

Enculturing Nursing Bedside Shift Report Through Shared Leadership and PDSA Methodology



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Background / Problem

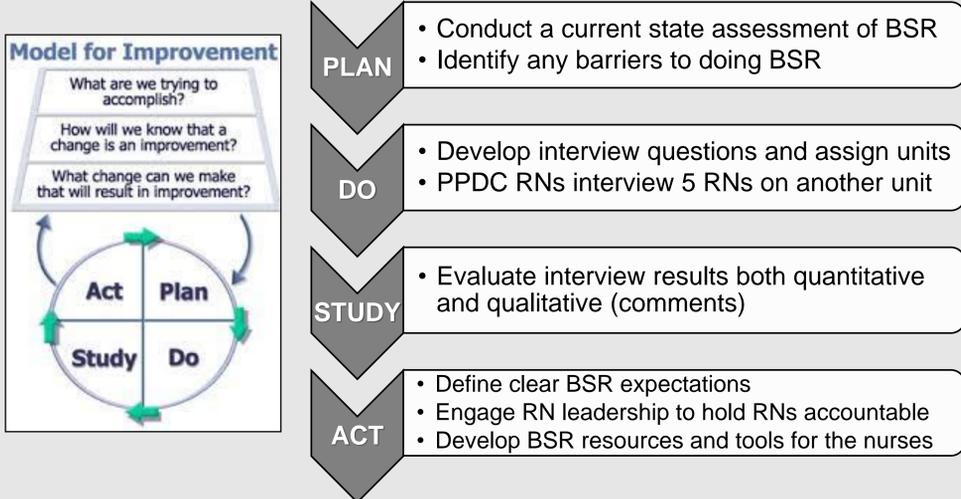
Prior to 2013 our nurses utilized a Voicecare recording system for shift report. With Voicecare's discontinuation, report was given face-to-face with encouragement for report at the patient bedside. A July 2016 audit revealed however, that since 2013 only three (14%) nursing units conducted bedside shift report (BSR) consistently. As a result, the Shared Leadership Professional Practice and Development Council (PPDC) adopted Bedside Shift Report as a focus for improving nursing practice. PPDC partnered with an Improvement Specialist to develop improvement strategies to help enculture and sustain Bedside Shift Report as "routine" nursing practice.

Aim

To increase occurrence of nursing bedside shift report as evidenced by HCAHPS survey Top Box Scores

Strategy

The Professional Practice and Development Council engaged the assistance of an Improvement Specialist to use an organized process improvement methodology to improve the BSR practice. As a result, a PDSA process was utilized as follows:



Current State

Based on interviews of a total of 104 RNs on all 21 nursing units:

- 14% units (3 of 21) consistently conducted BSR 100% of time
- 63% of RNs (66 of 104) were comfortable doing BSR
- 58% of RNs (60 of 104) said unit leaders held staff accountable
- 70% of RNs (73 of 104) said they do visual inspection in room together

BSR Barriers Included:

takes too long, too many interruptions, patients sleeping, RN assignments, RN resistance, unit leaders don't enforce, HIPAA issues

The PPDC Concluded:

- Bedside Shift Report expectations need defined
- Need to be REALISTIC
- Patient Safety is imperative
- Accountability needs to happen
- Teamwork with other positions on unit must occur (roles/responsibilities)

Actions

1. PPDC defined BSR minimum elements and expectations

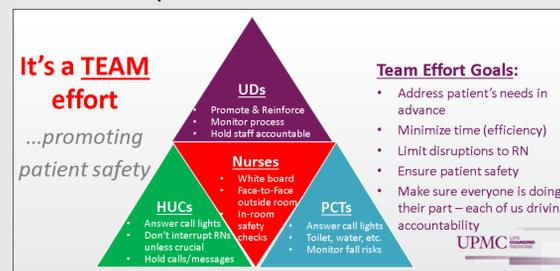
Minimum Elements:

- RN face-to-face handoff outside room
- Safety check together inside room
- Update communication whiteboard
- Inform patient of plan of care for the day and see if questions

Expectations:

- BSR conducted every day at every shift change by every nurse
- Unit Directors reinforce, follow-up, and hold nurses accountable to do BSR consistently as defined

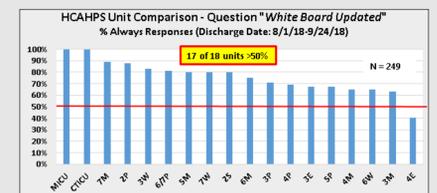
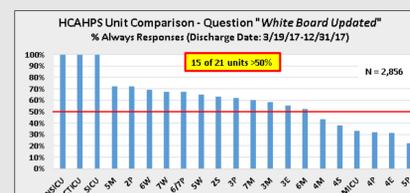
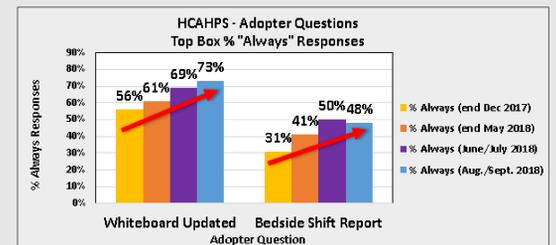
2. PPDC defined roles to promote teamwork for BSR



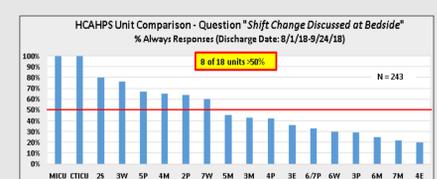
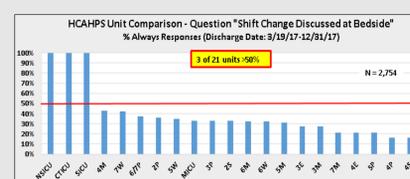
3. BSR content checklists created for ICUs, Med/Surg, and Oncology units
4. PPDC set a target date for all RNs to comply with defined BSR
5. BSR information was communicated to all Shared Leadership Councils
6. Unit Directors conducted BSR observations with real time reinforcement
7. HCAHPS adopter questions were added to patient satisfaction surveys
 - "At the change of shift my off going nurse and oncoming nurse discussed my care at my bedside"
 - "The whiteboard in my room was updated regularly"
8. A script was developed utilizing key words for both RNs to utilize
9. July 2018 "Article of the Month" focused on BSR for CPEUs

Outcomes

- Whiteboard Updated increased from 56% to 73% Top Box scores (↑17%)
- Bedside Shift Report increased from 31% to 50% Top Box scores (↑19%)



Whiteboard Updated increased from 15 units to 17 units >50% Top Box



Bedside Shift Report increased from 3 units to 8 units >50% Top Box
(*Note: Total unit volume differs pre- vs post-data due to ICU discharges with HCAHPS surveys returned)

Future Considerations

- Revise minimum expectations to be true report at the patient bedside
- Add BSR to RN orientation and preceptor checklist
- Create a BSR patient-centered brochure to distribute upon admission
- Conduct BSR competency checks utilizing standard checklist

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