

Nurse Performance and Perception Related to Bedside Shift Report After the Implementation of The Agency for Healthcare Research and Quality Bedside Shift Report Checklist Tool

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PROJECT AIM

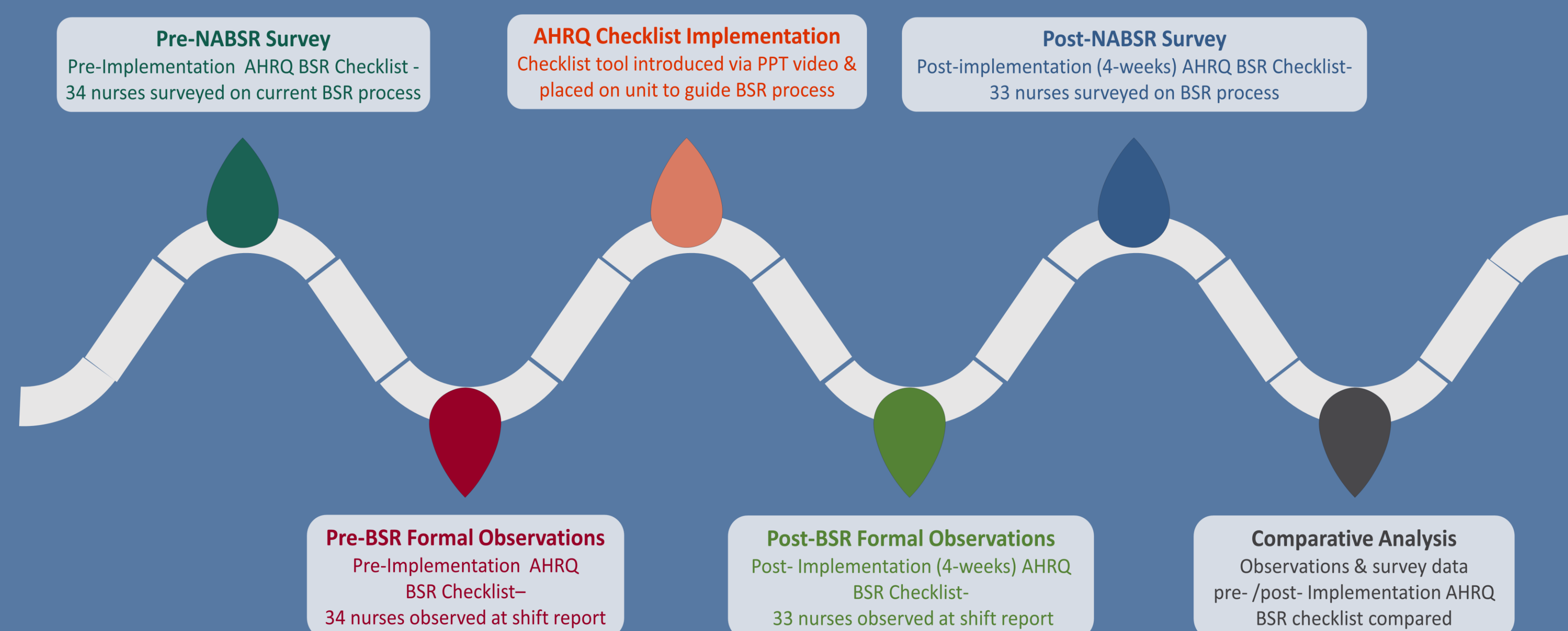
The purpose of this descriptive, quantitative-quality improvement project was to determine if the use of a standardized, Agency for Health Care research and Quality (AHRQ) Bedside Shift Report (BSR) Checklist tool improves Registered Nurse (RN) perceptions and performance related to BSR.



