift report. The Joint Commission Journal on Quality and Patient Safety, 38(6), 243-253. Retrieved from http://store.jcrinc.com/assets/1/14/S1-JQPS-0612_wakefield.pdf