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Staff Nurses’ Perception of Standardized Bedside Shift Report and Safety Assessment

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Staff Nurses' Perception of Standardized Bedside Shift Report and Safety Assessment

by

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A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2019

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Date

Abstract

This study was conducted to explore a group of Medical-Surgical staff nurses' perception of a unit-based procedure change, which included implementation of a standardized bedside shift report with a comprehensive safety assessment. The goal was to gain insight from the staff nurses via a qualitative survey to provide data for nurse leaders to examine common perception themes associated with implementation of bedside shift report with a standardized safety assessment. Themes derived from data analysis indicated that nurses perceived bedside shift report to increase patient safety but felt that some nurses were not willingly participating in bedside shift report. Staff nurses indicated that nurse leaders should consistently remind them about utilizing key words and evaluate their performance of the bedside shift report with safety assessment during observations. Implications for nurse leaders based on findings from the research suggested the importance of consistency and clear expectations of what is expected.

Keywords: nursing, nedside shift report, safety, patient safety, cultural change, comprehensive safety assessment

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CHAPTER I

Introduction

Patient perception drives a large part of how health care systems function. It is a commonly used indicator for measuring the quality of the care provided to the patient. Patient experience, or the perception of care provided, drives hospital revenue and reimbursement (Saine, 2017).

Patient safety is believed to be the first step in improvement in quality of health care delivery. Nursing maintains the goal of keeping all patients safe. Upon entering a patient's room, the nurse washes his or her hands to keep the patient safe from germs and then makes a quick assessment of the room for any potential safety hazards, such as: how is the patient positioned in bed? Is there clutter on the floor, such as tangled IV lines, or leaks in the bathroom that could cause a fall? Is the room clean? Are patient belongings near to be able to reach them? Is the bed alarm on for the patient's safety? Is the call light within reach of the patient? Have the patient and family members been educated on what we are doing to provide safety and how to call for help if they need something? All these things are routine for nursing staff and are part of the overall care that is provided to patients. However, to patients and their families, these questions are not the normal and this is not their normal environment. Education and discussions of safety must first be provided by nurses to patients and families to ensure they feel safe. Being open, honest, and repetitive in demonstrating the relentless and ongoing concern about the welfare of patients and their family while they are in the hospital does help make the case that their safety is being handled (Mazer, 2016). "Nurses make the case for both patient safety and satisfaction by being attentive to patients' needs. This is key to patient safety and a

smooth road to recovery" (Heath, 2016, para. 8). The foundation for patient safety and feelings of security is being a partner with the health care team and being active in their own care.

Bedside shift report between nurses and the patient and the patient's family is one of the most important times to include the patient in their care and help the patient, as well as the family, gain understanding of the situation. Traditionally, nursing report has been conducted at the nurses' station, outside of patient rooms. During this time period, patients are aware that their nurses are in report and are at the nurses' station, but that they are basically "alone" for approximately an hour of time. Research has shown that sentinel events are more likely to occur during this "alone" time (Ofori-Atta, Binienda, & Chalupka, 2015). "Bedside shift report eliminates that alone time and gives the patient a feeling of inclusion with the nurses as part of the health care team" (Ofori-Atta et al., 2015, para. 4). Patients remain informed and knowledgeable when updated on their plan of care and have the chance to ask questions or clarify information that is exchanged between the nurses. However, there remain nursing barriers to bedside shift report and safety assessment. Nurses are concerned with the patient and third-parties heating sensitive information, nurses felt that patients and families disrupted the flow of communication and increased the duration of shift report, and individual patient or nurse view or capabilities hindered bedside report (Tobiano, Whitty, Bucknall, & Chaboyer, 2017).

Significance

The Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS) survey contains 21 questions that encompass nine key topics: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment, and transition of care (Centers for Medicare & Medicaid Services, 2017). Official scores obtained from the HCAHPS surveys are publicly posted on the Hospital Compare Website for consumers to review. The scores are updated quarterly, and four consecutive quarters' scores are listed, with the oldest quarter falling off as the newest information is added.

The study was conducted in a 30-bed medical-surgical unit that is part of a small, acute-care hospital. The hospital implemented bedside shift reporting for nurses in 2011, however a compliance review in 2018 yielded inconsistencies by nursing staff. HCAHPS scores, provided by Press Ganey, showed that nurse communication with patient at report on this inpatient unit were 81.8% for the entire year of 2018. The hospital and its corporate entity had a goal for 2019 to be at or above 90% in this category. This goal prompted a push for more consistent bedside reporting and for the addition of a safety assessment within the bedside report to increase patient safety within the facility.

Nurses are on the frontlines of health care delivery, especially in the acute care setting. Standardizing the already present bedside shift report by adding the safety assessment is the first step in making patients feel safe and cared for while in the hospital. Change is essential to ensure that health care delivery does not stagnate but grows with the demand. There must be a change to add the safety assessment, so that patients and

their families can potentially feel that caregivers are doing everything in their power to keep them safe while in the hospital.