BACKGROUND

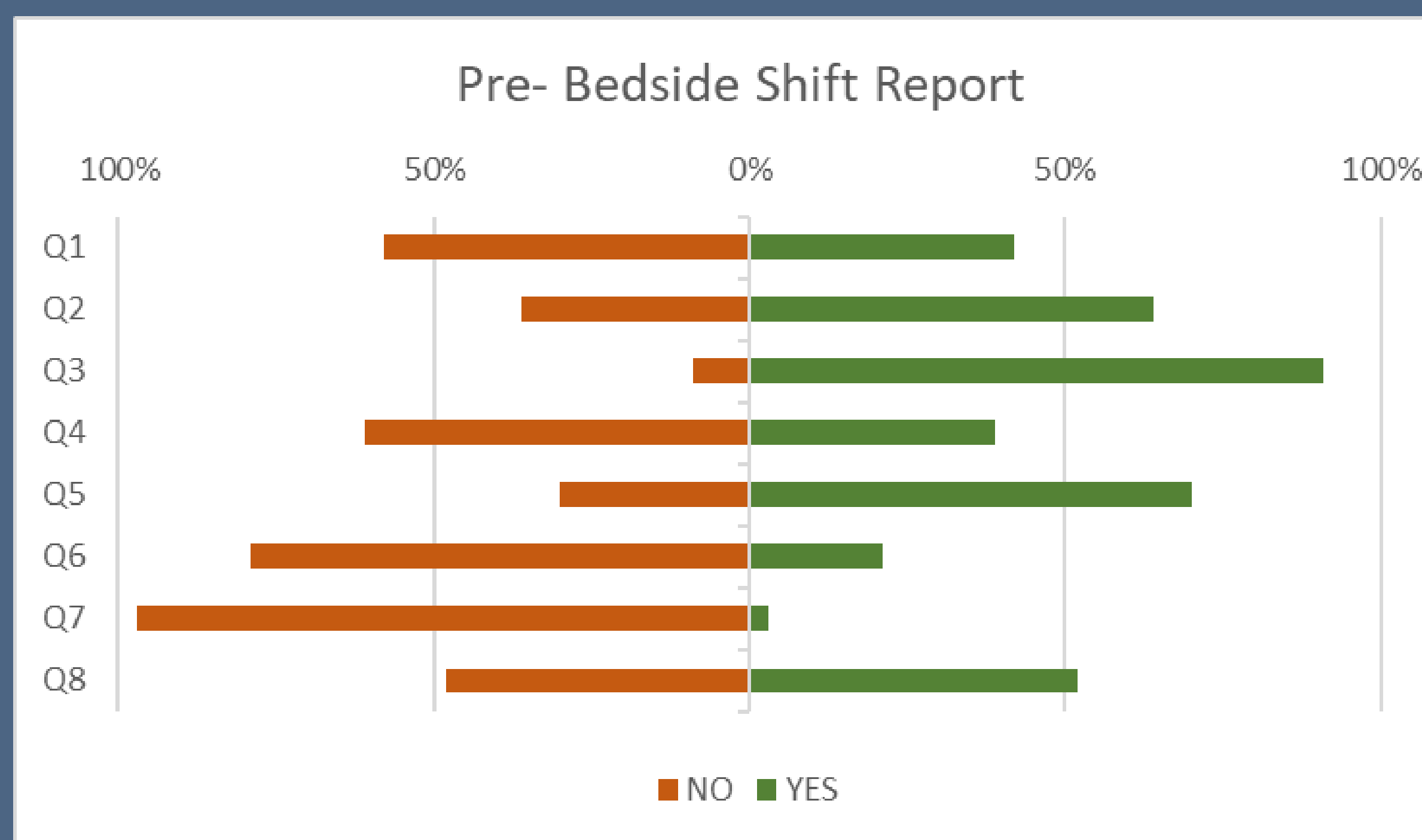
- BSR is an important clinical practice
 - Influences quality within the healthcare environment
- Nurse performance of BSR is a key factor ¹
 - Influences the quality of healthcare processes
- AHRQ provides useful resources for BSR ²
 - Tool kits
 - Implementation guides
- Nationwide studies show ^{3,4}
 - BSR is often inconsistent
 - Lacks a structured approach

