



Bedside Shift Report

Elise Vachino, BSN, RN; Abigail Stitzinger, BSN, RN
Medical Intermediate Care Unit

Introduction

Today's increasing acuity among patients warrants a change in traditional practice. Due to the increasing severity of patient illness, nurses often struggle to provide care that is patient centered. In addition, changes in our economic and social climate demand reform down to the level of nursing workflow. Health care workers must be innovative and adapt in order to provide patients with more relevant care and ultimately improve patient satisfaction.

PICO Question

Population: Patient satisfaction during their stay in the MIMCU

Intervention: Bedside shift report

Comparison: Bedside shift report vs. report at nurses station

Outcome: Increased patient satisfaction

Question: Does bedside shift report lead to increased patient satisfaction?

Methods

A literature search was conducted using CINAHL, EbscoHost, and PubMed databases.

Keywords: *bedside rounding, shift report, patient satisfaction, report and satisfaction*

Inclusion Criteria: Articles within 3 years, studies performed within inpatient hospitals

The initial search yielded 65 articles, 8 were included

Results

Article	Methods	Results
Dearman, V., et al. (2013).	A descriptive comparative study which surveyed two nursing units: a control unit in which staff pursued their usual practices and a bedside unit in which staff implemented improvement ideas using change theory.	Implementing models from change theory increased - amount of time nurses were able to deliver direct patient care -increased pain control -significantly decreased time required to answer call bells -provided for effective hourly rounding. - Increased patient satisfaction
Evans, D., et al. (2012).	Pilot study of a 32-bed medical-surgical unit at University of Michigan.	Patients reported feeling: ~ more involved in their care ~ increased awareness of their care team. This study recommends a team-developed , standardized shift report performed at the bedside with protected information shared between registered nurses in a separate location.
Johnson, J., Sand-Jecklin, K., & Sherman, J. (2013).	Systematic review investigating both qualitative and quantitative journal articles published from 1975 through 2011. Twelve articles met inclusion criteria and were utilized. Only four articles included quantitative data relating to patient satisfaction.	Data reviewed suggests that a hybrid form of report involving both a bedside report and a private nurse-to-nurse report outside the room may be most feasible.
Sand-Jecklin, K., & Sherman, J. (2014).	Quasi-experimental study involving 7 med-surg units which implemented a blended bedside shift report model. A standardized survey with Likert-type response options was collected from a convenience sample of 154 patients at baseline, 3 months, and 13 months post-implementation.	Patient comments were globally positive. The authors suggest that a blended form of bedside shift report may improve patient perceptions of communication and involvement in care.
Radtke, K. (2013).	Pilot bedside shift report conducted on a 16-bed med-surg intermediate care unit in a 320-bed tertiary care facility. PRC patient satisfaction scores provided quantitative data and a hospital-generated survey revealed qualitative patient responses.	PRC patient satisfaction scores increased from 75% to 87.6% during the first 3 months of implementation. Patients noted feeling that they were active members in their plan care and would be more likely to recommend the facility to others.

Discussion

Upon a review of literature, it appears that there is a **correlation between implementation of bedside shift report and patient satisfaction**. Patients report feeling better informed, receive more accurate information, and are active participants in their own care. Several studies suggest that a hybrid form of computer-based and bedside shift reporting will most efficiently reduce errors and increase patient satisfaction.

Conclusions

In light of this body of research, the MIMCU is currently implementing bedside shift report. A task force of unit nurses are serving as leaders of change throughout the multi-step process. Each unit nurse received information regarding the importance of bedside shift report as well as expected outcomes of implementation. Established goals are to provide accurate, patient-focused care while improving patient satisfaction.

References

- Clairns, L., Dudjak, L., Hoffman, R., & Lorenz, H. (2013, March). Utilizing bedside shift report to improve the effectiveness of shift handoff. *Journal of Nursing Administration, 43*(3).
- Dearmon, V., Roussel, L., Buckner, E., Mulekar, M., Pomrenke, B., Salas, S., & Mosley, A. (2013, May). Transforming care at the bedside (TCAB): Enhancing direct care and value-added care. *Journal of Nurse Management, 21*(4).
- Evans, D., Grunawait, J., McClish, D., Wood, W., & Friese, C. R. (2012). Bedside Shift-to-Shift Nursing Report: Implementation and Outcomes. *MEDSURG Nursing, 21*(5), 281-292.
- Hagman, J., Oman, K., Kleiner, C., Johnson, E., & Nordhagen, J. (2013, June). Lessons learned from the implementation of bedside handoff model. *Journal of Nursing Administration, 43*(6).
- Laws, D., & Amato, S. (2012, March). Incorporation bedside reporting into change-of-shift report. *Rehabilitation Nursing, 35*(2).
- Radtke, K. (2013). Improving patient satisfaction with nursing communication using bedside shift report. *Clinical Nurse Specialist: The Journal For Advanced Nursing Practice, 27*(1), 19-25.
- Sand-Jecklin, K. and Sherman, J. (2014). A quantitative assessment of patient and nurse outcomes of bedside nursing report implementation. *Journal of Clinical Nursing*.
- Sherman, J., Sand-Jecklin, K., & Johnson, J. (2013). Investigating Bedside Nursing Report: A Synthesis of the Literature. *MEDSURG Nursing, 22*(5), 308-318.