Organization: MedStar Good Samaritan Hospital

Solution Title: Implementation of Bedside Shift Report

Program/Project Description, including Goals: The Joint Commission requires hospitals to have a process for hand-off communication that provides for the opportunity for discussion between the giver and receiver of patient information. Our project specifically looked at nursing hand-off communication from shift to shift. Our goal was to ensure safe handoffs by adopting bedside shift report. Other goals of bedside shift report were to provide time for safety checks, keep our patients informed about their care, create trust, and reduce patient anxiety by managing up the next care giver. By adapting bedside shift report, the nurse should have two additional benefits. Those benefits would include less time away from the patient and increased accountability as the off-going nurse must give report visually in front of the patient and the on-coming nurse.

Process: Making the change to bedside shift report was considered a major cultural change for the department of nursing. The task force charged with its implementation researched different change model theories and decided to follow John Kotter's 8 step change model. Some highlights of the model that we followed included Step 1—"Spend significant time and energy building urgency before moving on to the next step". By spending time on step 1, Kotter stated it may help spark the initial motivation needed for success. Step 2 in the model is "Forming a powerful coalition". We initially focused our efforts on our staff who participate in our clinical ladder and council system that is supported by our nursing leadership. Getting "buy in" from this leadership group would help lead the effort. Kotter suggests that 75% of the nursing department needs to buy into this change and help lead it for success to ensue. Step 4 involves "Communicating the vision". This is where the task force focused much time and effort. The task force talked about the new process at many different opportunities making sure we communicated the "why" and openly and honestly addressed staff's concerns. Step 8 involves "Anchoring the change". The task force put evaluation criteria in place so issues could be discussed and success stories could be highlighted.

To further "communicate the vision", the task force developed a 2 hour education session that was mandatory for all nurses to attend. The methodology associated with adult learning principles were followed when the education sessions were designed. The members of the task force taught the classes to ensure that all the nurses heard the exact information and saw the task force's commitment to this new process. The education sessions included lecture, video demonstration, case study with role play, and a question and answer session. The 32 education sessions were held just prior to the go-live date.

Solution: We developed a process where the off-going nurse takes the on-coming nurse into a patient's room at the end of the shift for bedside report. Introductions are made and the report is

given about the patient's previous 12 hours. A standardized format was developed and the nurse was instructed on how to include the patient in this report. In addition the nurses watched a video depicting bed side shift report and had an opportunity to role play bedside shift report. Also outlined in this process was taking time to do safety checks, (ie bed in low position, bed alarm on, etc.) and reviewing the plan for the day.

Measurable Outcomes: A research study looking at how the implementation of beside shift report would affect nurse satisfaction with regard to support structure, engagement and empowerment, patient care transitions, and team communication was conducted. We used the Healthcare Team Vitality Instrument (HTVI) developed by Valda V.Upenieks, PhD, MPH, RN (2009) to measure these dimensions. These dimensions were measured prior to education and implementation and then again at 3 months and 6 months post implementation.

In looking at the entire test results there was one signifant (P-value of .05 or less) result. It was in the comparison of 3months post test and 6 months post test showing a p-value of .0370.

> 3 month post test (N=47) score was 40.02±7.82.
>
> 6 month post test (N=47) score was 39.45±5.63.
>
> P-value was 0.0370

In looking at the specific questions regarding handoffs the following was determined.

> Question 7—Important patient care information is exchanged during shift changes.
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> In comparing pre-test and 3 months and pre-test and 6 months there was a positive increase in score but not showing significance as evidenced by P-value.
>
> In comparing 3month post-test and 6 month post-test, there was a slight decrease in score but not showing significance as evidenced by P-value.
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> Question 9---Care professionals communicate complete patient information during hand-offs.
>
> In all comparisons--pretest & 3months, pretest & 6months, 3months & 6months, pretest & 3months & 6months--there was a positive increase in score, but not showing significance as evidenced by P-value

Sustainability: For the first 2 weeks of implementation all members of the task force took turns being available for staff at shift change to ensure report was indeed occurring at the bedside and to answer any questions or concerns of staff. A few months after implementation each patient care manager was required to shadow each staff member, using a skills check list, to ensure that all the steps of bedside shift report were being done correctly.

Role of Collaboration and Leadership: Good Samaritan's Chief Nursing Officer, Shirley Roth, MS, RN charged a task force to review the literature about bedside shift report and then to write a proposal for implementation of this new process at GSH. The proposal was presented to the Chief Nursing Officer and directors of patient care. They were very supportive of our time line for implementation as it was based on John Kotter's 8-step change model. All the members of the task force were given time to develop this new process and put in place an extensive education program. Task force members were also responsible for teaching 32 classes. Support was also given financially as each nurse in the department had to attend a 2 hour training session. Leadership also showed their support by allowing marketing to help with posters and tent signs for patients' food trays. On the day of implementation the hospital administration provided for a festive atmosphere with balloons and snacks for all of the inpatient units.

Innovation: Putting the off-going nurse and the on-coming nurse with the patient for report at the change of shift is a very new concept. Nurses have been following the time honored traditions of giving report to each other without the patient for many, many years. This new innovative idea would meet a lot of resistance from the nurses. Steps were taken to ensure buy-in. Guidelines were developed for this report using some of The Studer Group's recommendations as well as suggestions from our task force after reviewing the literature on bedside shift report.

Related Tools and Resources:

www.studergroup.com

Studer Group, "The Nurse Leader Handbook", Chapter 11. 2010. Fire Starter Publishing

The internet for literature review

Conference call with other institutions who had already instituted some form of bedside shift report.

Internet site: Kotter's 8-Step Change Model, Implementing change powerfully and successfully. Change Management Training from MindTools.com

Upenieks, V., Lee, E., Flanagan, M., Doebbeling, B. (2009). Health Care Team Vitality Instrument (HTVI): Developing a tool accessing healthcare team functioning. Journal of Advanced Nursing, 66(1), 168-176.

Patient Care Summary available in our electronic medical record

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