BSR Project Roadmap

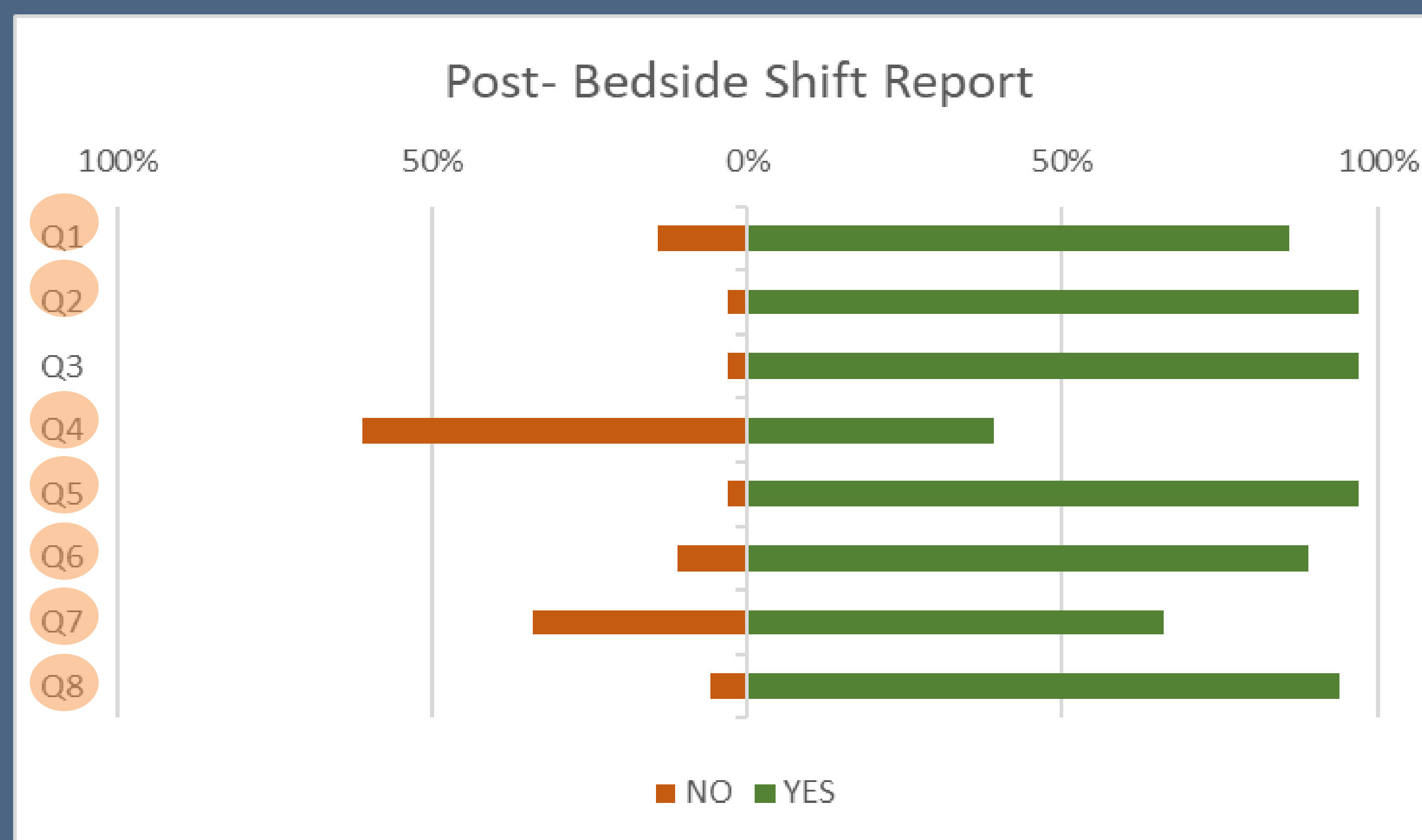


Population Demographics

Med-Surg Cardiopulmonary RNs
Pre/Post: n= 34/33
Age: ~55 % (18-30 years)
Education: ~60% BSN
Experience: ~47% (0-2 years)



- Pre-/Post- Implementation AHRQ BSR checklist were compared indicating a strong significance ($p < 0.5$) in tasks 1, 6, 7, and 8
- BSR tasks that **directly involve the patient, there was the largest overall improvement** post-implementation in nurse performance of these tasks



RESULTS

AHRQ BSR CHECKLIST

Bedside Shift Report Checklist

- Introduce the nursing staff to the patient and family. Invite the patient and family to take part in the bedside shift report.
- Open the medical record or access the electronic work station in the patient's room.
- Conduct a verbal SBAR report with the patient and family. Use words that the patient and family can understand.
 - S** - Situation. What is going on with the patient? What are the current vital signs?
 - B** - Background. What is the pertinent patient history?
 - A** - Assessment. What is the patient's problem now?
 - R** - Recommendation. What does the patient need?
- Conduct a focused assessment of the patient and a safety assessment of the room.
 - Visually inspect all wounds, incisions, drains, IV sites, IV tubing, catheters, etc.
 - Visually sweep the room for any physical safety concerns.
- Review tasks that need to be done, such as:
 - Labs or tests needed
 - Medications administered
 - Forms that need to be completed (e.g., admission, patient intake, vaccination, allergy review, etc.)
- Other tasks:
 - Ask the patient and family's needs or concerns.
 - "What could have gone better during the last 12 hours?"
 - "Tell us how your pain is."
 - "Tell us how much you walked today."
 - "Do you have any concerns about safety?"
 - "Do you have any worries you would like to share?"
 - Ask the patient and family what the goal is for the next shift. This is the patient's goal -- not the nursing staff's goal for the patient.
 - "What do you want to happen during the next 12 hours?"
 - Follow up to see if the goal was met during the verbal SBAR at the next bedside shift report.

