

Bedside Shift Report and Its Effect on
Patient Satisfaction with Nursing Communication

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Abstract

The problem identified was the lack of any formal policy in regards to patient handoff, causing inconsistencies in the methodology, implementation, and content given from nurse to nurse during report. This increases the risk of miscommunication between nurses, impairs patient safety, and decreases patient satisfaction with nursing communication. The plan to address this problem is development of a policy requiring bedside shift report for all patient handoffs. This evidence-based method aims to increase patient safety and satisfaction and improve communication between nursing staff and their patients. In order to implement this process change, organizational approval will be obtained, an evidence-based literature review performed, and collaboration with key stakeholders will take place throughout the formulation of the policy.

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I cannot study in silence. I thank Pandora[®] Internet Radio for the background noise allowing me to focus on my studies, most specifically the Rick Astley station. You never gave me up, let me down, ran around, or deserted me.

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I am grateful to my student mentor, Heidi Brinker. My phone rang without fail, biweekly Mondays at 4:00 pm MST. Your support is appreciated. When my phone does not ring next week, I'm pretty sure I will cry. I will also save cell phone minutes, but mostly I will cry.

During our last conversation, my grandma asked me to become a nurse to take care of her in the nursing home. She may have passed, but I know she was looking down on me when I finished my ADN, my BSN, and now (hopefully) my MSN. I love you, grandma.

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Chapter 1: Introduction

Shift handoff report is necessary when a patient transfers from one unit to another, when the next shift resumes care of the patient, or when a change in the nursing assignment needs to be made during the shift. Although shift handoff is occurring at Christus Santa Rosa Hospital New Braunfels, there is no formal policy requiring it to occur. Patient safety and satisfaction with nurse communication is at risk because handoff report and its implementation and methodology are inconsistent. Through value-based purchasing, the Centers for Medicare and Medicaid Services (CMS) consider patient safety and satisfaction when deciding on the amount to reimburse the facility for its services. With no formal policy or standardized format for its implementation, shift handoff report may cause information to be missed that could directly affect the facility's profits. The practice that will be changed is shift handoff and the specific innovation to address the problem will be implementing a policy requiring bedside shift report between nurses, regardless if the patient is transferred from one unit to another or remains within the same unit but is simply endorsed to a different nurse. The goal in implementing bedside report is to increase patient safety and satisfaction with nurse communication, therefore improving the facility's budget.

Problem Statement

The methodology of shift handoff report is inconsistent between nurses at Christus Santa Rosa Hospital New Braunfels due to a lack of standardized format or policy requiring its implementation. This puts patient safety at risk due to the potential for hospital-acquired conditions (such as falls or medication errors) and impairs the trust of the nurse-to-patient relationship due to the risk of miscommunication. The potential for safety errors and

dissatisfaction with nursing communication can negatively impair the facility's overall monetary budget.

Problem Background

The problems with patient satisfaction with nursing communication were first identified in 2014, when the HCAHPS survey results dropped from 80% to 79.6%. Refer to Figure A for a more detailed description of these trends. This did not meet the national HCAHPS average and fell under facility's personal goal of 100% (M. Spiegel, personal communication, September 9, 2016). Although shift handoff was and still is required, there was no standardized tool or formal policy requiring it to occur. Therefore, nursing communication during changes of patient assignment varied from occurring at the nurses' station, over the phone, by paper, or standing in the hallway near the patient's room but not at the bedside. Not only do these formats risk impairing patient satisfaction with nursing communication by not involving the patient with report, but they also risk violating the patient's HIPAA rights if being overheard or read by unnecessary parties.

These results were posted throughout the facility to show the decrease in data to encourage nurses to improve their communication skills. Incentives were provided for the unit with the highest results, such as a pizza party if ICU received the highest percentage in patient satisfaction. These incentives worked for some time going into the results from 2015 and early 2016. Refer to Figure A for a more detailed description of these trends. Although improvement was seen, the goal of 100% satisfaction was not met. Nurses identified a lack of required methodology in the shift handoff as the source of the problem, so it was decided to move forward with the practice change of implementing consistent shift handoff from nurse to nurse within the

same unit and from different units upon transfer (L. Schubert, personal communication, September 11, 2016).

Description of the Practice Change, Quality Improvement, or Innovation

The practice change being implemented is policy development of a policy requiring consistent shift handoff within the facility occurring at the bedside. This change is identified as evidence-based practice. Although the actual change in policy will take several months to complete, this graduate student's role is to develop the initial policy requiring shift handoff to occur at the bedside. The estimated timeline to completion will be eight weeks, which will require various actions and meetings along the way.

During the first two weeks, a review of the evidence-based literature supporting this proposed practice change will occur. This graduate student will meet with leadership to gain organizational approval and a preceptor for guidance in the policy development. Initial meetings with key stakeholders in the project will need to be scheduled, including the facility joint nursing council, staff nurses, nursing administration, and the legal department of the facility to ensure the policy's rough and final drafts are in compliance with HIPAA regulations.

During weeks three and four, this graduate student will receive a blank copy of the template used in policy development from the facility joint nursing council. Considering the evidence-based and peer-reviewed literature read, an initial policy draft will be made requiring shift handoff to occur at the bedside throughout the facility, whether between nurses from the same unit or different units upon transfer. An electronic intervention to chart that bedside report occurred will be formulated for the electronic medical record (EMR), as well as a paper version for charting during EMR downtime. Announcements will be made to staff nurses who will be implementing this practice change of the proposed policy. A meeting to reconvene with the

preceptor and organizational approval representative to review the contents compiled for the proposed bedside shift report policy will occur.

