Bedside Shift Report

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INTRODUCTION

Background

The transfer of patient information and effective communication referred to as handoff, is a critical process that is key to patient safety and patient center care. Having consistency, efficient communication and standardized exchange of patient information is important during transfer of care from one shift to another.

Purpose

To create a standardized electronic nursing shift note in a format that the exchange of information is consistent when performing shift to shift handoff.

Framework

This evidenced-based practice project aimed to increase bedside shift handoff using the Iowa Model of Evidenced-Based Practice.

Objectives after reviewing poster

-Articulate and evaluate the importance of comprehensive transfer of patient information.
-Summarize the value of utilizing a standardized communication tool.

METHODS

Setting and Participants

The project was conducted on the 5th floor at Voorhees which is a 48 bed Acute Medical-Surgical Unit specializes in GI and Colo-rectal surgeries.

Intervention/Process

Identification of varying degrees and depth of information that were occurring with shift report between experienced and novice nurses.

Steps or strategies implemented

- Three meetings occurred to identify any barriers with bedside handoff and to review what information should occur.
- Survey conducted for feedback on bedside handoff process current state.
- Development of template for 5th floor bedside handoff template with cross walk of policy.
- Input from our Professional Governance chair and informal leaders of the unit.

RESULTS

Data Collection and Analysis

The following two questions were asked

During bedside handoff, do you consistently receive all the necessary and accurate patient information you need to provide safe and effective care?	Yes 6	No 13
Are there any critical pieces of patient information that you feel are often missing or unclear during bedside handoff?	Yes 14	No 5

Shift note template

1.Verify 2 patient identifiers with patient/Code Status/Allergies/Isolation
2.Diagnosis/What brought them in/current problem/pod #
3.Relevant past medical history r/t admission diagnosis/consults
4.Today's plan of care/priorities/time of procedures
5.Assessments/abnormal imaging or lab findings/critical values/pain and interventions
- next available time for PRNs/diet/fall precautions/skin care
6.IV status/IV infusions/if central line necessity need
7.Discharge plan/barriers/outpatient/home care needs
8.Special considerations
9.Perform safety check, bed/chair alarm/equipment/central lines/telemetry/vent, whiteboard,
ask patients if any questions/ NIH assessments

CONCLUSIONS

The implementation of the project is progressing. Informal feedback is ongoing and mixed. The unit is going to trial the shift note until September to ensure that all staff have had the opportunity to use.

At the end of the trial the two questions will be sent out for feedback.

REFERENCES

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