

Nurse Bedside Shift Report Implementation Handbook



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Introduction

The *Guide to Patient and Family Engagement in Hospital Quality and Safety* is a resource to help hospitals develop effective partnerships with patients and family members with the ultimate goal of improving multiple aspects of hospital quality and safety.*

Nurse shift changes require the successful transfer of information between nurses to prevent adverse events and medical errors. Patients and families can play a role to make sure these transitions in care are safe and effective.

This handbook gives you an overview of and a rationale for nurse bedside shift report. It also provides step-by-step guidance to help you put this strategy into place and addresses common challenges.

Throughout this handbook, we have included examples and real-world experiences from three hospitals that implemented the *Guide* strategies in a year-long pilot project: Advocate Trinity Hospital in Chicago, IL; Anne Arundel Medical Center in Annapolis, MD; and Patewood Memorial Hospital in Greenville, SC. This handbook also includes examples from Emory University Hospital in Atlanta, GA, a hospital that successfully implemented nurse bedside shift report at the time the *Guide* was developed.

Interested in improving quality of care during nurse shift changes?

Read this handbook for detailed instructions on how to adapt and implement the Nurse Bedside Shift Report strategy at your hospital.

Overview of the Nurse Bedside Shift Report strategy

The goal of the Nurse Bedside Shift Report strategy is to help ensure the safe handoff of care between nurses by involving the patient and family. The patient defines who their family is and who can take part in bedside shift report.

Hospitals train nurses on how to conduct bedside shift report. On the day of admission, the bedside nurse or another hospital staff member briefly explains the process, invites the patient and family to be part of the bedside shift report, and gives the brochure on bedside shift report (see Tool 1, below) to the patient.

At each shift change, shift report happens at the patient's bedside, and the nurses invite the patient and family or friends to take part in the report.

* The *Guide* was developed for the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality by a collaboration of partners with experience in and commitment to patient and family engagement, hospital quality, and safety. Led by the American Institutes for Research, the team included the Institute for Patient and Family-Centered Care, Consumers Advancing Patient Safety, the Joint Commission, and the Health Research and Educational Trust. Other organizations contributing to the project included Planetree, the Maryland Patient Safety Center, Aurora Health Care, and Emory University Hospital.

What are the Nurse Bedside Shift Report tools?

This section provides an overview of the tools included in this strategy.

	Use this tool to	Description and formatting
Tool 1 Nurse Bedside Shift Report: What is it? How can you get involved?	Inform the patient and family about what bedside shift report is and how they can take part	<ul style="list-style-type: none"> Given to patients on the day of admission, this handout explains what bedside shift report is, what patients and family or friends should expect, and what they need to do. It should accompany a verbal explanation by bedside nurse. Format: Tri-fold brochure. The electronic version of the tri-fold checklist provides information about how to fold the brochure by indicating the front and back covers.
Tool 2 Bedside Shift Report Checklist	Train and remind nurses of the critical elements of bedside shift report	<ul style="list-style-type: none"> Made available at training and all shift changes, this checklist highlights the six elements required to complete bedside shift report. As they would like, nurses can write on the form during bedside shift report. Format: 1-page handout
Tool 3 Nurse Bedside Shift Report Training	Prepare nurses to conduct bedside shift report	<ul style="list-style-type: none"> Slides and talking points to train nurses to conduct a bedside shift report and to help them understand how to engage patients and family members in the process. Format: PowerPoint presentation with embedded video

What are the resources needed?

Resources needed for bedside shift report will vary from hospital to hospital depending on the size and scope of what you want to accomplish.

- Staffing. Staff involved in implementing bedside shift report include time for: the point person and multidisciplinary team to identify needs and adapt the strategy; the trainers; a registered nurse champion per shift; nurse managers, who provide support; and implementation team members who monitor and provide feedback during shift changes for at least 2 weeks after implementation. Staff carry out bedside shift report as part of their regular duties.
- Costs. Material costs include printing of the patient and family brochure (Tool 1: Nurse Bedside Shift Report: What is it? How can you get involved?) and lamination or printing of the nurse checklist (Tool 2: Bedside Shift Report Checklist).