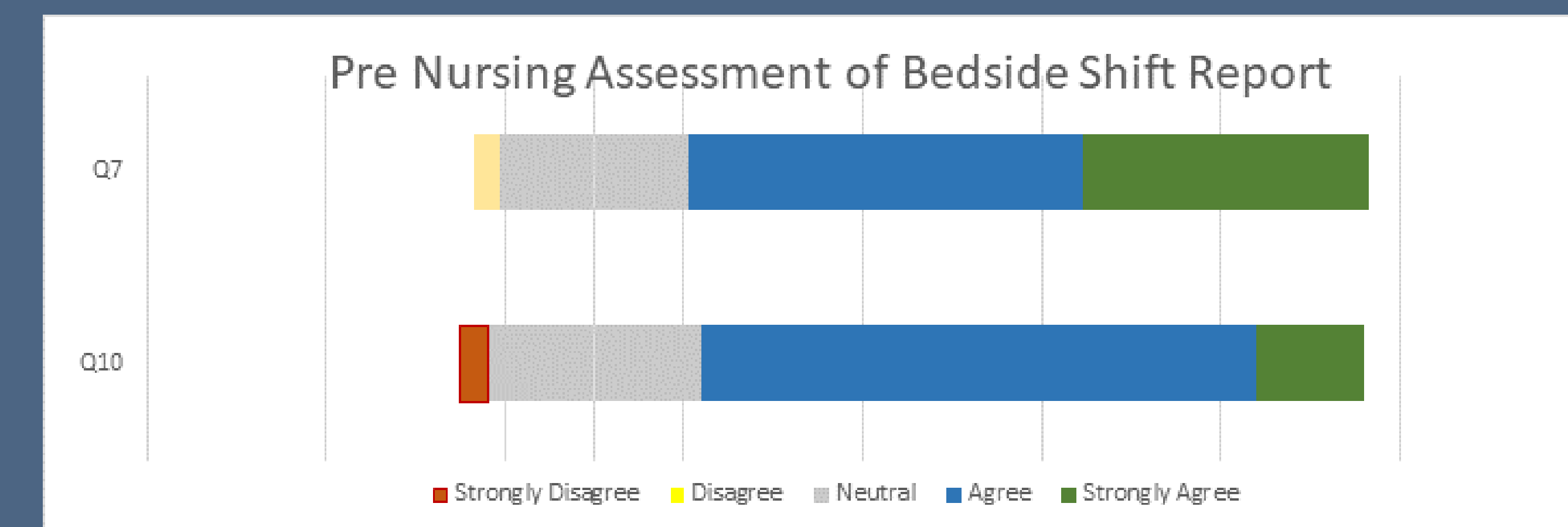
Adapted from the Emory University bedside shift report bundle.

