Nursing Shift to Shift Bedside Handoff Reporting

Susan Hampton-Ash, MSN, RN, OCN, FNP-BC

BACKGROUND

- A structured and focused handoff ensures continuity of care and patient safety
- RN to RN hand-off communication provides an opportunity for discussion between the RNs and patient
- Bedside handoff empowers the patient to be an active participant in their care. This handoff encourages sharing of knowledge, shared decision making, and strengthening of knowledge

LOCAL CONTEXT

- Current handoff process is unstructured, consists of written & verbal communication and is conducted away from the patient
- Content of handoff varies leading to declined nursing satisfaction, incremental overtime and patient dissatisfaction in communication with nurses

PURPOSE

The three-hold purpose of this EBP project is to:
- Determine nurse’s attitudes, knowledge, and satisfaction with bedside handoff communication
- Identify the impact of changing nursing handoff to the bedside on the Press-Ganey question, “Communication with Nurses”
- Investigate if bedside communication using SBAR alters the amount of incidental overtime resulting from shift hand-off

METHODS

- Design: Evidence-based quality improvement project
- Setting: Inpatient oncology
- Participants: Oncology & Float Pool RNs
- Procedure:
  - Pre-survey administered to RNs
  - Education regarding RN-to-RN bedside handoff utilizing an SBAR format. SBAR format instructional video required for each RN
  - Obtaining Incremental overtime data and patient satisfaction data from manager
  - Post-survey done 60 days after pre-survey
  - Visual Audits of bedside shift handoff were performed

RESULTS AND OUTCOMES

- RN Attitudes and Knowledge Survey
  Pre data (N=15) RNs regarding bedside report:
  - 73% agree it is best practice
  - 53% agree it should be used
  - 46.7% currently use and will continue to use
  - RN’s with <3yrs experience state they use bedside report more than experienced RNs
  Post data (N=4)
  - 75% agree it is best practice
  - 50% agree it should be used
  - 25% currently use and will continue to use
  - Visual audits demonstrate no change; approximately 50% of RNs conducting bedside report
  - Impact of incidental overtime at change of shift not monitored due to the impact of Covid19 on staffing

DISCUSSION

- Communication with nurses reveal slight improvement following change in RN-to-RN shift handoff
  - July 2020 79.69 N=151
  - August 2020 79.23 N=131
  - April 2021 79.23 N=193
  - June 2021 75.62 N=185
  - July 2021 80.20 N=182

- Covid19 pandemic impacted data collection resulting in smaller sample size than anticipated
- Less experienced RNs reported completing bedside report more often, however fewer report understanding necessity for the process
- Project continues to be important in meeting regulatory requirement (TJC PC. 02.02.01)
- Continue to reinforce the need for bedside report

CONCLUSION

- Although this evidence-based quality improvement project did not demonstrate evidence of improvement, face-to-face report has continued as best practice
- Collaboration during bedside report has proven to reduce communication errors, promote patient safety and improve patient satisfaction; this warrants further education and research

REFERENCES

Available upon request Susan.Hampton-Ash@stjoe.org