

Optimizing Patient Care: Exploring the Impact of Bedside Shift Reports on Satisfaction and Efficiency

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Background

- Nursing handoff is crucial for patient care transition.
- Ineffective communication during handoff may result in errors, decreased satisfaction, and patient safety risks. Bedside shift reports enhance patient and family involvement, aligning with The Joint Commission's emphasis on effective communication.
- It is estimated that 70% of serious medical errors are a result of miscommunication during the handoff process.
- Bedside shift report has been identified as an effective way to increase patient and family satisfaction, and improve the quality and safety of nursing (Jimmerson et al, 2021)

Objectives

This evidence review was guided by the following PICOT Question:

In hospitalized patients, does implementing a standardized patient-centered nursing bedside report, compared to traditional handoff methods, result in improved patient safety and satisfaction?

Methods

Database: PubMed/Medline Databases

Keywords: handoff, bedside report, nurse, patient centered care, quality and safety

Limitations: Peer-reviewed, 2016-2023

Exclusion: quality improvement projects, meta-analysis

Results: 20 articles were analyzed for the criteria to fit the PICOT question and selected based on interventions and aimed outcomes

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Conclusions

The literature suggests that integrating nursing bedside shift reports positively impacts patient care and satisfaction.

- Two studies show improved patient satisfaction in compassion, treatment coordination, and discharge planning (Ramirez et al. 2016 & Luthy et al. 2017)
- Two studies demonstrate that bedside shift reports are more time-efficient (Cao et al. 2018 & Becker et al. 2021)
- Two studies report enhanced communication (O'Leary et al. 2016) and increased provider satisfaction (Cao et al. 2018).

Bedside shift reports have potential implications for patient and provider satisfaction, rounding efficiency, and enhanced communication.

Evidence Summary

Articles	Type of Study	Results	Level (Melnyk)	Quality (JHNEBP)
Becker et al. (2021)	Randomized, parallel group study	Bedside shift reporting was more efficient on time with a bedside shift report (BSR) mean of 11.89 minutes and standard report (SR) mean of 14.14 minutes (Difference - 2.31 minutes [CI,-2.98 to -1/63]; P< 0.001).	II	C
Ramirez et al. (2016)	Randomized controlled study	There was a significant difference in the team's compassion of care being rated as a mean of 4.94 for the intervention group, and 4.76 with the no bedside group (p= 0.027)	II	C
O'Leary et al. (2016)	Cluster randomized controlled trial	Overall satisfaction with care was also similar for non-PCBR patients compared with PCBR patients (60.6% vs 54.7%; p=0.41). Healthcare preference- 78.6% of nurses felt that PCBR improved communication with patients (47.4%). A rating of 46.4% of nurses and 36.8% of physicians agreed that PCBR had improved the efficiency of their workday.	II	B
Cao et al. (2018)	Prospective non-blinded, non-randomized, parallel-group study	Rounds completion- rounding time was significantly shorter in the PCSIBR group (16.9+/- 10.0 minutes) versus the non-PCSIBR group (22.4+/-14.9 minutes). Patient education- Health care providers provided teaching methods on 51.2% of PCSIBR encounters compared to 33.9% of non-SIBR encounters (p<0.01). Communication- 338 Healthcare providers on the PCSIBR compared to 301 non-PCSIBR showed improved communication and increased participation in tasks (p<0.05).	III	B
Luthy et al. (2017)	Prospective quasi-experimental controlled study	Three Picker patient survey questions showed significant improvement in the interventional group. Dimensions relating to treatment coordination showed 39.6% in the intervention and 45.2% in the control group (p-value =0.029). Involvement in family and friends showed 28.5% in the intervention group and 40.7% in the control group (p value=0.006). Discharged planning showed 43.3% in the intervention group and 65.6% in the control group (p value= 0.003).	III	B

Implications for Nursing Practice and CNL

Implications to practice:

- **Patient-Centered Care:** Bedside shift reports may enhance compassion, treatment coordination, and discharge planning, emphasizing patient-centered care.
- **Efficient Rounding:** Implementing bedside shift reports can lead to time-efficient rounding, allowing nurses to focus on the quality of care for each patient.

Implications for Clinical Nurse Leaders:

- **Streamlining Communication:** CNLs can play a crucial role in streamlining communication during handoff procedures, ensuring efficient and patient-centered care.
- **Provider Training:** CNLs can collaborate with educators to develop training strategies, addressing medical language use and patient education during bedside shift reports.
- **Advocacy and Collaboration:** CNLs advocate for bedside shift reporting and collaborate with teams to develop strategies for efficient and patient-centered care.
- **Culture Evaluation:** CNLs evaluate unit culture to categorize the quality of care and implement evidence-based practices.

References