Rationale for the Nurse Bedside Shift Report Strategy

Patient and family engagement creates an environment where patients, families, clinicians, and hospital staff all work together as partners to improve the quality and safety of hospital care. Patient and family engagement encompasses behaviors by patients, family members, clinicians, and hospital staff as well the organizational policies and procedures that support these behaviors.

Bedside shift report is a clinical expression of engaging patients and families as essential partners in the health care team.

What is the evidence for nurse bedside shift report?


Communication during transitions in care, such as nurse shift changes, is extremely important for ensuring that the handoff is safe and effective. Allowing the patient and family to be involved in nurse bedside shift report gives them the opportunity to hear what has occurred throughout the shift and the next steps in their care. It also gives them the chance to ask questions and provide input into the care process.

Bedside shift report can improve:

- **Patient safety and quality.** Bedside shift report is an opportunity to make sure there is effective communication between patients and families and nursing staff. One study found that more than 70 percent of adverse events are caused by breakdowns in communication among caregivers and between caregivers and patients.¹ Studies have shown that bedside shift report improves patient safety and service delivery.^{2,3} For example, one study showed a decrease in patient falls during change of shift, dropping from one to two patient falls per month to one patient fall in six months.⁴

Improved communication during shift report can help catch potential medical errors in blood incompatibility, catheter-associated urinary tract infections, and air embolism, all of which are on the Centers for Medicare and Medicaid Services' list of hospital-acquired complications "never events."

- **Patient experience of care.** After implementing bedside shift report, hospitals reported an increase in patient satisfaction scores and improvements in the nurse-patient relationship.^{5,6} Also, one study noted a sharp decline in the average number of call lights on by the end-of-shift change.⁴
- **Nursing staff satisfaction.** Bedside shift report has improved nursing staff and physician satisfaction.^{2,3,6}



The three hospitals that implemented the *Guide* in a year-long pilot project (Anne Arundel Medical Center, Advocate Trinity Hospital, and Patewood Memorial Hospital) observed similar, positive outcomes as a result of implementing the bedside shift report strategy. For more information, see the case study at the end of this handbook.



Bedside shift report and patient satisfaction

Implementation of bedside shift report increased patient satisfaction. By involving the patients in their plan of care and keeping all caregivers updated on that plan, patients feel more secure, and are more likely to participate in their own care and follow recommended health care options.

Cherri Anderson and Ruthie Mangino,
Banner Desert Medical Center,
Arizona⁶

- **Time management and accountability between nurses.** After implementing bedside shift report, nurses have reported a better ability to prioritize their work or cases during their shift and an overall decrease in staff time.^{4,6} One study noted a decrease in overshift time by 100 hours in the first two pay periods on a 32-bed general surgical unit.⁶ In another study on a 34-bed progressive care unit, a 2-month review of overtime data demonstrated an \$8,000 reduction directly associated with the decrease in time for shift report.⁴

How does the Nurse Bedside Shift Report strategy facilitate bedside shift report?

The Nurse Bedside Shift Report strategy identifies critical elements of bedside shift report and supports the patient, family, and nurse in taking part in bedside shift report through individual tools. The tools in this strategy:

- Standardize the process of nurse bedside shift report
- Give the patient and family an opportunity and an invitation to take part in the care
- Explain to the patient and family what bedside shift report is and what they can expect
- List the critical elements of bedside shift report that nurses should carry out
- Address common challenges and nurse concerns regarding bedside shift report

Implementing the Nurse Bedside Shift Report Strategy

The Nurse Bedside Shift Report strategy is flexible and adaptable to each hospital's environment and culture. As such, this guidance provides choices and questions for hospital leaders on how to implement this strategy. It may be helpful to implement this strategy initially on a small scale (e.g., a single unit). Identify lessons learned from the single-unit pilot implementation, refine your approach, and then spread it to more units. In this way, you can build on your successes as a pathway to broader dissemination and wider scale change.

Step 1: Form a multidisciplinary team to identify areas of improvement

As with any new activity or quality improvement effort, planning and identifying areas of improvement are important parts of the process. Below are some key considerations as you start implementing the Nurse Bedside Shift Report strategy.

