Standardized Report Sheet: In Medical/Surgical Patients, What are the Effects (Overtime and Perceptions) of Standardized Bedside Shift Report when Compared to Currently used Handoff Procedure?

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Background

- Data obtained by The Joint Commission (TJC) from 1995 to 2005 in their review of sentinel events reported during this period indicate that communication was the root cause of 65% of sentinel events.
- Every nurse has a different way of taking report. Some write every single word that is said by the previous shift and some do all the research after. Both these methods have a risk of missing key information.
- With a Universal Report Sheet, there is less chance of missing important information and will have all the needed information to focus on patient safety. Also, with this style of report sheet it will reduce the time to give/take report, which creates less overtime.

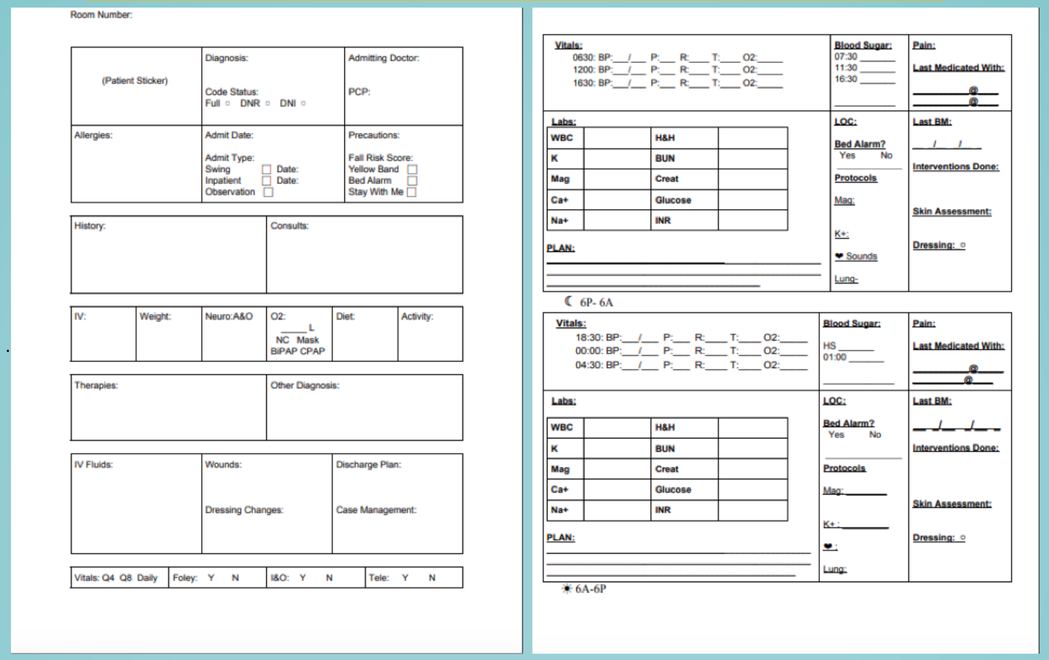
Practice Change

Assess the efficiency and perceptions of current systems of handoff report, introduce a standardized report sheet, and assess efficiency and perceptions using the standardized report sheet.

Methods

1. Conducted a pre-implementation survey to evaluate the staff's feelings on their current shift-report system and their opinion on possible methods of improvement
2. Observed clock-out time pre-implementation.
3. Presented the sample master report sheet
4. Conducted the post-implementation survey. This survey reflects the staffs' opinion on the transition to a new shift-report sheet.

