

Implementation of Bedside Report: Partnering With Our Patients and Their Families for Quality

Patient Care

by

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November 14, 2011

### **Abstract**

Change-of-shift report is the time when responsibility and accountability for the care of a patient is transferred from one nurse to another. The communication that ensues during this process is linked to both patient safety and continuity of care giving. The Multiservice Inpatient unit of the 366th Medical Group at Mountain Home AFB (MHAFB) implemented bedside reporting as a means to improve communication during hand off between the patients and their nursing team. Additionally, this reporting method was implemented to empower patients to participate in their plan of care, reduce errors from oversight, and to allow visualization of the patient's condition at shift change. Factors that led to this initiative included dissatisfaction among the nursing team with the current handoff process and a desire to meet the National Patient Safety Goal of improving communication. A team of nurses and technicians were assembled to research and implement a plan of action for initiating bedside reporting. The objectives were achieved through staff education and setting expectations of bedside reporting with the patients upon admission to the MTF. Patients filled out surveys before discharge regarding bedside reporting, which allowed for measurement of success and patient satisfaction. Ninety percent of patients said they participated in bedside reporting and 90% were happy with the way bedside report was conducted. The staff were also very satisfied with bedside reporting; they noted a decrease in omission of pertinent information for the patient's plan of care, as well as an increase in job satisfaction from the discontinuance of lengthy team reports. Not one staff member wanted to go back to the old way of reporting.

### **Design/Methods**

The staff were challenged by the executive team to continuously look for ways to improve patient safety. Some nurses had voiced concerns about change of shift report—that it was too long and often contained extraneous information. In an effort to improve patient hand-offs between shifts and the desire to increase patient involvement in care, the staff decided to change the way shift reports were done, by bringing report to the bedside.

Bedside reporting was implemented through several steps. Initially a committee of two RNs, the flight commander, and one medical technician was formed. The committee researched bedside reporting, implementation strategies and results from studies of bedside reporting initiatives. An implementation plan was agreed upon which included an educational session with all staff members regarding the process of bedside reporting, expectations, the need to educate patients and an implementation date. The staff also developed tools that would enhance report and a survey that would be given to each patient. Pre-printed report sheets and patient surveys were the only additional cost for the MTF.

Performance was measured in five areas to include: patient informed of bedside report, completion at every shift change, presence of nursing team (RN and Medical Technician,) patient involvement in report, and patient understanding of report and plan of care. Data from patients was anonymously collected over two months. Unfortunately, due to a small patient census, only 10 surveys were returned.

### **Results**

Bedside reporting was successfully implemented and is on-going. The initiative increased overall patient and staff satisfaction with improved hand-off reports due to the involvement of the patient. Changes from a group style verbal report without patient input was replaced with a team report--including the patient as a member of the team--given right at the bedside. The use of a standardized report sheet allowed for a quick reference regarding patient condition and any additional notes for the oncoming shifts. Having the patient involved in change of shift report was found to be most valuable by the staff. Bedside reporting can literally be a lifesaver; it prevented the need for resuscitation of one patient due to identification of an asthma patient was decompensating.

Staff resistance to change was the largest problem that was incurred. Resistance was overcome by education, allowing an adjustment period, and strict enforcement of expectations regarding bedside reporting and staff accountability. Also, an exception to the rule was allowed if the nurse and patient felt bedside reporting would not be beneficial, for example, if the patient was sleeping and did not want to be disturbed. In this case, verbal report would be accomplished in a private location instead of at the bedside.

A six questions survey showed that most patients understood why we were doing bedside report, that they felt they were a part of the team and would not make any changes to the process.

Question 1: Were you informed about bedside reporting upon your admission?

Question 2: Was there a bedside report given at each change of shift during your stay?

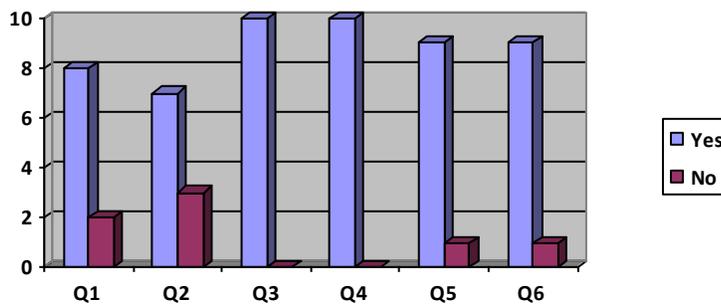
Question 3: Was there a nurse and technician present during the bedside report?

Question 4: Were you able to understand what was being said about your progress and future care during your stay?

Question 5: Did you participate in the bedside report?

Question 6: Is there anything you would change about bedside report?

### Patient Surveys



Although a formal survey was not done with the staff, when asked if they would like to go back to the “old way” of reporting, there was a resounding, “No!”

### **Sustainability**

Implementation of bedside report on the Multiservice Inpatient unit at the 366th Medical Group has been very successful and is completely sustainable within this facility. Replication of this innovation is absolutely achievable at other facilities that provide inpatient care.