The initial proposal will be submitted to the facility joint nursing council for review during weeks five and six. If any edits are required, the policy will be sent back by the council to be made and resubmitted within a timely manner. This will then be the final draft of the policy. A meeting to reconvene with the preceptor and organizational approval representative to review the finalized contents for the proposed bedside shift report policy will occur. Announcements to staff nurses who will be practicing this policy will continue to occur. Final meetings with the key stakeholders involved will occur to review the policy's contents.

The final two weeks will involve the initial time of the policy's implementation. Nursing management will be involved to announce the date the practice change will be required and charge nurses will monitor each shift for staff compliance. Education will be given to patients and their family members on the benefits of bedside report and why it is occurring. Feedback from staff, patients, and their families will be considered for any future edits to the policy. A debriefing session will be held after the implementation of the policy change between this graduate student and the preceptor to determine if the goals of improving patient satisfaction with nursing communication were met based on the feedback received and on an on-going basis as new HCAHPS results are received.

Rationale for the Practice Change, Quality Improvement, or Innovation

The proposed policy change will address the problems of inconsistencies with the methodology and content of shift handoff. Bedside report as a requirement throughout the facility will improve patient satisfaction with nursing communication. Clear and consistent information will be provided from nurse to nurse and the patient and their families through

involving them in the handoff process. This will also promote an increase in patient safety and decreased risk of hospital-acquired conditions such as falls, infections, or wounds. All of these aspects combined are considered by CMS when deciding on how much money to reimburse the facility. Increased patient satisfaction and safety will in turn result in an increase in the facility's profits, allowing for things such as new equipment to be purchased, employees to be given more continuing education, an increase in the allotted number of new staff hired, or general facility maintenance to be performed.

Chapter 2: Review of the Literature

Credible Sources

A literature review of 30 credible and peer-reviewed sources was performed. Keywords such as bedside shift report, shift hand-off, patient satisfaction, nurse communication, and evidence-based practice were searched within the WGU Library. After review of the literature, the evidence grade and appraisal of its findings was assessed. It was decided from there if the source met criteria for inclusion within the evidence summary. Although all articles were applicable to the process change in some aspect, not all articles were included. Please refer to Appendix A Credible Sources for further details. The sources from the preliminary reference list that were used within the evidence summary of this graduate student's finalized submission are included appropriately at the end of the capstone project.

Best Practices Identification

During the evidence-based literature review, it was identified that a standardized handoff process is the best format when performing patient handoff; this author has chosen bedside shift report as the process change to be implemented at the facility in which they are employed. It provides clear and consistent communication between the endorsing and receiving nurse as well as the patient and their family. It provides a forum for questions to be answered, whether by the patient or nurses. To practice patient-centered care, input must be received from the patient during handoff, which requires it occurring at the bedside (Herbst, Freiesen, & Speroni, 2013).

The foundation for the nurse-patient relationship of the coming shift is framed. Being able to lay eyes on the patient earlier in the shift compared to other forms of handoff assists in preventing medication errors, patient falls, and other hospital-acquired conditions (Evans, Grunawait, McClish, Wood, & Frise, 2012). When considering value-based purchasing, these

actions can become costly to the facility due to a decrease in reimbursements received from CMS (Halm, 2013).

Additional financial savings is earned through bedside shift handoff, as a standard handoff format is shown to take less time to perform than when the methodology varies from shift to shift; this results in each nurse being on the clock for less time, therefore costing the facility less money (Cairns, Dudjak, Hoffman, & Lorenz, 2013). Bedside report can positively affect patient satisfaction with nursing communication through active involvement with the handoff and their plan of care. These patient satisfaction results as received on the facility's HCAHPS survey are taken into consideration when CMS reimburses the facility; the higher the satisfaction, the more money the facility will receive (Sand-Jecklin & Sherman, 2014).

Evidence Summary

The evidence-based literature review revealed three common themes benefiting from bedside shift report: patient satisfaction with nursing communication, overall patient safety, and the financial impact this process change would have on the facility. The goal for the policy development and process change at this graduate student's facility is to see an increase in patient satisfaction, a decrease in hospital-acquired conditions or errors, and an increase in the hospital's profits. This monetary gain may occur through increased CMS reimbursements or a decrease in time spent on the clock by nursing staff because of a timelier shift handoff process.

Patient satisfaction. Jahng et al. (as cited by Bradley & Mott, 2014) identified patient satisfaction as being increased when handoff occurs at the bedside as they are able to be involved in the process, as opposed to when report occurring in an alternative location away from the patient room. Overall patient satisfaction increased at St. Vincent Infirmary after the implementation of bedside shift report, with the highest numbers seen in that of satisfaction with

nursing communication (Frazier & Garrison, 2014). One study performed at an international teaching hospital identified an improvement in patient satisfaction specific to medication education; patients reported increased satisfaction with communication and a better understanding of their medication regimens when shift handoff was performed at the bedside and the opportunity given for the patient to be involved in the report process (Liu, Manias, & Gerdtz, 2012).

Patient satisfaction with communication was proven through both subjective and objective data collected over time to be positively affected by the implementation of bedside shift report; nurses from this same systematic review reported self-awareness of the impact their shift handoff process had on patient satisfaction and safety (Maxson, Derby, Wroblewski, & Foss, 2012). One healthcare organization implemented bedside reporting after seeing their facilities' lowest HCAHPS scores for patient satisfaction with nursing communication fall to 75%, which was below the national average at that time in 2012. HCAHPS trends were followed on subsequent surveys received post-implementation and that satisfaction score rose to 87.6% in just six months after the process change occurred (Radtke, 2013).

Patient safety. Johnson, Carta, & Thronson (2015) identified “patient safety and continuity of quality care” to be “dependent on effective communication;” bedside shift report promotes effective communication with the nurse-patient relationship. Nurses on the medical-surgical unit at Tacoma General Hospital found that implementing bedside shift handoff “had helped avert problems and the need for rapid response calls and how it led to prompt dressing changes and replacement of empty I.V. bags” (Ferris, 2013). One facility performed surveys on bedside shift report post-implementation. Nurses reported an observed increase in patient safety

and the patients themselves reported better reassurance in their overall care (Friesen, Herbst, Turner, Speroni, & Robinson, 2013).