Engage patients and families and unit staff in the process: Establish a multidisciplinary team

This team should include hospital leaders, nurses, key clinical and management staff, and patient and family advisors. Throughout the process of implementing the Nurse Bedside Shift Report strategy, patient and family advisors can:

- Give feedback on how the current process of shift report feels
- Help adapt the patient and family tool (Tool 1: Nurse Bedside Shift Report: What Is It? How Can You Get Involved?) for your hospital
- Help adapt the standardized handoff tool (Tool 2: Bedside Shift Report Checklist) for your hospital
- Take part in training nurses about bedside shift report by participating in role plays or other small group exercises or by describing how the old and new ways of shift report feel to the patient or family
- Observe nurses doing bedside shift report and give feedback

Assess family presence or visitation policies

The family cannot be partners in the health care team if they are not present. It is important to let the patient define who their family is and that these members of the health care team are encouraged and supported.

Assess current views on nurse shift changes

Use the multidisciplinary team to review the process of shift change report and how communication occurs between nurses and from nurse to patient. The team can identify what is done well and can also identify areas for improvement or possible challenges to implementing bedside shift report.

When identifying areas for improvement, the team may want to informally introduce the concept of bedside shift report to nurses and hear staff nurse concerns related to the change. In adapting the materials for your hospital, make sure to address those specific concerns.

Guide Resources

For more information about working with patient and family advisors, see **Strategy 1, Implementation Handbook: Working With Patients and Family Advisors**

Guide Resources


For more information about family presence policies, see **How to Use the Guide to Patient and Family Engagement in Information to Help Hospitals Get Started.**

Recognize challenges in changing staff behavior

As with any change, some nursing staff members may be resistant to bedside shift reports. Keep in mind that taking on new behaviors can be challenging. For all of these challenges, it is important to let nurses know that bedside shift report is an expectation, not an option. Nursing leadership and management need to hold staff accountable for conducting bedside shift report.

Some examples of challenges and ways to address them are:

- **Acknowledging the other meanings of shift report for nurses.** The official purpose of nursing report is to transfer the accountability and responsibility of the patient to the nurse coming on duty. But, shift report may also serve as a way for nurses to connect to other staff, share emotional issues over the course of a shift, take a break from the family to focus on the patient, and socialize.⁷ Listen to staff concerns about conducting bedside shift report and acknowledge these other meanings of shift report. As needed, identify alternative methods or outlets for nurses to talk with one another.
- **Taking longer to do shift report.** Although nurses may voice concerns about shift report taking too long, it should be quick (no more than 5 minutes). As noted earlier, nurses conducting bedside shift report have reported less time spent on shift report and better time management because they have seen all of their patients at the start of the shift and can prioritize patient needs and concerns.^{4,6}
- **Violating the Health Insurance Portability and Accountability Act (HIPAA) or patient privacy.** Nurses may be concerned about violating HIPAA, especially when family members are present at shift report or if they work in semiprivate rooms. Using examples from the Office of Civil Rights' Web site, *Tool 3: Nurse Bedside Shift Report Training* describes how bedside shift report does not violate HIPAA because it is part of treatment and normal operations.
- **Dealing with sensitive information.** Sometimes, the patient or family may not be aware of certain information or a diagnosis. Bedside shift report is **not** an appropriate venue for discussing bad news. For example, the doctor may not have had a chance to communicate a test result with the patient, or a mother may not know that her son has HIV. Often, this type of sensitive information does not need to be discussed at shift change. When it does, the information can be exchanged between nurses before entering the room, or nurses can point to relevant information on the chart during the bedside shift report. To help clarify these situations for staff nurses, your hospital may want to establish procedures for discussing sensitive health information, such as HIV/AIDS or hepatitis C status, during bedside shift report.⁸



Advocate Trinity Hospital successfully implemented bedside shift report on a 29-bed post-operative medical-surgical unit that includes both private and semiprivate rooms. Staff trainings addressed issues related to privacy and confidentiality.



At the beginning of the pilot project, nurses at Anne Arundel Medical Center had concerns about bedside shift report.

"I was afraid it was going to be time consuming. Whenever you go in the room, the family is going to ask questions, the patient is going to have questions, or the patient is going to want this or want that."

After implementation, nurses noted that bedside shift report increased accountability between nurses, decreased nursing time to conduct shift change report, and improved information sharing with patients.

