

# Evidence-Based Practice (EBP) - E177

## Poster

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### Abstract Title:

**Utilizing Bedside Shift Report to Improve the Effectiveness of Shift Handoff**

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### Authors:

Leslie L. Cairns, DNP RN CMSRN

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### Background & Purpose:

The aim of this project was to determine impact in end of shift overtime, call light usage, and nurse/patient satisfaction with redesign shift handoff report on an acute care inpatient unit. The current method of automated shift reporting has revealed several limitations reported by the staff which includes variable quality of information, digression to issues that are not pertinent to care, and the inability for staff to exchange patient information in a timely manner.

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### Study/Project Design:

Pre and post implementation data was collected July 2011 to December 2011

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### Setting:

Level 1 Academic Adult Trauma Center Project took place on inpatient trauma unit

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### Sample:

This was a convenience sample of 29 nurses on unit, age 20 and older

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### Procedures:

An anonymous survey was issued pre and post implementation of bedside shift report to determine satisfaction with current shift report practice and to elicit specific concerns regarding implementation of bedside reporting. Mandatory education sessions were conducted with unit nurses prior to implementation of bedside report that highlighted key points related to bedside report including, benefits, goals, report-process guidelines and measures of success. Case studies and role playing were used to illustrate proper technique to bedside shift report. To determine the impact of the project on the unit; three outcomes were collected pre and post implementation: call light usage during change of shift times (7a to 8am and 7pm to 8pm); end of shift overtime and patient responses from Press Ganey questions regarding being kept informed and involvement in their plan of care.

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### Findings/Results:

Results of this study confirm that there is a positive relationship between bedside shift reporting and end of shift overtime, call light usage, and patient and nurse satisfaction. Total number of end of shift overtime minutes incurred in the period prior to implementation was 6,194 compared to 5,281 minutes incurred in post implementation. Call light usage during change of shift times decreased 33%. Patient satisfaction was positively impacted by the implementation of bedside shift report. During the post-implementation phase of this study, there was an increase in the mean patient satisfaction scores on both questions related to patients being informed and included in their treatment plan. Although the three month time interval and relatively small number of patient responses limited the potential to detect an actual trend in patient satisfaction scores. 50% of nursing staff felt teamwork and accountability improved on following implementation of bedside shift report.

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### Discussion/Conclusions/Implications:

With breakdowns in shift handoff cited as a common cause of adverse events in hospitals, it remains important that nurses bedside understand the positive impact and potential outcomes bedside shift report can have related to safe patient care and nursing practice. Through enhanced understanding of why errors in communication occur, nurses can participate in developing strategies to prevent them. Bedside shift report is a showcase opportunity for such action. The significant successes realized with the approach suggests the added value of incorporating a standardized tool for shift handoff that would enhance the consistency of information and lead to a more appropriate plan of care.