An intensive care unit that implemented bedside shift report identified a significant improvement in their patient safety data and found poor communication to have been a threat to patient safety (Jukkala, James, Autrey, Azuero, & Miltner, 2012). A facility in Australia found bedside report to improve their nursing documentation, patient-centered care, efficiency, and patient safety numbers compared to before the process change implementation (Kerr, Sai, & McKinlay, 2013).

Financial impact. One benefit of increased patient satisfaction is “potential associated gains in profitability;” because HCAHPS survey results weigh 25% into what CMS reimburses a facility, “patients’ perception of care will play a significant role in determining VBP scores and incentive payments for the foreseeable future” (Dempsey, Reilly, & Buhlman, 2014). Subjective data received through HCAHPS surveys has shown to increase patient satisfaction with nursing communication after the implementation of bedside shift report (Ford, Heyman, & Chapman, 2014). Increased patient safety and satisfaction along with a decrease in hospital-acquired conditions will result in a significant increase in reimbursement from CMS compared to those same values decreased (Halm, 2013).

Bedside shift report was found to be shorter in length than other handoff formats; this resulted in the endorsing nurse leaving in a timelier manner, therefore the facility paying less incremental overtime to their staff (Evans, Grunawait, McClish, Wood, & Frise, 2012). A 3-month study performed found nurses spending a total of 5,281 minutes in incremental overtime during handoff after bedside report was implemented compared to 6,194 minutes before; this

resulted in a total savings of \$23,920- \$35,880 each quarter (Cairns, Dudjak, Hoffman, & Lorenz, 2013).

Recommended Practice Change, Quality Improvement, or Innovation

The recommended practice change is implementation of bedside shift report as the format for shift handoff to occur. It is best practice as reviewed within the evidence summary of peer-reviewed literature. Nurse-to-nurse handoff is mandated per the Texas Board of Nursing regulations, but this graduate student's facility lacks any policy requiring what format it be performed in or in what location.

The facility has a personal goal of 100% patient satisfaction with nursing communication that it has not met yet. The evidence summary shows that bedside shift report has been proven to increase patient satisfaction through an active involvement in their plan of care. Handoff at the bedside has also been proven to improve patient safety through a decrease in patient falls, medication errors, and other hospital acquired conditions. Pain is better controlled, patients are taken to the bathroom sooner, and their needs more quickly met in the presence of bedside shift report. All of these changes should have a positive financial impact on the facility, as proven through the literature reviewed in the evidence summary.

After initial approval is obtained from the organization for policy development, this author will meet with their preceptor. The evidence-based literature will be laid out and the proposal for policy change initiated. After meeting with the key stakeholders involved in the policy implementation, a blank copy of the policy template will be obtained. A rough draft will be formulated based off the literature reviewed within the evidence summary. Announcements will be made to staff nurses about the proposed policy change and its requirements. This graduate student and their preceptor will reconvene and review the policy prior to submission for

approval. In order for the policy to be successful, audits for compliance with its implementation will need to be performed, education given to staff on the evidence-based literature proving its efficacy, and on-going monitoring of the facility's HCAHPS scores monitored to assess for any potential future policy edits.

Chapter 3: Implementation

Capstone Project Steps

The initial step involved problem identification. In the absence of any formal policy, there are inconsistencies in the methodology used for shift hand-off report at this graduate student's healthcare facility; this puts patient safety and their satisfaction with nursing communication at risk. The potential for development of hospital-acquired conditions (such as falls or medication errors) and impairment of trust within the nurse-to-patient relationship is created in this presence of miscommunication. The potential for safety errors and dissatisfaction with nursing communication can negatively impair the facility's overall monetary budget; the facility will be financially responsible for any costs of patient care involved with hospital-acquired conditions and CMS will decrease reimbursement to the hospital in the presence of decreased patient satisfaction. The proposed solution to this problem is development of a policy requiring shift report be conducted at the bedside in all aspects of patient handoff in order to improve nursing communication.

After the problem was identified, an evidence-based literature review was conducted on bedside shift report and its benefits in regards to increasing patient satisfaction with nurse communication and improving the hospital's financial budget as a result of the change. Bedside shift report was proven through this systematic review to support the intended changes that this policy implementation desired to achieve. It was proven to decrease the time nurses spent giving and getting report, therefore decreasing the monies spent towards incremental overtime. It improved patient satisfaction with nursing communication, therefore increasing the reimbursements received from CMS. Patient safety was increased due to the improvement in nursing communication, resulting in fewer medical errors and hospital-acquired conditions; this

saved facilities from spending funds towards patient care they would have otherwise been financially liable for.

Organizational approval for policy development was obtained from the facility's Organizational Effectiveness Leader, Mindy Spigel, MSN, who also served as this author's preceptor for the project implementation. The identified problem and its proposed solution of developing a policy on bedside shift report were discussed and the decision made to move forward with the project. Key stakeholders were identified that would be necessary in the development and implementation of the new policy, to include the facility joint nursing council, staff nurses, nurse administrators, and the hospital's legal department. Initial meetings were arranged and completed with each of these stakeholders within the first two weeks of the project's timeline.

The facility utilizes a standardized template format when developing new policies. A blank copy of this template was obtained from Rachel Tudor, BSN, the leader of the facility joint nursing council. The third week of the project was spent formulating an initial draft of the proposed policy based off of the evidence-based literature review conducted during the first week. A review of the initial policy proposal was conducted between this graduate student and their preceptor. Announcements of the forthcoming policy change were made to the bedside nurse that would be incorporating it into their practice; this was done over weeks three and four through informational emails, poster advertisements posted in unit break rooms, and verbal announcements made at unit staff meetings and change of shift huddles at the nurses' stations.

