SUCCESSFULLY IMPLEMENTING BEDSIDE REPORT ON AN INPATIENT MEDICAL ONCOLOGY UNIT

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INTRODUCTION

Report is the transfer of responsibility, accountability and authority for a patient and their care from one nurse to another. Bedside report is the concept of giving report to the incoming nurse in the patient’s presence; bedside report should include an opportunity for the patient to ask questions and receive clarification regarding his or her care. (Alexander & Fletcher, 2013) Evidence suggests that 80% of serious medical errors are related to poor communication, particularly during change of shift. (Joint Commission, 2012)

BACKGROUND

• Initial attempt: Hospital wide initiative to implement bedside report (BSR) was launched in September 2013.
  - Despite significant effort and training, nursing compliance with BSR proved challenging. Just months after implementation, nurses defaulted to giving change of shift report at the nurses station.

• 2nd attempt: In this attempt, a tool was created that would guide the structure of BSR. An educational video was produced to demonstrate a thorough and efficient change of shift report.
  - Improvements again were short lasting, and nurses returned to giving report at the nurses station. This attempt led to a culture of double report resulting in lengthy shift changes that caused significant late outs for staff members.

• 3rd attempt: HCH 4 relaunched BSR with the intent to achieve and maintain bedside report compliance.
  - Success of this initiative is currently being measured.

METHOD

• Creating the role of Bedside Report Champion and identifying specific individuals to act as project leaders.

• A comprehensive literature review was completed to identify key components responsible for the successful implementation of bedside report at other institutions.

• Nurses were educated through sequential staff meetings with the objective of addressing barriers, benefits, and solutions to bedside report.

• Helpful resources were provided to the nurses, including a PowerPoint presentation, BSR tip sheet, BSR key components checklist, and an explanation of individual role responsibilities.

• Staff engagement was made a priority. A launch party was held to set a positive tone for the initiation of the project. Nurses who modeled excellence in BSR were nominated to receive a monthly reward. Compliance was maintained through regular measurements of success, including mandatory audits, staff surveys, HCAHPS scores, and staff late outs.

RESULTS

• Pre and Post implementation staff surveys show a more positive perception of shift change since BSR relaunch

• Late outs have dropped significantly since implementation:
  - December 2015: 216.25 hours past shift -> 129.05 hours past shift April 2016 (Refer to Table 1)

• The unit was also observed by independent auditors 14 times, with excellent results (Refer to Table 2)

• Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) BSR frequency analysis improved by 1% from Q2 FY16 to Q3 FY16
  - This data is likely inaccurate due to relaunch of BSR occurring in the middle of a quarter

• Bi monthly audits show 99% compliance with performing BSR and have identified 3 areas for improvement:
  - Accountability for overdue tasks
  - Whiteboard utilization
  - Verifying pump settings and IV lines

DISCUSSION

• Looking back, factors that may have influenced the success of bedside report implementation include:
  - Minimize the number of organizational changes occurring on the unit at one time
  - BSR re-launch occurred at the same time as Modified Early Warning Score (mEWS) and Pain Reassessment initiatives
  - Increase HCA involvement in implementation
  - The project was mostly nurse driven, the HCA BSR re-launch was not as successful
  - Additional Health Unit Coordinator participation
  - This was the only role that was not well defined which led to issues with accountability
  - More thorough audit education
  - Though the audits have been essential in data collection, more thorough audits would assist us in identifying areas for future improvements

FUTURE EFFORTS

• Improve HCAHPS by increasing the use of bedside keywords during RN-patient communication.

• Continue to monitor and improve late out minutes.

• Specific BSR improvements, based on audit findings:
  - HCH 4 piloting EPIC index tool
  - Whiteboard communication identified as SMART goal for FY17
  - Pump integration project

REFERENCES


Hall, K. (2012) Bedside Shift Report: A Pilot Evidence Based Practice Project