

# Implementing Bedside Nursing Report in an Adult Acute Care Setting

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## Introduction

### Topic

- Undocumented nursing report performed away from the bedside on shift change causes:
  - Multiple incident reports at shift change monthly
  - Higher readmission rates
- The bedside nursing report overcomes these deficiencies as it uses a human interaction approach and is conducted at the patient's bedside with off-going and oncoming nurses present (Bradley & Motts, 2013).
- Shift change at the bedside is an important process in clinical nursing practice, because it allows nurses to exchange necessary patient information to ensure continuity of care and patient safety (Maxson et al., 2012).

### Problem

- Currently, staff gives nurse-to-nurse shift report verbally, in isolated areas, without supplying documentation, leading to an increase in patient incidents at shift change and overall poor quality of care.
- While general checklists and protocols are available to support provider-centered hand-offs, there are no published tools available to guide patient participation (Benham-Hutchins et al., 2017).
- Research shows that when patients were not included to speak up about their own conditions, there was difficulty in transitioning back to self-care, causing gaps in improvement outcomes (Benham-Hutchins et al., 2017).

### Aim

To decrease incident reports at shift change, from an average of 20-28 incident reports per month to a decrease of 50% by December 16, 2023, in an adult acute care setting.

## Methods

- Identify evidence-based bedside report to give adequate quality patient care
- Hypothesis: Use of a bedside nursing report document will decrease incidents during shift change
- Practice Change: Bedside Nursing report document to all nursing staff at shift change
- Data collection by going over incident reports, grievance records, and the use of bedside report checklist.
- Data will be analyzed by reviewing/comparing the number of incidents reported at shift change by incident report documentation
- Adopt practice change and evaluate further changes to decrease incident reports to 70% at shift change.

## Results

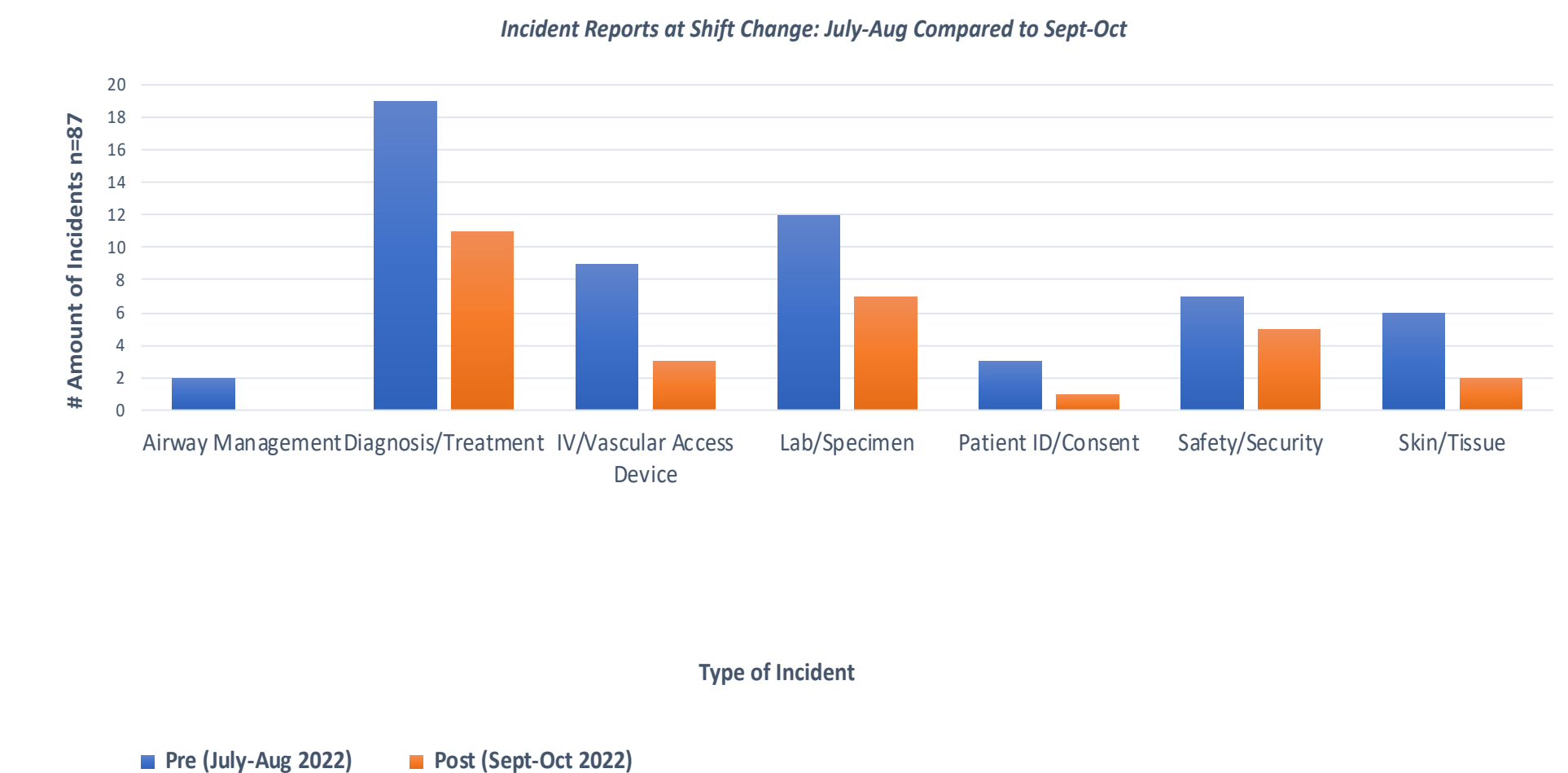
Types of Incidents	Pre (July-Aug.)	Post (Sept. Oct.)
Airway Management	2	0
Diagnosis/Treatment	19	11
IV/Vascular Access Device	9	3
Lab/Specimen	12	7
Patient ID/Consent	3	1
Safety/Security	7	5
Skin/Tissue	6	2
<b>Total Incidents</b>	<b>58</b>	<b>29</b>
	<b>Total Change %</b>	<b>50%</b>

• Note. n = 87. Total incident reports within 4 months, some incident reports were on the same patient but different type of incident.

## Implications for Practice

- Completion implementing bedside report in an adult acute care setting was associated with a significant decrease in grievance reports since October 2022 from patients and patient families.
- Bedside nursing report also added productive communication to all staff including NPs, PAs, and MDs, who started to participate in bedside report rounds December 2022.

Question 1: Pre- and Post-implementation (n=87)



Figure\_1. Pre and Post Implementation Graph.



Scan to see : Bedside Report Checklist.



Scan to see: References.