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 encourage 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:

1. PLAN
   - Conduct a current state assessment of BSR
   - Develop interview questions and assign units
   - Evaluate interview results both quantitative and qualitative (comments)
   - Define clear BSR expectations
   - Engage RN leadership to hold RNs accountable
   - Develop BSR resources and tools for the nurses

2. DO
   - PPDC RNs interview 5 RNs on another unit
   - PPDC defined BSR minimum elements and expectations
   - PPDC set a target date for all RNs to comply with defined BSR
   - Whiteboard information was made accessible
   - Whiteboard in my room was updated regularly

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

4. ACT
   - 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

BSR Barriers Included:

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

BSR 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

BSR 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

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:

- Whiteboard in my room was updated regularly

BSR Definitions:

- 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)

The PPDC Concluded:

- Bedside Shift Report expectations need defined
- Need to be REALISTIC
- Patient Safety is imperative
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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

   - Whiteboard information was made accessible
   - Whiteboard in my room was updated regularly

   - “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”

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 conduct BSR observations with real time reinforcement

7. HCAHPS adoption questions were added to patient satisfaction surveys

Outcomes

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

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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