"I like bedside shift report. It holds everybody accountable and it engages the patient."



Helpful Link

For more information on setting aims and identifying measures, see the Institute of Healthcare Improvement's Web site on improvement methods, available at:

[http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/Methods/HowToImprove/.](http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/Methods/HowToImprove/)

- **Negotiating interactions with family members.** Families are complicated, and it may be difficult for nurses to know which family members should be present at bedside shift report and how to interact with those family members. As part of bedside shift report, nurses will need to ask patients which family or friends they would like to participate. For example, nurses can ask visitors to step out of the patient's room during bedside shift report. If the patient speaks up and asks the visitor to remain, then the report can proceed.
- **Not wanting to disturb the patient.** Some nurses may be hesitant to disturb the patient, especially if the patient has been awake all night and just fell asleep. Nurses can use their professional judgment when deciding whether to include a particular patient in the report. If these concerns come up frequently and prevent nurses from conducting the report at the bedside, consider developing a sign or door hanger for the patient's room that says "please wake me for my for shift report" or "please do not disturb." This way, the choice is up to the patient rather than an assumption by the nurses. Even if the patient does not want to take part, nurses should still be expected to enter the room to do visual safety checks.
- **Fearing change.** Some nurses may fear losing control of the shift report process or may not feel confident in conducting bedside shift report. Often, if bedside shift report is not consistently monitored, nurses may revert back to familiar habits and ways of doing things. Acknowledge that change is hard but stress the importance of adhering to the new processes and procedures. Once nurses get used to it, they often see the benefits, such as saved time, prioritized patient care, and safety catches.

It is important that you to identify the challenges that are most likely to arise in your hospital and to identify ways to overcome these challenges.

Set aims to implement Nurse Bedside Shift Report

Any quality improvement initiative requires setting aims. The aim should be time specific, measurable, and define who will be affected. For example, an aim for bedside shift report could be "to have 95 percent of nurses implement bedside shift report within 6 months." Other aims could be "reduce the average number of call lights by the end of shift report within 2 months" or "reduce the number of patient falls during shift report within 3 months."

As another example, hospitals may want to improve patients' experience of care as measured by the CAHPS® Hospital Survey. Questions related to nursing include:

- Q1: During this hospital stay, how often did nurses treat you with courtesy and respect?
- Q2: During this hospital stay, how often did nurses listen carefully to you?

- Q3: During this hospital stay, how often did nurses explain things in a way you could understand?

If a hospital wants to improve its CAHPS Hospital Survey scores related to nurse communication, an aim might be “to improve scores on CAHPS Hospital Survey Questions 1, 2, and 3 by 5 percent within 1 year.”

Bedside shift report can also help meet other goals related to patient safety and never events by improving communication during nurse transitions, for example:

- Reduce the incidence of never events by 5 percent by the end of the fourth quarter
- Reduce the incidence of vascular catheter-associated infections by 10 percent in 3 months
- Reduce the incidence of patient falls by 20 percent in 6 months

Step 2: Decide how to implement the Nurse Bedside Shift Report strategy

Once the team has set specific aims for improvement, it may be helpful to identify a point person as the primary person staff would contact with any kind of question. This person may not have the answers to all questions but can facilitate the process of getting answers. This way, people are clear about whom to go to, and that person will hear all the questions and concerns.

The point person can then coordinate with the multidisciplinary team to decide how to use and adapt each of the tools in this strategy.

At Advocate Trinity Hospital, the clinical manager of the unit on which the *Guide* strategies were being implemented filled this role. At Anne Arundel Medical Center, a nurse navigator from the Breast Center worked closely with unit leaders to implement the *Guide*. And at Patewood Memorial Hospital, a nurse manager and nurse educator coordinated implementation efforts.

Identify the logistics of bedside shift report for your hospital

What would nurse bedside shift report look like at your hospital? Several hospitals that have implemented bedside shift report conduct a 10-minute overview or safety briefing on all patients before going to individual rooms and bedside. Would this be important to include on your unit? Also, consider how work flows to make sure that bedside shift report is an efficient process.

Does your hospital have a large population that does not speak English as a first language? Consider the logistics in involving language-access services, such as in-person interpreters, telephone-based interpreters, or bilingual clinicians.



