Improving Transitions of Care with Bedside Shift Report

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DISCLOSURES

- Author: Joshua Lehmer, MSN, RN, PHN, CNL
- Relevant Hospital: John Muir Medical Center, Walnut Creek, California
- Objectives:
  1) Understand the rationale and main drivers of bedside reporting
  2) Outline benefits and perceived challenges of bedside reporting
  3) Describe a successful project to implement bedside report in a hospital
- Conflict(s) of interest: This program is the result of a Master of Science in Nursing capstone project conducted in accordance with hospital goals and student choice. Any material support by the hospital is disclosed.
RATIONALE AND MAIN DRIVERS

- The Joint Commission estimates majority of serious medical errors traceable to ineffective communication during patient hand-off; lost “institutional memory”\(^8\)

- Increased patient-RN engagement increases quality and safety of hospital care, and patient satisfaction\(^2,10,12\)

- Increased patient satisfaction maximizes hospital financial yields\(^12\)
The Joint Commission estimates 80 percent of serious medical errors involve miscommunication between caregivers during transfer of patients.

Defines *Effective Communication* to include four components:
1. Current information
2. Recent or anticipated patient changes
3. Method to verify the received information
4. Opportunity for questions between the giver and receiver of patient information
Increased patient-RN engagement = increased RN knowledge about patient = better clinical outcomes, fewer in-hospital complications, and increased patient safety\textsuperscript{2,12}

1. Reporting at the bedside includes the patient in the care process, which increases patient satisfaction, dignity and respect, and decreases patient anxiety\textsuperscript{10}
HOSPITAL FINANCIAL YIELDS

- Through HCAHPS, full reimbursement to certain hospitals for treatment of Medicare patients contingent upon patient satisfaction arising from high quality care\(^4\)

- HCAHPS studies reveal the composite of nursing communication scores corresponds most with overall patient satisfaction\(^{12}\)

- More importantly, improved nursing communication leading to higher quality care can help prevent adverse events with possible litigation
FURTHER BENEFITS OF BEDSIDE REPORTING

- Allows off-going RN and on-coming RN to co-visualize patient to ensure patient safety and fidelity of report\(^{2,5,9,11}\)

- Allows RNs and the patient to collaboratively identify and correct potential errors, and the patient to remind RN of any concerns forgotten in report\(^{3,5}\)

- Provides an opportunity for the patient to ask questions, which maximizes autonomy and improves adherence to care plan\(^{2,9,10,12}\)
FURTHER BENEFITS OF BEDSIDE REPORTING

- Increases patient understanding of care provided, especially pertinent in regards to medication\textsuperscript{2,9,10,12}
- Improves staff camaraderie and accountability\textsuperscript{9,10,11,13}
- Promotes a concise report and actually decreases nursing overtime\textsuperscript{9,10,11,13}
PERCEIVED CHALLENGES OF BEDSIDE REPORTING

- Creates overtime because it requires more time than report away from bedside
- Inappropriately wakes the patient
- Compromises patient confidentiality; violates HIPPA
IMPLEMENTING BEDSIDE REPORTING AT JOHN MUIR

The Problem: In FY 2014, HCAHPS Nurse Communication composite score was below goal for 10 months concurrently on a Medical-Surgical unit; bedside reporting was also observed to occur inconsistently on this unit over one year of graduate student nurse clinical experience.
ROOT CAUSE ANALYSIS

- Unsupportive staff related to negative RN perceptions of bedside reporting
- Lack of accountability to conduct bedside reporting
- Inefficient physical workflow, which impeded bedside reporting
PRE-INTERVENTION ASSESSMENT

- HCAHPS *Nurse Communication* composite score below 80 percent goal for 10 months concurrently
- Unit also scored below national mean on Press-Ganey nurse-communication related scores for 12 months concurrently
- Four of nine RNs, 44 percent, per shift consistently engaged in bedside reporting
INTERVENTION METHODOLOGY

Lewin’s 3-Step Model of Change

Unfreeze → Change → Refreeze
CHANGING

- Reframed negative RN perceptions of bedside reporting during monthly unit meetings
- Created network-based digital folder of bedside reporting resources
REFRAMING RN PERCEPTIONS OF BEDSIDE REPORTING

- Set the stage! Check in with patient one to two hours before end-of-shift to resolve last-minute needs and remind patient of upcoming bedside report per hospital policy\textsuperscript{12}

- Throughout shift, RN should encourage patient to write down most important questions to ask during bedside report\textsuperscript{14}

- Use SBAR!\textsuperscript{1,2}

- HIPPA concerns - share sensitive information outside room and make reasonable safeguards to protect privacy\textsuperscript{1,3,10}
REFREEZING

- Installed unit-wide screensaver encouraging bedside reporting\(^1\)

- Established “Bedside Report Champion” recognition system\(^1\)

- Recommended physical workflow change to establish on-coming RNs location for off-going RNs to rendezvous\(^3\)
POST-INTERVENTION ASSESSMENT

Six of nine RNs, 67 percent, per shift consistently engaged in bedside reporting.
FINANCIAL EXPENDITURE

- $150.00 USD cost, as financed by John Muir Medical Center
FURTHER RESOURCES

- Agency for Healthcare Research and Quality
  1) Bedside reporting implementation handbook
  2) Bedside reporting patient handout
  3) Bedside reporting checklist

- The Joint Commission
  1) Policy and protocol
Thank you!
References