The policy's draft was submitted to the facility joint nursing council for consideration at the beginning of the timeline's second month. Within two weeks, it was received back with notification the council had unanimously approved it. This author noted edits had been made to

minor spelling and grammatical errors that were not identified prior to its initial submission. One other change noted was the consideration of any potential violations in patient privacy; it was added that nurses were required to implement bedside report but only with the patients' permission if family members or other visitors were present. In this case, an exception to the policy would be made to allow report to be held at the nurses' station privately so that the patients' HIPAA rights remained protected.

This graduate student held final meetings with each of the key stakeholders during the final weeks of the project. Meeting with the legal department was necessary to ensure the new policy was in compliance with federal HIPAA regulations. Meetings with the nurse administrators from each unit were necessary to review the requirements of their staff's participation as well as to obtain approval for in-service hours involved with educating nurses on the new bedside shift report policy. Once educational approval was obtained, in-service meetings were held with staff nurses to review the policy's contents and charting requirements. An electronic intervention to chart that bedside report occurred and what was discussed between the nurses and patient had been formulated in weeks three to four of the project. A paper version of this intervention was made as well to utilize during any scheduled or unexpected EMR downtime.

The final weeks of the project plan involved the actual implementation of the new policy. This graduate student received assistance in this from nursing administrators enforcing the requirements of the policy on their units. Charge nurses of each unit monitored for compliance through reviewing EMR charting and observation of the staff at shift change and during handoff on patients received from other units. A final debriefing session was held between this graduate student and their preceptor to determine if the intended goals were met; the decision was made to

hold meetings at regular intervals to review HCAHPS data to ensure the policy continues improving patient satisfaction with nursing communication. On-going monitoring of this policy will continue occurring post-implementation and feedback received from patients, family members, and staff on the policy's efficacy taken into consideration on any edits necessary in the future.

Changes to original implementation plan. The original timeline was laid out over an eight week period. Not considering future meetings that may be held after the project's implementation, there were no changes to the original timeline as the actions were completed within the intended timeframe. Clear and timely communication amongst the key stakeholders existed, which aided in meeting the policy's projected implementation date. Edits were made to the policy between the rough and final drafts to fix minor spelling and grammatical errors and to ensure a stipulation preserving the patients' HIPAA rights was added. These necessary changes did not add any additional time to the original implementation plan.

Barriers associated with implementation. Initially, no barriers were met. Organizational approval was obtained, key stakeholders actively involved, and administration proactive in the development process without meeting any confrontation or hindrances. This graduate student found this to be due to the already present culture of shared governance within the facility. One barrier met was that of human factors. Some nurses were resistant to change whatever their current practice of patient handoff happened to be. They voiced concern that the new policy would take more time to complete report compared to before. A knowledge deficit of the benefits of bedside shift report existed amongst these nurses. These human factors resulting in resistance did not hinder staff participation; regardless of any personal bias present, the staff nurses responsible for participating in bedside shift report were compliant with the new policy.

Overcoming barriers. Approval for hours from each unit's education budget had already been obtained from the nursing administrators. To assist in overcoming the barrier met, in-services were given during unit council meetings and staff huddles during change of shift on the benefits of bedside shift report. Posters were displayed with information referenced from the evidence-based literature review that had been completed. This information showed bedside report to be in fact more timely than other handoff methods. It was revealed that it increased patient safety and satisfaction with nursing communication, which in turn increased the facility's monetary budget due to an increase in reimbursements from CMS. This increase in productivity widened the budget available to purchase new equipment or approve additional continuing education hours. The barrier was able to be overcome when nurses were presented with evidence-based information proving the efficacy of bedside shift report.

Transprofessional Relationships

The process change involved a collaborative effort amongst many professionals utilizing teamwork. Each of the key stakeholders were members of this transprofessional relationship. This included the members of the facility joint nursing council, the nursing administrators of each unit, the facility's legal department, and the staff nurses that would be the ones utilizing the bedside shift report policy. Other members include the Organizational Effectiveness Leader (who also served as this author's preceptor), charge nurses, and educational representatives.

How relationships facilitated implementation. The facility joint nursing council is the committee responsible for hospital policies, whether it is edits to or elimination of one already existing or approval of a new policy proposed. This council facilitated implementation of the practice change through receiving, editing, and ultimately approving the proposed policy for implementation as a best practice. The leader of this committee was the person in which a blank

copy of the template used for policy formation was received from. The template guided this graduate student in keeping the draft organized and formatted in the same way as the existing policies are.

The nursing administrators of each department serve as the directors, or managers, of those staff nurses that will be practicing bedside shift report. The administrators facilitated implementation of the process change by enforcing the requirement of bedside shift handoff and holding their staff accountable to on-going compliance with the new policy. They provided approval of necessary education hours required to inform their staff of the new policy through verbal, written, and printed education. They guided their staff in overcoming the knowledge deficit barriers faced during the implementation process.

The legal department was another member of the transprofessional relationship. Although not present at the bedside where the policy will be utilized, their presence in the process was necessary for liability purposes. They assisted in facilitating implementation of the process change by ensuring it complied with federal HIPAA regulations. They confirmed the policy and the actions it required would not leave the hospital open for lawsuit of any kind. One of the members of the legal department is an RN that holds board certification as a legal nurse consultant. Her expertise from both the nursing and legal aspects of the process change was greatly appreciated.

The staff nurses that are implementing the practice of bedside report are the most important factor into whether or not the process change will be successful long-term. Bedside shift handoff is expected whether it is done between nurses on the same floor due to a change in assignment, the start of a new shift, or between nurses on differing floors upon transfer of a patient from one level of care to another. If it is noted a nurse is not giving or not keen to

receiving shift handoff at the bedside, they will assist in continuing to facilitate implementation of the process change by holding one another accountable to the new methodology in which shift handoff is performed.