Guide Resources

Tool 1: Nurse Bedside Shift Report: What Is It? How Can You Get Involved? informs the patient and family about what bedside shift report is and how they can take part.

Tool 2: Bedside Shift Report Checklist reminds nurses of the critical elements of bedside shift report.

Tool 3: Nurse Bedside Shift Report Training prepares nurses to conduct bedside shift reports.

Decide how to use and adapt the tools in this strategy

The Nurse Bedside Shift Report strategy includes three tools. Addressing the following issues will help you decide how to use and adapt the tools in this strategy at your hospital:

- **Decide how to use and adapt the bedside shift report checklist.** First, decide which elements of bedside shift report are important for your unit or hospital to make sure that bedside shift report is implemented in a standard way. Ask nurses and patient and family advisors about possible changes.

Adapt Tool 2: Bedside Shift Report Checklist to fit your hospital environment. Once this tool is adapted, decide who will review it, what approvals are needed, and how will it be distributed.

This checklist can be used in multiple ways. You can post it on the computer work station in the patient's room as a reminder for what to cover during bedside shift report. You can also make it available at the nurses' station for all nurses, use it as a notes sheet during bedside shift report, or use it as an observation sheet for continual monitoring.

- **Adapt the brochure for the patient and family and decide how to use it.** Next, adapt the patient and family brochure (Tool 1: Nurse Bedside Shift Report: What Is It? How Can You Get Involved?). Make changes so it is consistent with the key elements of bedside shift report. Also, ask nurses and patient and family advisors about possible changes. At a minimum, insert your hospital name, logo, and tailored information. Once it is adapted, decide who will review the brochure and what approvals you need.

We recommend that the bedside nurse review the brochure with the patient on the day of admission, but any hospital staff can do this at any time. In determining how the brochure will be distributed, answer the following questions:

- Who will go over the brochure with the patient and family and invite the patient and family to participate?
- Can the brochure be integrated into current admissions materials or with the tools distributed in Strategy 2, Working With Patients and Families at the Bedside: Communicating to Improve Quality? If so, how? What approvals need to be sought?
- How will interpreters be involved in the process, if needed?
- How will the brochure be printed? Who will physically distribute it?
- How will temporary nursing staff learn about how to distribute the bedside shift report brochure?

- **Plan the bedside shift report training for nurses.** Decide who will conduct training for the nurses. Training facilitators should be respected by their colleagues and model the behaviors being asked of them. Which patient and family advisors can help conduct or facilitate the training? How many sessions are needed to train all staff? When can the training be scheduled? Where will it be held?

How should Tool 3: Nurse Bedside Shift Report Training be adapted? Who needs to approve the training materials? Recognize that individuals have different learning styles. To be most effective, use three or more different learning strategies during the training, such as giving information, modeling behavior, providing feedback, and practicing skills. An important part of training is providing an opportunity for nurses to observe bedside shift report, either through watching the video in Tool 3, role playing, or observing a demonstration.



Helpful Link

Anne Arundel Medical Center implemented bedside shift report on a single medical-surgical unit before rolling it out hospital-wide. In preparation for the hospital-wide training, it developed its own training video modeled after the video included in Tool 3 of the *Guide*. Anne Arundel Medical Center's video featured nurses on the medical-surgical unit demonstrating a successful bedside shift report and also included two patient and family advisors acting out the roles of patient and family member.

Watch the video they developed:

<http://www.youtube.com/watch?v=PIIzlvXpSDY>

Step 3: Implement and evaluate the Nurse Bedside Shift Report strategy

Inform staff of changes

If unit directors and managers are not already involved, tell them about the implementation of bedside shift report and why it is important. Inform staff about the changes and training requirements at meetings and through posters in common rooms.

Train staff

The training tools for this strategy include a mix of PowerPoint slides, video, and role play. The main message to emphasize is that conducting bedside shift report can improve quality and safety.

After the training, it is important to assess:

- Did the training happen as planned?
- What happened during training that could challenge or facilitate implementation?
- How did staff react to training?

