Bedside Change of Shift Report:

Our Experience on the Colorectal Surgical Unit

Beth Hodge MS, RN
Clinical Nurse Specialist/Educator
Orthopaedics, Urology & Colorectal Surgery
October 19, 2007
Take Home Message

- Why we changed our way of reporting to the oncoming shift
- What we did to prepare
- How Bedside Report was implemented
- Barriers/Perceived Barriers
- How it’s going for nurses, families and the patients today
Our Unit at a Glance

- Relatively new unit-opened November 2006
- 14 bed surgical unit
- Primarily Colorectal Surgery
- Also Gyn/Oncology, Orthopaedic and Urology overflow, Trauma, General Surgery...
- Staff of RN, CP and Medical Receptionist
- Charge Nurses take patients most days
Why change the way we report?

- Institution-wide initiative
- Patient & Family-Centered Care Initiative
- National trend
- Above all else...Patient Safety!
Preparation:

Short timeline...

- August 15\textsuperscript{th} – Articles distributed
- August 20\textsuperscript{th} – Signs posted on Unit
- August 24\textsuperscript{th} – Unit Board Presentation
- August 27\textsuperscript{th} – Implemented Bedside Report at 7pm Change of Shift!
Benefits of Bedside Reporting

- Reassures patients & families the staff works as a team and that everyone knows the plan of care
- Better informed patients are less anxious and more likely to follow medical advice
- Patients are apt to start treatments earlier
- Patients involved in their care are more satisfied and litigate less
Patient satisfaction translates into loyal customers

Oncoming nurse visualizes patient immediately and prioritizes care for the shift

Nurses are more prepared to answer MD questions

Nurses able to better prioritize care activities with the Care Partners

Experiential learning occurs

Accountability is shared by both shifts
Potential Concerns

- “I don’t know how to do this and I’m afraid I’ll say the wrong thing.”

- “The patients will request pain medications, bathroom needs....since I’m in the room.”

- “Report will take too long.”

- “What if I’m getting a patient from the RR at the change of shift?”

- “What if my patient is unstable or worse, is coding?”
Checklists:

I. **Pre-Report**:

- Notify patient beforehand that rounds will begin in 30-40 minutes (1 hour when hourly rounding begins)

- Great time to check pain score, give appropriate meds, check other needs

- Also a good time to ask patient if family members may stay in the room during report (don’t put patient on the spot)
II. Bedside Report Checklist
(2-3 minutes per patient)

- Introduce oncoming nurse and “manage up”
- Brief history of procedure & name/stage of pathway
- Verify ID band
- Verify mouth to mask device for CPR at HOB
- Check IV Site
- Verify correct IVF and rate
- Verify PCA or Epidural
- Follow lines to patient
II. **Bedside Report Checklist** continued…

- **LOOK UNDER THE COVERS:**
  - Check incisions
  - Check dressings
  - Check drains and tubes
  - Check Foley catheter
  - Check any other equipment (CPM, cervical collar, wound vac...)

II. Bedside Report Checklist continued…

- Check pain score and discuss pain management
- Report limitations, WB status, ambulation, diet...
- Verify trach supplies in room if applicable
- Ask patient if they have anything else to add
Barriers or Perceived Barriers

- **Change is HARD!** (Especially with all the house-wide initiatives being implemented)

- Leadership, at all levels, must be willing to make the change, support the staff, and provide some boundaries if there are outliers who are reluctant to participate.

- Nurses from Clinical Staffing Resource Center need to be a part and provided with information.
Patient Comments

- **How do you feel about bedside report?**
  “I feel the nurses know what’s going on with their patients. They know about the surgery I had done and what to look for if something isn’t right.”

- **What do you like about bedside report?**
  “The nurses come into the room and actually look at me together. I could hear the information about me being reported and I learned the approximate time my test was to take place today. It reduced my anxiety level.”
Patient Comments…

- **Were you asked if you had any questions or if you had anything to add?**
  
  “Yes, and I asked about a medication that had not been given to me. I found out the doctors had not ordered it. The nurse taking care of me then called the doctor and he ordered it for me.”

- **In your opinion, what is the most positive outcome of bedside report for you?**
  
  “I can ask questions that I didn’t remember to ask when the doctor was in my room.”
Staff Feedback on Bedside Report:

- “Report completed in a shorter amount of time.” “Not always.”
- “May disturb patient if they have been unable to rest and is finally comfortable and asleep.”
- Problems/issues found and addressed before the previous shift leaves.”
- “Feels like I get a more accurate and detailed report.”
Staff Feedback…

- “Nurses may not ask as many questions due to being at patient bedside (they either don’t want to offend the patient or appear they don’t know what they’re doing.”
- “This eliminates dry IVs…”
Where do we go from here?

- Our unit needs to look at the HIPPA forms

- We also need to include Care Partners

- Need to look at how other units are implementing bedside report and learn from one another to improve the process

- Some standardization across units

- Look at outcomes