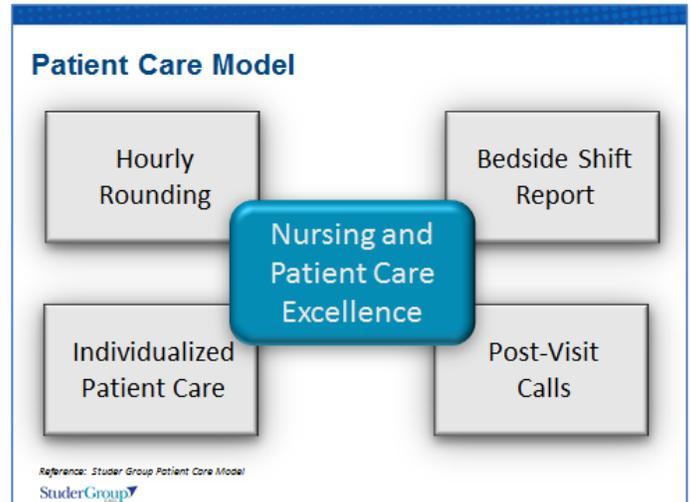


BSR1: GUIDELINES AND KEY WORDS (PAGE 1 OF 6)

Bedside Shift ReportSM (BSR) is part of the Studer Group Patient Care Model. Studer Group has developed this model of patient care to focus on behaviors that drive caregiver quality and ensure excellence for those we serve. The patient care model is based on our work with all venues that provide care to patients, parent and families all over the country. A common term, “Nursing Care Model,” is used in the nursing profession to describe how care givers interact with patients.

The Studer Group patient care model is unique in that each tactic forces care to the bedside. This model includes four tactics, that when implemented successfully, improve quality and ensure excellence. The four essential tactics of the Patient Care Model are:

- Hourly Rounding[®]: Nurses checking in on the patient on an hourly/consistent basis and demonstrating particular behaviors.
- Individualized Patient Care (IPC): Nurses ensuring that each patient, parent or family expectation of the very best quality care is defined and achieved.
- Bedside Shift ReportSM (BSR): Nurses moving the shift report to the bedside and including the patient in any handoffs.
- Post-Visit Phone Calls: Nurses making a follow-up phone call to the patient after discharge or visit.



Excellence is achieved when (1) the patient, parent and family perceives the care to be delivered by a competent and caring professional, and (2) when the care is individualized for each patient. Using these goals as our framework, the patient care model outlines the key behaviors that create sustained clinical and operational outcomes.

➔ Why

Bedside Shift ReportSM 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 nurses 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.

Bedside Shift ReportSM incorporates key behaviors such as AIDET[®], teamwork, and creating a safe patient environment. Since all necessary information (including patient identifiers, safety checks, medication, and tests) are discussed with the patient, the patient is not only kept informed, but is involved in their care. It also promotes teamwork and mentoring among nursing nurses.

By actively involving the patient when a handoff in care takes place, we are able to decrease the likelihood that a mistake will take place. In managing up the oncoming nurse, the off-going nurse is able to effectively transfer the “emotional bank account” that s/he has built with the patient to the new caregiver. This increases the patient’s trust while effectively decreasing patient (and family member) anxiety about the oncoming caregiver’s skill and expertise.

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 because that is the reason we are here.
- Patients will see – and hear – from the team of professionals who are providing their care and our skill set and expertise are demonstrated regularly
- 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 Shift ReportSM 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.¹

For Nurses

- 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.
- Increases the skill level of new RNs—RN’s can see and hear what the experienced RN is doing and why.
- Increases accountability for nurses as they report off visually in front of the patient and each other.

Evidence

A comprehensive literature review focused on Bedside Shift Report^{SM2} found 33 credible studies that linked the use of Bedside Shift ReportSM to improved employee and patient outcomes. Twenty-five of these studies found increases in positive staff attitudes, “improved patient-centered care, family-centered care, care coordination,

¹ Dingley C, Daugherty K, Derieg MK, et al. Improving Patient Safety Through Provider Communication Strategy Enhancements. In: Henriksen K, Battles JB, Keyes MA, et al., editors. *Advances in Patient Safety: New Directions and Alternative Approaches (Vol. 3: Performance and Tools)*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Aug. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK43663/>

² Gregory, S., Tan, D., Tilrico, M., Edwardson, N., & Gamm, L. (2014). Bedside shift reports: What does the evidence say? *Journal of Nursing Administration, 44 (10)*, 541-545.

team collaboration, and engagement” (page 542); likewise, 16 studies found improved patient care. A full summary of findings can be found below.