Conduct bedside shift report

Unit staff should distribute and go over the brochure with patients and families on the day of admission. At each shift change, nurses will conduct bedside shift report using the checklist (Tool 2: Bedside Shift Report Checklist) to make sure they cover the key elements. Keep staff aware of bedside shift report by making Tool 2 available throughout the unit.

Assess implementation intensely during the first 2 weeks and then periodically

Make sure that nurses have the support they need to conduct bedside shift report. Have a nurse manager or other staff leader observe shift report and provide feedback to individual nurses. Use a standardized form to keep track of the observations, such as the checklist that is a part of Tool 2: Bedside Shift Report Checklist. Identify a way to collect and analyze data, such as a spreadsheet (e.g., Excel) or database.

Continue to conduct periodic observations (for example, at 2 and 4 months after the start date) to ensure implementation is consistent among the staff. You will need to provide continual feedback and monitoring to make sure behaviors become natural and bedside shift report is implemented consistently.

Get feedback from nurses, patients, and families

You can get informal feedback from nurses, patients, and families by asking them how bedside shift report can be improved. What worked well? What could be improved? How could the process or tools be changed or adapted to work on other units? What was critical for success?

You can get formal feedback by using mechanisms already in place at your hospital, including patient and family focus groups, patient and family satisfaction surveys, and staff surveys.

Refine the process

Share feedback with the implementation team, problem solve, and adapt bedside shift report as necessary. Using the feedback you receive, refine the process and tools before you implement them on other units.

Case Study on Nurse Bedside Shift Report: Emory Healthcare

Key to success

- **Senior leaders**, especially the chief nursing officer, provided resources and support for implementing nurse bedside shift report.
- **Dedicated nurse leaders** continued to pursue bedside shift report, even when there were challenges.
- **A standardized process for bedside shift report** ensured everyone knew what to do.
- **Training and observation** increased buy-in because nurses immediately saw the benefits of bedside shift report and knew that hospital leaders supported it.
- **Committed nurse champions** at the unit and floor levels make sure that bedside shift report continues to happen.

Emory Healthcare has attained 100 percent implementation of bedside shift report across 4 hospitals and 73 inpatient units on every shift, including the night shift. This covers approximately 1,800 nurses.

In response to bedside shift report, patients and families report feeling more knowledgeable about their care. Patient satisfaction scores reflect this change in nursing practice. In August 2010, after implementation, Emory achieved a 98 percent on patient satisfaction scores, with “nurse kept you informed” as the highest rated question. In fact, this question achieved the highest score of all hospitals nationwide.

Creating this new culture of bedside shift report for nurses was a process and a challenging one at that.

Bedside shift report began with a test of change. In November 2007, a nurse champion at Wesley Woods, a 100-bed geriatric hospital, brought the idea of bedside shift report to Emory’s unit practice council, a governance structure where clinical staff give input into care on the floor. Using a “test of change” approach, one council member conducted bedside report, followed by another. Because the process worked well, the pilot was expanded to nurses on two units. After 2 weeks, the hospital decided to implement nurse bedside shift report across the hospital.

The first system-wide rollout did not go as planned. Because of the success at Wesley Woods, Emory Healthcare’s system council decided to implement bedside report across the system’s three hospitals. In February 2008, three nurse champions, one from each major hospital within the system (Wesley Woods, Emory Midtown, and Emory University), began planning for system-wide implementation between May and August 2008. The three champions created teaching points for each unit. Nurses were asked to read about bedside shift report and then conduct them. Unfortunately, the larger hospitals did not show much interest in nurse bedside shift report. Because there was limited buy-in, bedside shift report did not catch on.

Standardization was the key to effective system-wide rollout. In March 2009, the three nurse champions attended a course focusing on quality improvement methods and Six Sigma and learned that standardization was the only way to assess effectiveness. The course included a small project or test of change. The three champions got permission from the chief nursing officer to work on bedside shift report once again.

The three nurse champions created a standard process for bedside shift report called the bedside bundle that included six essential components for completing bedside report. They created a process for educating staff and designated a training and observation team that included the three leaders, plus one to two nurses who were unable to provide clinical care.