Other members of the transprofessional relationship are the charge nurses of the facility. They are responsible for auditing staff compliance with implementing bedside shift report and the charting aspects involved. Additionally, they will continue to serve as expert resources in the event that any questions about the new policy may arise. The education department also assisted in facilitating implementation of the process change. They were key in providing schedules of units' staff meetings, assisting in the formation of educational posters and reading materials, and emphasizing the bedside shift report policy during new hire orientation; this will ensure all future employees of the facility are already trained in the expected process.

Chapter 4: Post-Capstone Project Considerations

Capstone Successes

Successful aspects. Every aspect of implementing bedside shift report was successful. Even the present barriers risking impact on the project were eliminated once the information from the evidence-based literature review was presented. Staff nurses noted that even though shift report took less time using this method of handoff, they gained more knowledge about the patient and the plan of care than they did before. This increased their confidence of their own practice, in turn increasing the patients' trust in their relationship with their nurse.

Implementing bedside report proved the ability to influence change within the unit. It further promoted the already present practice of shared governance. The project increased the knowledge of the nurses brought awareness to the importance of patient safety and satisfaction with nursing communication. The implementation project increased the teamwork and communication within the facility. Nurses from differing units began to communicate in a way that better promoted patient- and family-centered care. The administrators voiced appreciation for the change being derived from evidence-based practice with intentions to positively affect their units' budgets and productivity.

Impact on future projects. The leadership at the corporate offices of this graduate student's organization had been considering bedside shift report as a requirement system-wide for some time now. This implementation project unintentionally served as a pilot program for how the process will be rolled out at the other hospitals within the region in the future, given its success at the author's facility. The foundation for this process change was the evidence-based literature review. The process used to implement this particular process change was so successful that the Chief Nurse Executive (CNE) of the entire organization has requested to meet with this

graduate student, review the final capstone performance assessment, and discuss how to apply the same steps towards other practice changes in the future (P. Toney, personal communication, November 17, 2016).

Capstone Challenges

Aspects that did not go well. Most aspects of developing the bedside shift report policy went as intended. Consideration was not given to the education that was sent out via email and by posters displayed within the facility. Some staff members work on a per-diem status and may not physically be at the facility often enough to receive education on the new handoff process prior to its implementation. For security purposes, there is only access to work email from the facility's Intranet page; it is not accessible from home.

Impact on future projects. For future projects, the education could be sent to nurses' home email addresses. The education department would need to consult with the legal and I.T. departments prior to sending any information to private servers; there exists a risk of violating HIPAA regulations or leaving the facility's servers vulnerable to cyber attacks. The charge nurses on each unit will serve as resources that could also in-service the per-diem nurse on bedside shift report if they are scheduled for a shift prior to receiving the formal updates that the full-time core staff had access to.

Evidence and Current Practice

Prior to this policy development, there was no format dictating how patient handoff should be conducted. This caused multiple forms of report being given. The varying methodologies caused inconsistent information to be relayed in report, impairing patient satisfaction with nursing communication and putting patient safety at risk. This was the problem

identified that prompted this author to utilize development of a bedside shift report policy as the process change.

In order to formulate the policy, it was necessary to perform an evidence-based literature review on bedside shift report. Thousands of articles on “shift handoff” were accessible through the WGU Library. Selecting the “peer-reviewed” option narrowed the pool of qualified articles; entering “bedside” further refined the results. 30 articles were chosen for appraisal and potential inclusion in the evidence summary.

In order for a process change to be effective, it is important for those implementing it to not only know what is involved but exactly why they are doing it. The literature review performed fully prepared this graduate student to defend bedside shift report as best practice within their organization. Utilizing peer-reviewed and evidence-based articles located within a reputable database allowed for the policy to be developed based off of best practices to promote a culture of patient safety and satisfaction.

Post-Implementation

The implementation of any process change will require follow-up at regular intervals to ensure compliance and allow for evaluation of its continued efficacy. The charge nurses serving as bedside shift report experts will form a committee that meets on a monthly basis with the patient satisfaction representative of the facility. HCAHPS results on patient satisfaction with nursing communication will be routinely monitored to ensure the goals of bedside shift report continue to be met. Incident reports on patient safety and hospital-acquired conditions will be reviewed to see if there is any correlation with the time shift change is performed. Employees will have the opportunity to provide feedback on the change process, which can be taken into consideration when deciding on any changes to the policy in the future.

Resources Required for Post-Implementation Support

Nursing administrators approved education hours during the project's initial implementation. To support this project post-implementation, continuing education will need to be provided. The policy could be taught in nursing orientation to ensure newly hired employees are education on the expectations of bedside shift report. Remedial or refresher education will need to be available for those not in compliance. Managers will need to counsel those staff not in compliance and consider providing disciplinary action.

In addition to the monthly meetings between charge nurses and the patient satisfaction representative, time during monthly staff meetings would need to be allotted for keeping the staff nurses up to date on the policy's effectiveness. If subjective and objective data prove the intervention's efficacy, the nurses will be more likely to continue the practice of bedside shift handoff. If it is found to not meet the goals set when the project first started, this will provide a forum to brainstorm ideas on how to improve the handoff process.

HCAHPS results will be plotted in graph format by the patient satisfaction representative to follow the trend as results are received. If the numbers are found to be below the set goal, an audit of compliance with bedside report during this time can be performed for comparison. Employee satisfaction surveys on nursing processes can be reviewed to evaluate the nurses' satisfaction with the new process in order to increase the likelihood of their compliance with implementing it.