Table 1. Studies Fitting Inclusion Criteria: Summary of Findings

Category	Summary of Findings
Team-based variables	<ul style="list-style-type: none"> • Positive attitudes^{1,5,13} • Improved patient-centered care^{1-3,5-10,14,16,20-24} • Improved family-centered care^{1,5,13} • Care coordination^{3,7,20-22} • Team collaboration^{1,4,8,13,18,21,22,28} • Engagement after implementation of BSR^{5,6,9,10,29}
Dyadic relationships	<ul style="list-style-type: none"> • Nurse-patient dyadic relationship <ul style="list-style-type: none"> ◦ Patients are able to ask questions^{3,8,11,17,19,28,30} ◦ Share information regarding medical history^{3,16,28} ◦ Participate in the decision-making process^{3,6,8,10,17,28} • Nurse-nurse dyadic relationship <ul style="list-style-type: none"> ◦ Increased socialization by sharing stories and experiences^{21,31} ◦ Emotional support to one another^{11,21,31} ◦ Communication^{9,12-14} ◦ Mentoring and coaching^{4,17,18,21} ◦ Networking opportunities^{18,23}
Individual benefits	<ul style="list-style-type: none"> • Patient individual benefits <ul style="list-style-type: none"> ◦ Patient empowerment by being able to ask questions about their care^{2-4,6,14} ◦ Increased patient satisfaction^{1-3,5-7,9,14,16-18,23,24} ◦ Patients feel safer being able to see two nurses at shift change^{3,5,6,16} ◦ Increased patient safety³⁻¹² ◦ Increased communication with nurses^{3,4,6,10,16,18,22,24-26} ◦ Increased understanding of care^{4,5,14,22,28} • Nurse individual benefits <ul style="list-style-type: none"> ◦ Increased communication skills and accurate information^{1,3,11-14,16,26,27} ◦ Nurses' involvement with care^{3-5,13,20,27} ◦ Nurse empowerment¹⁶⁻¹⁹ ◦ Nurses being able to visualize the patient^{1,4,6,9,14,18,22} ◦ Nurses leaving shift on time^{13,14,21} ◦ Reduction in time spent writing shift reports^{2,5,13,14,18,21,23,26,32} ◦ Building rapport with patients^{17,31} ◦ Increased nurse satisfaction^{1,2,5,9,13,14,16,24,25}
Confidentiality concerns	<ul style="list-style-type: none"> • Privacy issues while discussing patient medical history^{1-5,7-9,14,16,17,19,21,22,31} • Having to ask visitors to leave the room during BSRs^{8,17}
Accountability	<ul style="list-style-type: none"> • Lack of confidence on medical knowledge^{4,5,16,33} • Burden of having to be in control^{2,17} • Higher confidence in thorough, more accurate reporting^{6,14}
Cost containment	<ul style="list-style-type: none"> • Reduction in overtime accumulated between shift changes^{1,7,13,14,18,21,23,32}

Joint Commission Implementation Expectations

Implement a standardized approach to “hand-off” communications, including an opportunity to ask and respond to questions. Systems and processes in place for effective “handoff” communication include the following:

- Allowance for questioning between the giver and receiver of patient information.
- Up-to-date information regarding the patient’s care, treatment and services, condition and any recent or anticipated changes.
- A process for verification of the received information, including repeat-back or read-back, as appropriate.
- An opportunity for the receiver of the hand off information to review relevant patient historical data, which may include previous care, treatment, and services¹.

Connecting the Dots: Medical Errors in the United States

- According to the IOM report *To Err is Human*, between 44,000 and 98,000 deaths are recorded each year as a result of preventable medical errors².
- According to HealthGrades' fifth annual Patient Safety in American Hospitals Study, patient safety incidents cost the federal Medicare program \$8.8 billion and resulted in 238,337 potentially preventable deaths during 2004 through 2006³.

Communication Breakdowns

- "According to The Joint Commission's Sentinel Event Database, communication breakdowns were the root cause of more than 65% of 3,811 sentinel events. Of those communications breakdowns, approximately 75% result in the patient's death. More than half of these communication breakdowns were associated with patient handoffs⁴."
- Communication breakdowns have been documented to occur in nearly 80% of medical/legal cases⁵.
- Faulty handoffs are specifically implicated in up to 24% of malpractice claims in the ED⁶.

Inpatient-Outpatient Physician Discontinuity

- About 75% of the time, discharge summaries have not yet arrived to the Primary Care Physician at the time of the patient's first follow up.
- In another investigation, Primary Care Physicians reported being unaware of 62% of the pending test results that returned after discharge, of which 37% were considered actionable⁷.

Education Issues

- In a survey of 125 U.S. medical schools, only 8% teach how to hand over patients in a formal didactic session⁸.
- Due to the reduction of residency duty hours to 80 hours per week, increased handoffs and reduced continuity of patient care are a considerable concern⁹.

Goals of Handoffs

- Improve quality and patient safety outcomes by optimizing handoff communication processes across the care continuum.
- Standardize methods of communication about patient safety concerns and/or risks.
- Enhance multidisciplinary teamwork to improve quality and ensure patient safety.
- Implement system and behavioral changes that improve work flow processes, enhance critical thinking in at various points in the clinical decision-making process and promote best practices and accountability for patient safety.

Benefits of Standardizing/Streamlining Handoff Communications:

- Improve quality, safety and continuity of care during care transitions
- Improve handoff communication and transfer of information
- Decrease medical errors
- Reduce the number of duplicated tests
- Decrease readmissions
- Increase patient satisfaction
- Reduce patient complaints and litigation
- Save nurses time and reduce provider frustration

➔ **Key Words and Actions:**

Bedside Shift ReportSM 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 nurse. It provides a nice introduction and effective report framework for the next nurse to seamlessly receive information and manage up from the previous nurse. 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 ReportSM 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 very 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 very good 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?” or “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 the opportunity to do a round. Completing the eight behaviors in the context of Bedside Shift ReportSM 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 very good care today?”
- “I’m heading home now. Thank you for allowing me to be a part of your care.”

Tips

- Ask open-ended questions.
- If pain is a concern, the off-going nurse may ask the patient to describe what has helped with their pain during the prior shift.
- Ask the patient to describe which medications they are taking—as well as their side effects—to the oncoming nurse. This will help to reinforce medication education.
 - Use [M in the BoxSM](#) for new medications
- When applicable, address discharge information at “help at home” questions during Bedside Shift ReportSM
 - Invite key caregivers/family members to attend the report to ensure that they are comfortable with the at-home care plan
 - Paraphrase key points of discharge instructions
 - Ensure that the patient and family are comfortable and in agreement with the at-home care plan

When properly executed, Bedside Shift ReportSM is more of a conversation between the off-going nurse and the patient, with the oncoming nurse listening in. If both nurses have listened effectively, they will be well prepared to continue to meet the patient’s needs.

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