In spring and summer of 2009, the team visited each unit in the hospital system. They spent 1 week educating the unit nurses, both in group trainings and one on one, on bedside shift report. The team stayed on the unit to observe the nurses and provide feedback at every shift change for 2 more weeks, sometimes longer if needed. The team observed individual nurses conducting bedside shift report, checked off items in the bedside bundle, and provided real-time feedback to nurses before observing the next bedside report. After completing the initial education and observation process, the team identified two to three nurses as floor champions to foster an environment that supports bedside shift report.

Support, monitoring, and education ensure continued success. Nursing unit directors make sure that 16 random audits are performed during different shifts. With the director of care transformations and two patient and family advisors, the champions also developed a 4-hour bedside shift report seminar. Emory held seminars to train more than 400 staff from across the four hospitals.

Key to success

- **Aligning bedside shift report with organizational goals** provided momentum.
- **Senior leaders provided support** by emphasizing the importance of bedside shift report
- **Implementing bedside shift report on a single, higher performing unit** allowed for small-scale successes.
- **Assigning key implementation roles to staff** fostered ownership of the initiative.
- **Mandatory staff trainings** addressed concerns and set expectations.
- **Periodic monitoring of nurses** enabled hospitals to provide helpful and timely feedback.

Case Study on Nurse Bedside Shift Report: Advocate Trinity Hospital, Anne Arundel Medical Center, and Patewood Memorial Hospital

Three hospitals implemented the *Guide* bedside shift report strategy in 2011 as part of a year-long pilot project: Advocate Trinity Hospital in Chicago, IL; Anne Arundel Medical Center in Annapolis, MD; and Patewood Memorial Hospital in Greenville, SC. This case study highlights key elements of the experiences at each hospital.

At each hospital, bedside shift report led to positive outcomes for staff, patients, and families. Nurses at all three hospitals reported improved relationships and better information sharing with patients. Nurses also reported that bedside shift report improved accountability between nurses and led to better time management. In fact, counter to their expectations, bedside shift report typically took less time than conducting shift report at the nurses' station or outside the patient's room. Patients and family members reported feeling more informed about their care, less neglected, and less anxious. All hospitals also saw improvements in CAHPS Hospital Survey scores after implementing bedside shift report, particularly those related to communication and pain management.

The tools and materials in the *Guide* helped standardize processes and establish shared expectations. Staff trainings, using the PowerPoint presentation included in the *Guide* (Tool 3), addressed nurses' concerns, including how much time conducting bedside shift report would take and how to maintain privacy and confidentiality. Hospitals used the Bedside Shift Report Checklist (Tool 2) to remind nurses of the critical elements of bedside shift report and distributed the brochure for patients (Tool 1) to help patients and families understand what to expect, how to participate, and the amount of time bedside shift report would take.

Advocate Trinity Hospital

Advocate Trinity Hospital implemented nurse bedside shift report on a 29-bed, medical-surgical unit known as 3-South. The hospital had tried to implement bedside shift report on the same unit 5 months earlier, but lack of staff training led to inconsistent practices. Trinity viewed the *Guide* as an opportunity to re-implement bedside shift report and work on changing practices and staff mindset.

Strong leaders at every level of the organization supported implementation. To ensure that senior leaders, midlevel managers, and frontline staff were engaged and informed, Trinity designated point people at each level of the organization to support implementation. For example, the vice president of nursing discussed planning and implementation issues with the directors and senior staff; the clinical nurse manager worked with other managers; and the clinical practice partner took the lead with nurses, certified nursing assistants, and unit secretaries.

Staff ownership was an important part of implementation. The unit-based council on 3-South shared implementation responsibilities. The council, which consists of a small group of nurses who serve as informal unit leaders, provided support to nurses, including coverage so staff could attend training sessions. Trinity used a train-the-trainer model, identifying two nurses to lead training sessions with their peers. Trainers received several hours of initial training and then held 1-hour small group trainings with all staff on the unit. In addition, Trinity ensured that certified nursing assistants and unit secretaries participated in training and had a role in implementation.

Guide tools for patients and nurses standardized the process. Nurses kept the Bedside Shift Report Checklist (Tool 2) on their clipboards to remind them of the critical elements of bedside shift report. The bedside shift report brochure for patients (Tool 1) provided patients and families with information on what to expect, how to participate, and what time bedside shift report would occur. These brochures were placed in discharge folders, which were given to patients upon admission to the unit.