Chapter 5: Reflection

Integration of MSN Program Outcomes

There are nine WGU MSN program outcomes. This graduate student will implement all of these outcomes into their nursing practice, but two of these stood out as being most relevant to this project. Utilizing applied research outcomes within the practice setting and construction of interprofessional teams to communicate, coordinate, collaborate, and consult with other health professionals to advance a culture of excellence were integrated within the capstone project.

Utilizing applied research outcomes within the practice setting. The process change was initiated upon completion of an evidence-based literature review. Using the database within the WGU Library, articles specific to this policy development were appraised and considered for inclusion within the evidence summary. Search terms such as “bedside report,” “shift handoff,” and “bedside nurse handoff” were entered and the results further refined by selecting to view only “peer-reviewed” articles. Although many articles were found, 30 were identified for inclusion in the evidence summary. This WGU MSN outcome was integrated into the capstone project by applying research outcomes within the practice setting through development of an evidence-based policy on bedside shift report.

Consult with other health professionals to advance a culture of excellence. The bedside shift report policy was developed through a collaborative effort between this graduate student and many other members within the transprofessional relationship. Before beginning the project, it was necessary to obtain organizational approval for policy development as well as agreement with a preceptor. This required networking and consultation with a master’s-prepared nurse within the facility’s administration.

Collaboration with key stakeholders was necessary throughout the project, to include members of the facility joint nursing council, nursing administration, staff nurses, and representatives from the legal department. Clear communication, feedback, and teamwork were utilized during the policy development. Multiple meetings were required with each individual stakeholder as well as group sessions with all parties; this integrated the WGU MSN outcome of consultation with other health professionals to advance a culture of excellence into the capstone project.

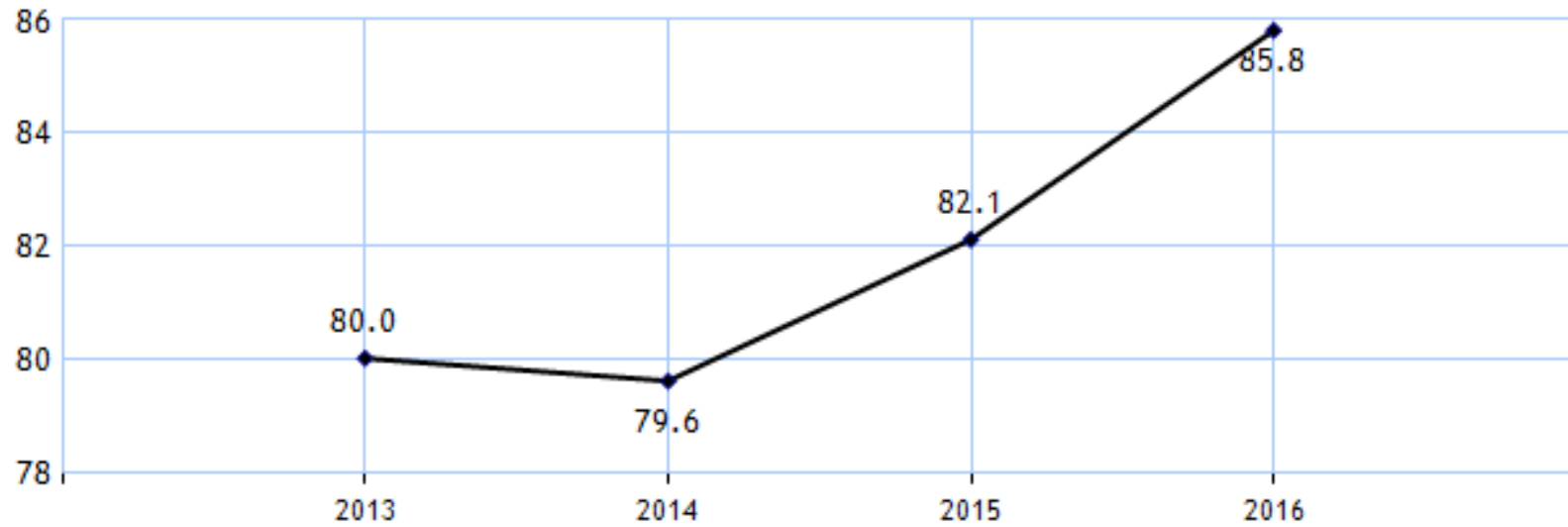
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Figure A

HCAHPS Results for Patient Satisfaction with Nursing Communication by Year
(M. Spiegel, personal communication, September 9, 2016)



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Appendix A
Credible Sources

Author(s) <i>(Formatted as in-text citations)</i>	Database	Peer-Reviewed <i>(Yes/No)</i>	Applicability <i>(Yes/No)</i>	Evidence Grade <i>(Strength/Hierarchy)</i>	Appraisal <i>(Brief summary of findings; how findings informs your project)</i>	Inclusion <i>(Yes/No)</i>
Abraham, Kannampallil, & Patel (2014)	WGU Library	Yes	No	Level I; Systematic Review	Various studies of shift handoff tools were compared for their efficacy in effectiveness, efficiency, and satisfaction amongst patients and staff. My project focuses on specifically implementing bedside shift report as the standardized handoff tool.	No
Ardoin & Broussard (2011)	WGU Library	Yes	No	Level I; Systematic Review	Inconsistencies in communication between practitioners were identified and the SBAR process (situation, background, assessment, and recommendation) reviewed for use as standard handoff communication at a community hospital. My project focuses on specifically implementing bedside shift report as the	No

					standardized handoff tool.	
Bradley & Mott (2014)	WGU Library	Yes	Yes	Level III; Quasi-experimental	Patient and staff perceptions and satisfaction with bedside shift handoff were evaluated through objective pre- and post-implementation of its practice in three rural hospitals; it was identified that bedside report was the preferred handoff process. My project focuses on formulation of a policy requiring bedside report to improve patient safety and satisfaction with nursing communication.	Yes
Cacal & Moy (2013)	WGU Library	Yes	Yes	Level II; Randomized Controlled Trial	Bedside report was implemented on a labor and delivery unit to evaluate if it improved patient satisfaction and safety as well as teamwork among the nurses practicing it and was found to be successful in all aspects. My project focuses on if bedside report will increase both patient and nurse satisfaction.	No