Purpose

The purpose of this study was to explore a group of Medical-Surgical staff nurses' perception of a unit-based procedure change, which included implementation of a standardized bedside shift report with a comprehensive safety assessment. This implementation was completed approximately three months ago, and the research interest is in the staff nurses' perception of this change because they are on the frontline of utilizing this process on a daily basis. The goal of this study was to gain insight from the staff nurses via a qualitative survey to provide data for nurse leaders to examine common perception themes associated with implementation of bedside shift report with a standardized safety assessment. Information regarding these common themes will be important to nurse leaders to successfully implement a standardized bedside shift report and safety assessment in order to keep patients informed and provide high-quality nursing care. The hypothesis is that nurses will be satisfied with the new bedside shift report and safety assessment process.

Theoretical/Conceptual Framework

Edgar Schein introduced the Organizational Culture Model to make culture more visible within an organization and indicated what steps need to be followed to bring about cultural change. According to Schein (2004), "Culture change inevitably involves unlearning as well as relearning and is, therefore, by definition transformative" (p. 335). It is sensible to have discussions with as many employees as possible to discover the underlying backgrounds and aspects of the organizational culture. These perspectives

could be a basis for cultural change. “Cultural change is a transformative process and behavior must be unlearned first before new behavior can be learned in its place. The responsibility lies with senior management supported by a personnel department” (Mulder, 2013, p. 1). Further, cultural change “…requires a comprehensive approach…It is important that results are measured, and that good performance is rewarded” (Mulder, 2013, p. 1).

In most organizational change efforts, it is easier to draw on the strengths of the culture than to overcome the constraints by changing the culture (Schein, 2010). There are three layers to organizational culture that must be realized to make a change within the culture. The outer layer consists of the artifacts or symbols of the organization, such as the logos, uniforms, etc. The middle layer is the exposed values of the organization, such as the standards, values, and rules of conduct. The inner layer or the core are the basic underlying assumptions. These are deeply embedded in the organizational culture and are experienced as self-evident and unconscious behavior. Assumptions are hard to recognize from within and it sometimes takes an outside individual to recognize the assumptions (Mulder, 2013). “When making a change, if the change is successful, and people like it, and it becomes a norm, then you can say it has become a culture change” (Kuppler, 2016, p. 1).

The Organizational Culture Model developed by Edgar Schein in 1980 will be the theoretical foundation of this study. Culture change, in an already established organization, can be hard to overcome. Assumptions are hard to recognize as they are unconscious behavior and are better recognized by someone outside the individual or individuals. Figure 1 depicts Schein’s Organizational Culture Model.

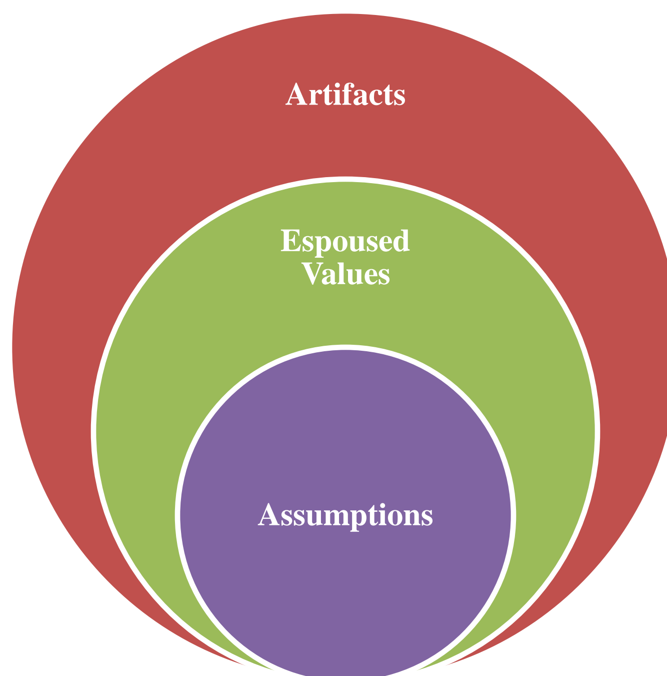

Figure 1. Concept, Theory, and Measure Model. This figure depicts the Organizational Culture Model by Schein.

Assumptions currently held by nursing staff on the Medical Services Unit are that bedside reporting takes too long and that the patient does not even pay attention during the reporting time. Nurses assume that because physicians have ordered certain labs and tests, the patient also knows and understands what is going on. The concurrent safety assessment that goes along with bedside shift report also holds information that the nurses complete in their daily shift assessment. However, the goal is to overcome the assumption that patients know and understand what is done to keep them safe while they are in the hospital. When patients leave the hospital, they will remember the good experiences and the bad experiences. If they felt safe and well cared for, they may remember that when they see the logo of the hospital somewhere else. The logo may evoke either positive feelings or negative ones. An organization should strive to have good feedback and positive interactions with the public.

In order to implement successful bedside shift report with a standardized safety assessment, it would be beneficial to assess the perceptions of the staff nurses who are the individuals that complete this activity on a regular basis. This information could give nursing leaders a better insight into the perceptions and assumptions of the nurses.

