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BEDSIDE REPORTING & NURSE SHIFT CHANGE HUDDLE

ENGAGING PATIENTS & FAMILIES AT THE BEDSIDE

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PFE Metric 2

Hospital conducts shift change huddles OR bedside reporting with patients and family members in all feasible cases.

Intent

- Include the patient and/or family member in as many conversations about their care as possible throughout the hospital stay
- The patient and/or family member is able to hear, question, correct or confirm, and/or learn more about the next steps in their care as it is discussed between nurses changing shifts or clinicians making rounds

Why is this important?

- Enables the opportunity to correct errors and clarify care plans with the patient and family
- Encourages the patient and family to be an active partner in their care to the degree they desire
- Enables ongoing communication and interaction

Benefits of Engaging Patients and Families

Bedside shift change huddles and bedside reporting with patients and family members can help—

Patients and family members	Clinicians and hospital staff
<ul style="list-style-type: none">● Hear what has occurred throughout the shift and learn about the next steps in their care.● Ask questions, correct errors, and provide input based on their preference and values.● Increase knowledge of their condition and treatment so that they can participate in their care to the extent they want.● Understand that they are important members of the care team.	<ul style="list-style-type: none">● Reinforce teamwork and ensure that every member of the team shares knowledge that contributes to safe and effective care.● Increase patient and family participation, knowledge, and satisfaction.● Create a heightened awareness of individual patient needs that can be proactively addressed throughout the shift.● Improve time management and accountability between nurses.

Benefits (continued)

- More than 70% of adverse events are caused by breakdowns in communication among caregivers and between caregivers and patients
- Improves patient safety and service delivery
 - Decrease in patient falls during change of shift
 - Help catch potential medical errors in blood incompatibility, catheter-associated urinary tract infections, and air embolism
 - Increase in patient satisfaction scores and improvements in the nurse-patient relationship
 - Decline in the average number of call lights on by the end-of-shift change
 - Nurses have reported a better ability to prioritize their work or cases during their shift and an overall decrease in staff time

Achieving PFE Metric 2

Do we meet the metric?

✓ YES, if:

- In as many units as possible, but in a minimum of at least one unit, nurse shift change huddles **OR** clinician reports/rounds occur at the bedside and involve the patient and/or care partners.

A hospital may offer alternatives to accommodate patient and care partner participation (e.g., adjust time of shift changes, offer options for care partners to participate via phone or Skype).

Best Practices & Lessons Learned

Hospitals that have successfully implemented PFE 2

Mammoth Hospital, CA



- General medical and surgical hospital in Mammoth Lakes, CA, with 17 beds (critical access hospital) and 9 Outpatient Clinics
- Hospital Quality Institute (HQI) C. Duane Dauner Award Finalist 2017
- Nurse manager presents the benefits of bedside reports at staff meeting and asks staff for their ideas about implementation
- Started bedside reports at 7 p.m. change of shift (small test of change.)
- Next, began implementing at 7 a.m. **on awake patients.** (Patients were asked the night before if they would like to be awakened.)

Mammoth Hospital

Lessons Learned and Practical Guidance

- Partner with patient and family advisors
- Personalization and flexibility in the process allows for improved patient/family and staff satisfaction
- It is important to remember when NOT to do it
- In retrospect, would have developed a tracking tool to better gather data about impact of new process

Maury Regional Medical Center Columbia, Tennessee



- Bedside Shift Report – current practice began Spring 2015
- Began with pilot on 1 floor followed by systematic roll out housewide
 - Implemented leadership champions from pilot area to serve as coach/mentor
 - Coach/mentors were available at each change of shift for the first week; then periodically spot-checking
 - Videos using staff from each area were used to reinforce training

Maury Regional Medical Center

- Lessons Learned
 - Planning for leader champions to serve as coach/mentors was important. Taking time on the front end to observe, redirect as needed, and provide on-the-spot feedback was key for us to hardwire this practice
 - It is not easy to shift paradigms – staff concerned with having to take more time. We continually reinforced the “why”.

The Patient Perspective

- When bedside rounds work, patients and families can:
 - Catch misinformation quickly
 - Ask questions or start a dialogue
 - Engage in their care plan
- When bedside rounds don't happen:
 - Information becomes a game of “telephone”
 - Important details get lost
 - Patients and families don't learn as well
- Beside rounding works best when:
 - Leadership makes it a priority and follows up
 - Patients and families know what good bedside rounds look like



Tools and Resources

- PFE Metric 2 Digest (PFEC)*
- Better Together Campaign, IPFCC
(<http://ipfcc.org/bestpractices/better-together.html>)
- AHRQ Guide to Patient and Family Engagement, Strategy 3
(<https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html>)

*PfP Resource Library

(<https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx?CategoryID=836863&EntryID=110667>)

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