<p>Cairns, Dudjak, Hoffman, & Lorenz (2013)</p>	<p>WGU Library</p>	<p>Yes</p>	<p>Yes</p>	<p>Level IV; Non-experimental</p>	<p>To promote a decrease in near misses, incomplete information, and zero sentinel events through involving the patient in shift handoff, the monetary value of bedside report was measured on a 23-bed inpatient unit. My project focuses on formulation of a policy requiring bedside report in part to increase the profits of the facility.</p>	<p>Yes</p>
<p>Dempsey, Reilly, & Buhlman (2014)</p>	<p>WGU Library</p>	<p>Yes</p>	<p>Yes</p>	<p>Level V; Meta-synthesis</p>	<p>Bedside shift report was identified as an intervention to improve the patient experience through an increase in satisfaction with nursing communication; this increase will drive value-based purchasing (VBP) and incentive payments received from CMS. My project focuses on formulation of a policy requiring bedside report in part to increase the profits of the facility.</p>	<p>Yes</p>

Evans, Grunawait, McClish, Wood, & Frise (2012)	WGU Library	Yes	Yes	Level IV; Non-experimental	Motivated by staff dissatisfaction with shift handoff, increased incremental overtime related to lengthy nursing report, and concerns related to patient privacy, report was moved to the patient bedside; it resulted in increased staff satisfaction, prioritization, and decreased time spent giving and receiving report. My project focuses on formulation of a policy requiring bedside report in part to promote patient privacy and increase staff satisfaction and facility profits.	Yes
Ferris (2013)	WGU Library	Yes	Yes	Level VII; Expert Opinion	The implementation of bedside shift report was lead by the charge nurse of a medical-surgical unit. It was evaluated both subjectively and objectively for its success through staff and patient surveys and monitoring of patient safety outcomes. My project focuses on formulation of a policy requiring bedside report to improve patient safety and satisfaction with nursing communication.	Yes

Ford, Heyman, & Chapman (2014)	WGU Library	Yes	Yes	Level III; Quasi-experimental	The efficacy of bedside shift report being implemented was evaluated from the patient perspective through subjective surveys given out then collected by staff; it was found that nurse bedside handoff had positives effects on the patients' understanding of their safety, satisfaction, and understanding. My project focuses on formulation of a policy requiring bedside report to improve patient safety and satisfaction with nursing communication.	Yes
Frazier & Garrison (2014)	WGU Library	Yes	Yes	Level I; Evidence-based Practice Guidelines	The staffs' baseline perceptions of bedside reporting were obtained and an evidence-based literature review performed to adopt a change in the shift handoff practice; post-implementation evaluations were performed for comparison and monitoring of HCAHPS data involving patient satisfaction with nurse communication monitored throughout the project. My project focuses on	Yes

					formulation of a policy requiring bedside report to improve patient safety and satisfaction with nursing communication.	
Friesen, Herbst, Turner, Speroni, & Robinson (2013)	WGU Library	Yes	Yes	Level III; Quasi-experimental	A standardized bedside shift handoff format was implemented amongst eight hospital units in order to involve patients in the process of nursing report; patient surveys post-implementation indicated a preference for bedside report related to a better understanding of the plan of care and provided insight for units seeking to practice patient- and family-centered care. My project focuses on formulation of a policy requiring bedside report to improve patient satisfaction with nursing communication.	Yes
Gregory, Tan, Tilrico, Edwardson, & Gamm (2014)	WGU Library	Yes	Yes	Level V; Meta-synthesis	Bedside shift report was identified as an opportunity to reduce error and improve nurse-to-patient communication, but the evidence-based literature proving its efficacy is often not common knowledge among nurses in bedside practice. This causes	No

					some nurses to not incorporate it into their practice long-term due to a hesitancy to change the current process practiced. My project focuses on formulation of a policy requiring bedside report be expected as long-term practice within the facility.	
Hagman, Oman, Kleiner, Johnson, & Nordhagen (2013)	WGU Library	Yes	Yes	Level II; Randomized Controlled Trial	Shift handoff was transitioned from nurse-to-nurse verbal communication in a conference room to bedside report; the process of formulating, implementing, and evaluating the process change are reviewed. My project focuses on implementing bedside report at a facility that currently has no policy or formal practice requiring how shift report be formed.	No
Halm (2013)	WGU Library	Yes	Yes	Level V; Meta-synthesis	A literature review was performed evaluating handoff report and its effect on clinician performance, patient outcomes, patient satisfaction, and financial outcomes. My project focuses on formulation of a policy requiring bedside report to increase the	Yes

					profits of the facility by improving patient satisfaction and staff communication.	
Herbst, Freiesen, & Speroni (2013)	WGU Library	Yes	Yes	Level I; Meta-analysis	An interactive bedside shift handoff was implemented at a facility that previously used telephone-recorded change of shift report; nursing surveys post-implementation indicated a preference for bedside report related to a better understanding of the plan of care and improvement in staff communication. My project focuses on formulation of a policy requiring bedside report to improve patient satisfaction with nursing communication.	No
Johnson, Carta, & Thronson (2015)	WGU Library	Yes	Yes	Level IV; Non-experimental	The need for a standardized handoff template was identified as being needed through inconsistent documentation, poor communication between nurses, and poorly defined plans of care at an inpatient facility in Winnipeg. Feedback received from nurses after a standard SBAR-format was implemented	Yes

					was positive and it met the needs that had been found to be lacking. My project is in regards to bedside shift report to improve nurse-to-nurse and nurse-to-patient communication and not limited to SBAR communication only.	
Jukkala, James, Autrey, Azuero, & Miltner (2012)	WGU Library	Yes	Yes	Level II; Randomized Controlled Trial	A standardized handoff tool was implemented in an MICU to ensure consistent communication during nurse shift report. Although it was not identified if this report occurred at the bedside, the information was made available to patients on the whiteboards in their room. Subjective nursing surveys revealed staff felt report improved communication during shift report and provided clear and more concise information. My project focuses on formulation of a policy requiring bedside report to improve patient satisfaction with nursing communication.	Yes