Report Sheet



Room Number:

(Patient Sticker)	Diagnosis: Code Status: Full ☐ DNR ☐ DNI ☐	Admitting Doctor: PCP:
Allergies:	Admit Date: Admit Type: Swing ☐ Date: Inpatient ☐ Date: Observation ☐	Precautions: Fall Risk Score: Yellow Band ☐ Bed Alarm ☐ Stay With Me ☐
History:	Consults:	

IV:	Weight:	Neuro:A&O	O2: ____L NC Mask BiPAP CPAP	Diet:	Activity:

Therapies:	Other Diagnosis:

IV Fluids:	Wounds: Dressing Changes:	Discharge Plan: Case Management:

Vitals: Q4 Q8 Daily	Foley: Y N	I&O: Y N	Tele: Y N

Vitals:
0630: BP:___/___ P:___ R:___ T:___ O2:____
1200: BP:___/___ P:___ R:___ T:___ O2:____
1630: BP:___/___ P:___ R:___ T:___ O2:____

Blood Sugar:
07:30 _____
11:30 _____
16:30 _____

Pain:
Last Medicated With:

Labs:

WBC		H&H	
K		BUN	
Mag		Creat	
Ca+		Glucose	
Na+		INR	

LOC:
Bed Alarm? Yes No
Protocols
Mag:
K+:
❤ Sounds
Lung-

Last BM:
___/___/___
Interventions Done:
Skin Assessment:
Dressing: ☐

PLAN:

☾ 6P- 6A

Vitals:
18:30: BP:___/___ P:___ R:___ T:___ O2:____
00:00: BP:___/___ P:___ R:___ T:___ O2:____
04:30: BP:___/___ P:___ R:___ T:___ O2:____

Blood Sugar:
HS _____
01:00 _____

Pain:
Last Medicated With:

Labs:

WBC		H&H	
K		BUN	
Mag		Creat	
Ca+		Glucose	
Na+		INR	

LOC:
Bed Alarm? Yes No
Protocols
Mag:_____
K+:_____
❤
Lung:

Last BM:
___/___/___
Interventions Done:
Skin Assessment:
Dressing: ☐

PLAN:

☀ 6A-6P

Pre-Implementation Survey (n=20)

- 95% of staff felt like they had enough time for report
- 88% of people felt like bedside report gives the patient the best experience
- 30% of people felt like a standardized report sheet would be beneficial
- 70% feel like bedside report is valuable for patient safety rather than the nurses station report.
- 60% of people leave late due to long report times
- 80% of people feel that the report they get is sufficient to care for the patient
- 90% of people feel like their questions are answered before the previous shift leaves.

Post-Implementation Survey (n=18)

- 75% of staff did not see a difference in the time of report
- 30% of staff stated they got out earlier due to the universal report sheet
- 25% of staff felt the value in the standardized report sheet
- 94% of staff felt like their questions were answered before caring for the patient
- 40% of the report had family involved in the report
- 70% of staff want to go back to their own way of doing report and gathering data

Summary/Discussion

This is a master report sheet that will be passed on from nurse to nurse, with the goal that report/research time will be decreased and patient safety will improve.

Conclusion

- In conclusion, it was determined that the universal master report sheet was not liked and did not change the amount of time that it required to give or take report from the off going nurse. However, they agreed they felt like they had more information going into a shift.
- Some barriers to this project included pushback from staff, inability to receive data on late clock-outs, and response from staff about their feelings toward the report sheet.

References

Bigani, D. K., &Correia, A. M. (2018). On the Same Page: Nurse, Patient, and Family Perceptions of Change-of-Shift Bedside Report, *Journal of PediatricNursing,41,*84-89.https://doi-org.ursus-proxy3,ursus.maine.edu/10.1016/j.pedn.2018.02.008

Herbst, A. M., Friesen, M. A., & Speroni, K. G. (2013). Caring, Connecting, and Communicating: Reflections on Developing a Patient- Centered Bedside Handoff. International Journal for Human Caring, 17(2), 16–22. Retrieved from https://library.umaine.edu/auth/EZProxy/test/authej.asp?url=https://search-ebscohost-com.ursus-proxy-3.ursus.maine.edu/login.aspx?direct=true&db=c8h&AN=103770384&site=ehost-live