Agency for Healthcare Research and Quality

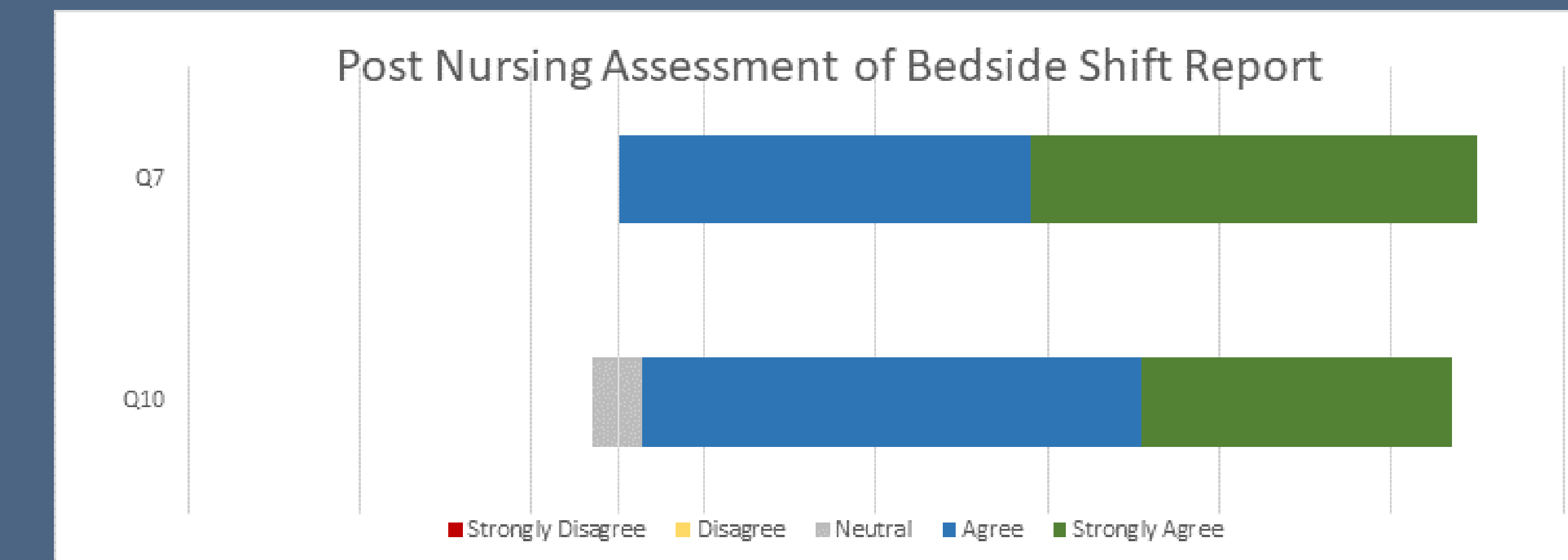
Guide to Patient and Family Engagement

NABSR SURVEY

Survey Instrument - Nurse Assessment of Bedside Shift Report (Sant-Jacklin & Sherman, 2014)	Demographic Questions
1. Report is an effective means of communication.	Please circle responses
Strongly Agree Agree Neutral Disagree Strongly Disagree	Age
2. Report is an efficient means of communication.	18-30 31-45 46-55 56-70
Strongly Agree Agree Neutral Disagree Strongly Disagree	Gender
3. Report helps to identify changes in patient condition.	Female Male
Strongly Agree Agree Neutral Disagree Strongly Disagree	Years of Experience
4. Report helps to assure accountability.	0-2 3-5 6-10 11+
Strongly Agree Agree Neutral Disagree Strongly Disagree	Education Level
5. System ensures professional rapport.	Associate/Diploma Bachelor's Master's
Strongly Agree Agree Neutral Disagree Strongly Disagree	
6. Report gives opportunities for mentoring.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	
7. Report promotes patient involvement in care.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	
8. Report prevents delays in patient care and discharge.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	
9. Reports helps prevent patient safety problems.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	
10. I feel adequately informed after report.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	
11. I feel informed about patient plan of care after report.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	
12. I feel informed about patient discharge plan after report.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	
13. I feel informed about patient teaching needs after report.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	
14. Report is completed in a reasonable time.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	
15. Nurses on the unit keep patients informed about care.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	
16. There is good teamwork between shifts on the unit.	
Strongly Agree Agree Neutral Disagree Strongly Disagree	



- NABSR survey results pre-/ post-indicated significance ($p < 0.5$) in questions
 - Report promotes patient involvement in care (7) - Strong**
 - I feel adequately informed after report (10) - Moderate**



DISCUSSION

Identified gaps in performance:

- Patient or family not invited to participate
- Lack of patient engagement/involvement in BSR
- Use of clinical jargon during BSR

Benefits of the AHRQ BSR Tool:

- Provides needed structure
- Include specific examples of questions to ask patient
- Supports patient goal attainment

Outcomes Achieved:

- Improved nurse-patient communication
- Higher frequency of BSR at the bedside
- Improved nurse perception related to being adequately informed

Nursing Implications:

- Internal and external factors may influence BSR success.
- BSR policies should be clearly understood and communicated.
- More research is needed using widely-accepted, evidence-based tools
- Sharing and disseminating of knowledge and data through larger committees and senior leadership can promote large-scale change

Recommendations:

- Unit **nurse champions** on each shift to promote compliance and provide valuable feedback
- Posters, newsletters, personal stories, simulations as **visual reminders**
- Continued commitment** from leadership and the establishment of regular check-in periods to monitor progress.
- Team STEPPS:** communication, leadership, situation monitoring, and mutual support

REFERENCES & MORE INFORMATION