Kerr, Sai, & McKinlay (2013)	WGU Library	Yes	Yes	Level VI; Single Qualitative Study	Nursing care tasks and documentation were assessed amongst 754 cases before and after implementation of bedside shift report to identify changes in completion and compliance; this in turn is hoped to improve patient safety and satisfaction. My project focuses on formulation of a policy requiring bedside report to improve patient satisfaction with nursing communication.	Yes
Lieber (2014)	WGU Library	Yes	Yes	Level V; Meta-synthesis	A evidence-based literature review was performed on ten articles to assess what techniques can be implemented into nursing practice to improve patient satisfaction scores. My project focuses specifically on improving patient satisfaction through implementing bedside report and no other technique.	No

Liu, Manias, & Gerdtz (2012)	WGU Library	Yes	Yes	Level VI; Non-experimental	Handoff report and its effect on communication regarding medications was assessed; it was found that patients better understood their medication when nurses communicated at the bedside and that nurses needed to have the opportunity to ask questions in a group handoff setting to provide consistent communication to all staff. My project focuses on implementation of bedside shift report and not group report amongst the entire staff in a private meeting space.	Yes
Maxson, Derby, Wrobleski, & Foss (2012)	WGU Library	Yes	Yes	Level I; Systematic Review	Objective data was received by survey from both patients and nurses pre- and post-implementation of bedside shift report; the process change was found to increase patient knowledge of their plan of care and improve nurse-to-nurse and nurse-to-patient communication. My project focuses on formulation of a policy requiring bedside report to improve patient	Yes

					safety and satisfaction with nursing communication.	
Ofori-Atta, Binienda, & Chalupka (2016)	WGU Library	Yes	Yes	Level VII; Expert Opinion	Evidence-based practices show that bedside shift report decreases sentinel events, increase patient knowledge through involvement with report, and promotes quality nursing care. My project focuses on bedside report as a policy to increase patient knowledge, safety, and satisfaction with nursing communication.	No
Radtke (2013)	WGU Library	Yes	Yes	Level I; Systematic Review	Patient satisfaction was monitored for three months following implementation of bedside shift report through HCAHPS data received on patient satisfaction with nursing communication; there was an over 12% increase in satisfaction noted. My project focuses on policy development of bedside report to increase patient satisfaction and thus increasing	Yes

					CMS reimbursement received.	
Salani (2015)	WGU Library	Yes	Yes	Level I; Systematic Review	Implementing bedside shift report promoted patient- and family-centered care by improving communication nurses, patients, and families as evidenced by an increase in satisfaction scores regarding nursing communication. My project focuses on bedside report as a policy to increase patient knowledge, safety, and satisfaction with nursing communication.	No
Sand-Jecklin & Sherman (2014)	WGU Library	Yes	Yes	Level III; Quasi- experimental	The outcomes of patient and nursing satisfaction, patient falls, incremental staff overtime, and medication errors were monitored pre- and post-implementation of bedside shift report on seven medical-surgical units; there were significant improvements in all outcomes	No

					monitored. My project focuses on formulation of a policy requiring bedside report to increase the profits of the facility not only through CMS reimbursements but also through decreased incremental overtime through a timelier shift handoff process.	
Sherman, Sand-Jecklin, & Johnson (2013)	WGU Library	Yes		Level I; Systematic Review	A literature review was performed of shift handoff methods and the efficacy of bedside nursing report assessed; it was found that a combination of bedside report and nurse-to-nurse report for more sensitive information was most feasible and resulted in the highest patient and nurse satisfaction. My project involves implementing the bedside report policy change to increase patient satisfaction and potentially nurse satisfaction through a faster shift report process.	No
Street et al. (2011)	WGU Library	Yes		Level IV; Non-experimental	Nursing satisfaction pre- and post-bedside report implementation were assessed; also monitored was compliance	No

					with the new process change. My project involves implementing the bedside report policy change to potentially increase nursing satisfaction through a faster shift report process.	
Tan (2015)	WGU Library	Yes		Level I; Systematic Review	Bedside report is already practiced and recognized as a handoff process that improves nurse-to-nurse and nurse-to-patient communication, emphasizing the holistic care of patients. This review aims to assist nurse managers in promoting the ongoing use and compliance with practice in its implementation. My project aims to permanently implement bedside shift handoff, with nursing management serving as one of the key stakeholders in the process change.	No
Thomas & Donohue-Porter (2012)	WGU Library	Yes		Level I; Meta-analysis	Bedside shift report was implemented and found to decrease time spent getting and giving report, increasing patient satisfaction, and promoting patient safety, all of which result	No

					in profit for the facility. My project aims to increase facility profit through decreased incremental overtime and increased reimbursements received from CMS.	
Triplett & Schuveiller (2011)	WGU Library	Yes		Level IV; Non-experimental	Miscommunication occurs and errors happen when shift handoff is practiced inconsistently and with various methodologies. Bedside shift report was implemented and one-year post-implementation, medication errors decreased and nursing satisfaction with the report process increased. My project involves implementing bedside shift handoff as a means to improve patient safety through decreased hospital-acquired conditions and errors.	No