BEDSIDE SHIFT REPORT GUIDELINES AND KEY WORDS

Why

Bedside Shift Report conversations help organizations avoid "dropping the baton "during one of the most critical patient care intervals and provide a standardized change-of-shift procedure for staff to embrace. They involve off-going nurses, oncoming nurses, and patients. Although the details of bedside shift reporting vary from facility to facility, a successful implementation provides a real-time exchange of information that increases patient safety, improves quality of care, increases accountability, and strengthens teamwork.

For the Patient

- Patient's perspective is valued as being most important -- it isn't "about us," our schedule or comfort zone. Our priority must be the patients as that is the reason why we are here.
- Patients will see – and hear – from the team of professionals who are providing their care.
- Patients will be reassured that everyone is getting all the necessary report about what is going on with them.
- Patients will feel more informed about their care thereby making them less anxious and more compliant with their care and treatments. Allow them to be involved in their care.
- Patients will be more satisfied because they know that things are being done and monitored throughout the shift.
- Patients will know who their nurse is on every shift.
- The process will reduce the "2 – 3 hour 'alone' time" during shift change. Many patients perceive the 2 – 3 hours around the change of shift to be a time when no one is around. Sentinel events also occur more often during this time. Bedside Report could help eliminate this.
- The process will aid in increasing communication. Communication issues are the root cause of about 30% of patient safety events and improved communication between caregivers greatly improves patient care and outcomes.

For the Staff

- Improves the sharing of information between health care providers by utilizing a standardized method of communicating.
- If asked questions, you won't have to say "I haven't seen my patients yet" and therefore you will be more prepared.
- The off-going nurse can use "hands-on" to show the on-coming nurse how to operate special equipment or how special orders are being handled.
- Accountability will increase since each nurse will know his or her patients' condition at the end of the shift.
- Keeps report to items related to patient condition and social status.
- Improves the nurses understanding of patient condition as you are able to visualize the patient.
- Gives you an orderly room and patient at the beginning of the shift.
- Overcomes differing communication styles.

Key Words and Actions:

Bedside Shift Report is a triple win. It effectively closes the loop on the relationship you have developed with a patient and provides a framework for the emotional bank account you have built up to be transferred to the next staff person. It provides a nice introduction and effective report framework for the next staff person to seamlessly receive information and manage up from the previous staff. Bedside shift reports allows you to feel confident in your ability to provide care

to this new patient and it provides a wealth of information to the patient in a very patient centered way to stay informed about their care and reduces anxiety with patients and family members.

Bedside Shift Report might sound something like this:

Introductions:

- Good morning, Mr. Jones. I am going home now, and Karen is going to be your nurse today. Karen has been with us for three years. She is excellent and I'm leaving you in good hands.

Explain bedside handoff upon admission

- I want to go over the information with Karen that you and I have experienced together today and how our plan of care is going so that she has all the information she needs to take care of you today. If I've left out anything important for Karen to know, please tell us.
- "Would you like me to ask the visitors to leave when we do the report since we will be discussing your private information? "I am going to ask your visitors to wait outside for just a few minutes….

Safety:

- Mr. Jones, I am going to check you name band for your safety….

<Verbally give report to Karen> Use the teach back method (asking the patient to confirm their understanding by explaining it back to the practitioner) to keep the patient involved in the conversation. Use the report framework provided by your organization to standardize the report structure. SBAR is a frequently used framework for this and is referenced later in the suite tools

Informed:

- Let me update your whiteboard….
- I want to keep you informed, what questions can I answer?

For organizations that have also implemented hourly rounds this is also the opportunity to do a round so completing the eight behaviors in the context of Bedside Shift Report is efficient for the oncoming nurse and ensures no gaps in patient needs being met

Address Three Ps: Pain, Potty and Position

- How is your pain?
- Are you comfortable?
- Do you need to go to the bathroom?

Assess Environment:

- Let me make sure everything is in your reach…..

Closing:

- Mr. Jones, do you have questions? Is there anything more that Karen needs to know in order to provide you with the best quality care today? I'm heading home now. Thank you for allowing me to be a part of your care.