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Tipping the Sacred Cow: Hospital-wide Implementation of Bedside Report

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Purpose Statement

The purpose of this project is to implement bedside report hospital-wide in order to improve patient satisfaction scores.

Synthesis of Evidence

In review of the literature, bedside report has been linked to:

- Improved patient satisfaction and engagement (Level A evidence)
- Improved nurse satisfaction with the report process (Level C evidence)
- Improved safety metrics, including falls and medication errors (Level A evidence)

Team Members

- Katie Schulz (Med 1)
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- Mary Leyk (Bone and Joint)
- Julie Abfalter (Mental Health)
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- Stacy Brzezinski (Heart Center)
- Jennifer Burris (Medicine Care Center)
- Curt DeVos (Neuroscience/Spine)
- Pat Ellering (ICU)
- Alissa Gunnerson (Inpatient Rehab)
- Melany Jungles (Sur 1)
- Jess Moser (Med 2)
- Brittany Myers (Medical and Oncology)
- Hannah Newhouse (Inpatient Rehab)
- Angela Overland (NICU)
- Diane Pelant (Children's Center)
- Catie Robak (Family Birthing Unit)
- Ruth Schroeder (Children's Center)
- Jean Sperl (Float Pool)
- Jayna Theis (Heart Center)
- Eric Theisen (Sur 1)
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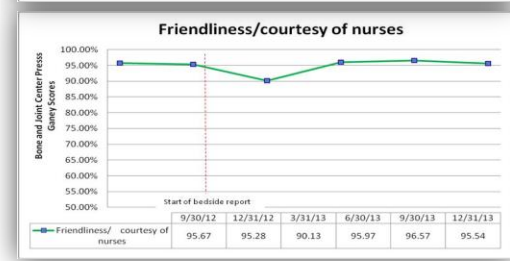
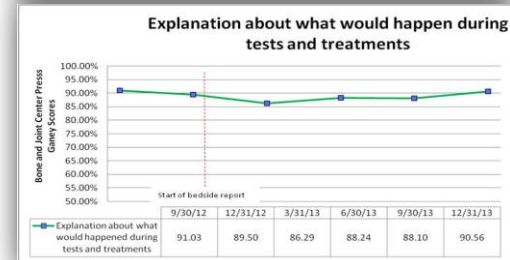
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EBP Practice Change

- Handoff report is hard to change.** Report is often called a "sacred cow" in nursing, as it is a tradition and is very hard to impact.
- Taskforce** began in February 2013 with bedside representation from all inpatient departments. Their work included:
 - A literature review, examining over 40 journal articles
 - Created, distributed, and evaluated a staff survey in Fall 2013 to measure nurse satisfaction with the current report process and the knowledge nurses currently have about bedside report. Plan to re-survey six and twelve months after implementation.
 - Created, distributed and evaluated a patient survey to measure patient perception of nurses' communication, handoff between shifts, and individualization of care. Plan to re-survey after implementation.
 - Developed and evidence based process and framework:
 - Preparing the patient prior to shift change
 - Introducing the new nurse to the patient
 - SBAR report
 - Inviting patient to participate with questions or comments
 - Safety scan (checking armbands, IV sites, and alarms)
 - Saying thank you before leaving the room
 - Taskforce members sought out "hot topics" or challenges from colleagues.
 - Hot topics included: sleeping patients, sensitive information, time, doubled rooms, complex patients, and visitors
 - Using literature, members collectively addressed topics and made decisions
- Collaborated** with Standardized Report Handoff taskforce to make policy changes.
- Education to staff and leaders:**
 - Computer based module for all inpatient nurses.
 - Utilization of a "toolkit" for unit Educators.
 - Toolkit included: a DVD recording of a sample validation, checklist for training, posters, newsletter articles, emails to send periodically to staff members, and information to share with support staff who would not be directly involved in bedside report.
 - Validation simulations.
 - Leadership education to support bedside staff through this change.
- Interdisciplinary support** was gained by sharing information and seeking input from:
 - Medical Executive Committee (MEC) and the Hospitalist meeting
 - APCC
 - Cultural Competency Specialist
 - Hospital Legal Counsel

Pre/Post Measures

Since starting bedside shift report in December, 2012, the Bone and Joint Center has had the opportunity to enculturate the process. In review of literature, it is common to see the patient comments and patient satisfaction scores as a determining factor of if the process is working. In the below graphs, there is a decrease in scores after initial implementation, but then a continued trend upward for most scores including ones impacted by bedside report. Bone and Joint staff look forward to mentoring and guiding others house wide in this significant change process, and leading others to the end positive result of a positive patient experience.



- Quotes from Bone and Joint patients:**
- "The nurses help me know what is going on. I like that I hear what is being said about me, and that I can ask questions and add things in. I lie here all day and night and sometimes wonder things, so this helps clear it up. Some of the words are hard to understand that they use." - D. R.
 - "I have been informed every day about what is going on with me, I don't feel like I have to ask as much." - A. M.
 - "I like that they come in and say goodbye at the end of the day, and then the new nurses take over and I meet them. In other times I was in the hospital, I sometimes didn't see the person leave or see a new person for a few hours." - D. L.
 - "Do you know what they do up here that's really cool? They come into my room and talk to me about what's going on! I get to meet my new nurse and get to know what the plan is. It's so cool!" - D. A.