Nurse managers monitored and supported implementation. Nurse managers on 3-South conducted weekly huddles with staff to discuss challenges and concerns. They also obtained patient feedback by adding questions about bedside shift report to their daily leader rounds and communicating this

feedback to unit staff during the weekly huddles. The huddles also provided a way to reinforce aspects of training and ensure that staff were conducting bedside shift report as intended.

Anne Arundel Medical Center

Anne Arundel Medical Center implemented bedside shift report on a 44-bed medical-surgical unit. The hospital had previously initiated a pilot project to implement bedside shift report on a single oncology unit but found that the initiative was inconsistently sustained after the pilot project ended. Anne Arundel Medical Center wanted to “hardwire” bedside shift report as a standard practice and included hospital-wide implementation of bedside shift report as part of its fiscal year 2012 strategic plan.

Including bedside shift report in the fiscal year 2012 strategic plan created momentum. Anne Arundel Medical Center was able to plan implementation, identify six staff nurses to serve as unit champions, train all medical-surgical unit nurses, and roll out bedside shift report over a 3-month period. The hospital was working towards a goal of implementing bedside shift report hospital wide in mid-2012, which created positive momentum for the implementation leadership team.

Training addressed nurses’ concerns and emphasized key elements of bedside shift report. Anne Arundel Medical Center introduced nurses to the idea of bedside shift report at a hospital-wide Nursing Skills Day. This was followed by an hour-long mandatory lunch-and-learn training session for medical-surgical unit nurses. To directly address nurses’ fears, the hospital used the *Guide’s* PowerPoint training (Tool 3) and began each training session with a discussion of concerns about bedside shift report (for example, that bedside shift report would take longer or create issues related to privacy and confidentiality).

Nonpunitive evaluations ensured consistency of practices. After bedside shift report was rolled out, nurse leaders on the medical-surgical unit observed and evaluated each nurse three times to ensure he or she was implementing bedside shift report as intended. Following these evaluations, nurse leaders provided constructive, nonpunitive feedback to staff. Anne Arundel Medical Center also provided mechanisms for staff to give feedback, including setting up a suggestion box and conducting informal meetings.

Small-scale success paved the way for hospital-wide implementation. The experiences of staff, patients, and families on the medical-surgical unit were featured prominently in the hospital-wide rollout of bedside shift report. Training

and education for Anne Arundel Medical Center’s hospital-wide implementation of bedside shift report began with nursing grand rounds that included peer teaching, role play with nurses from the medical-surgical unit, and patients and families discussing their experiences with bedside shift report. Anne Arundel Medical Center also implemented a mandatory online training for all staff that included reviewing the principles of bedside shift report and viewing a training video that featured medical-surgical unit staff and patient and family advisors.

Patewood Memorial Hospital

When Patewood Memorial Hospital opened in 2006, leaders discussed implementing bedside shift report, but they decided to delay implementation. They revisited the idea of implementing bedside shift report with the *Guide* pilot project and implemented bedside shift report hospital wide in a post-operative setting of 36 beds.

Bedside shift included a specific emphasis on pain management. Nurse managers at Patewood viewed bedside shift report as an opportunity to improve communication around pain management, an area in which Patewood wanted to improve their CAHPS Hospital Survey scores. As a result, Patewood included questions about pain level and a requirement to review pain medications during bedside shift report

Presentations prior to staff training built support for bedside shift report. Before beginning staff training sessions, Patewood’s implementation team (nurse manager, nurse educator, and two senior leaders) gave presentations to hospital leadership, physicians, and Patewood’s Community Advisory Council about bedside shift report using the PowerPoint titled Engaging Patients and Families to Improve the Quality and Safety of Care We Provide (included in the Information to Help Hospitals Get Started section of the *Guide*). During these meetings, nursing students also presented a poster created using the *Guide* materials that described bedside shift report and its benefits.

Careful consideration of implementation timing minimized distractions for staff. Patewood adjusted its original implementation schedule to accommodate competing priorities, which included a site visit from the Joint Commission and changes in staff schedules as a result of increased hospital surgical volume. By waiting to train nurses and implement bedside shift report until the site visit was over and nurses had adjusted to staffing changes, staff were able to devote more time and attention to implementation.

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