Thesis Question or Hypothesis

The purpose of this study was to explore a group of Medical-Surgical staff nurses' perception of a unit-based procedure change, which included implementation of a standardized bedside shift report with a comprehensive safety assessment. This implementation was completed approximately three months ago, and the researcher was interested in the staff nurses' perception of this change because they are on the frontline of utilizing this process on a daily basis. The goal of this study was to gain insight from the staff nurses via a qualitative survey to provide data for nurse leaders to examine common perception themes associated with implementation of bedside shift report with a standardized safety assessment. Information regarding these common themes will be important to nurse leaders to successfully implement a standardized bedside shift report and safety assessment in order to keep patients informed and provide high-quality nursing care. The hypothesis is that nurses will be satisfied with the new bedside shift report and safety assessment process.

Bedside shift report has been implemented in the organization since 2011 but was not a major focus of concern. With low performance scores on the HCAHPS survey, through Press Ganey, the hospital decided to focus on bedside shift reporting and add a comprehensive safety assessment to try and raise patient perception scores. Patient perception drives hospital reimbursement through the Centers for Medicaid and Medicare

Services directly, and affects how others view the hospital, indirectly. When patients are involved in their care and are educated and informed about the measures staff are taking to keep them safe while in the hospital, they are able to feel more comfortable and trust their caregivers. Both directly (i.e. through patient surveys) and indirectly (i.e. through word of mouth), an organization has a goal of having a positive name in the community. Edgar Schein's Organizational Change theory will be the foundation for this study. The purpose of this study was to investigate the following research question: what are nurses' perceptions of implementation of a comprehensive safety assessment with bedside shift report?

CHAPTER II

Literature Review

The purpose of this study was to assess themes of nurse perception of bedside shift report with safety assessment. The goal of this study is to gain insight from the staff nurses to provide qualitative data for nurse leaders to examine common perception themes associated with implementation of bedside shift report with a standardized safety assessment. Information regarding these common themes will be important for nurse leaders to successfully implement a standardized bedside shift report with a safety assessment in order to keep patients and their families informed and provide high quality, safe, and effective care.

Review of Literature

The purpose of the literature review was to gather information, examine previous studies related to similar topics, and organize themes related to the implementation and review of the bedside shift report process. The following sources were used to locate literature related to the research questions: Cumulative Index for Nursing and Allied Health Literature (CINAHL), Clinical Key for Nursing, ProQuest: Nursing and Allied Health Database, and Health Source: Nursing/Academic Edition. Keywords utilized for the literature search include: nursing bedside shift report, implementation of bedside shift report, safety assessment, and nurse perceptions.

Nurse Handoff

Patient handoffs involve the transfer of information, responsibility, and control between care providers and are viewed as a ubiquitous, clinical and organizational activity; ubiquitous as they occur across various groups of clinicians, clinical as they

serve as a forum for sharing patient-related information, and organizational as they occur at all levels of a hospital (Abraham et al., 2016). Abraham et al. (2016) presented a methodological framework Sequential Conversational Analysis (SCA), a mixed-method approach, that integrates qualitative conversational analysis with quantitative sequential pattern analysis. Sixteen medical intensive care unit nurses participated in the two-month study at an academic medical center in Texas. The study included 15 handoffs from those nurses. The participants used a paper body systems-based handoff tool to document patient care information for handoffs that included patient administrative data, code status, clinician orders, problems list, assessment and plan, medications and treatment, lines and invasive devices, lab results, a brief history, primary diagnosis, allergies, and radiology reports. Data collection included audio recordings of nurse handoffs during shift reports, general observations of nurse workflows, and semi-structured nurse interviews. Abraham et al. (2016) found that conversational strategies during interactions included presentation of information, accepting information, and seeking of additional information. There was a significant association between the speaker and their structure of communication with the outgoing nurse focusing on information presentation and the incoming nurse on accepting or seeking additional information. There was also a significant association between speakers' and their content of communication with both speakers focusing on lines and medications. Additionally, there was a significant focus by the incoming nurse on order review. Fifty-eight disruptions in communication were identified, caused by either doubtful or missing information, repetitive information, incorrect or conflicting information, and misinterpreted information. Disruptions were not found to be associated with the mean length of turns for either the outgoing or

incoming nurse. Overall, the use of the body-systems based tool was perceived to enhance a nurse's ability to quickly develop a holistic perspective of the patient contributing to thorough handoff communication.

According to a study by Ernst, McComb, and Ley (2017), "During the course of an average patient's 4.8-day hospitalization, at least 24 handoffs occur between providers" (p. 1190). Ernst et al. (2017) aimed to qualitatively investigate the nurse shift handoff on general medical-surgical units as a process within the workflow of the exchanging nurses. Specifically, the study sought to identify the ideal handoff, ways the handoff derived from ideal, and the subsequent effect in nursing care. Twenty-one medical-surgical nurses participated in one of five audio-taped focus group sessions at two different hospitals. Two major themes were identified through the focus groups: teams/teamwork and constructing and communicating a shared understanding of the patients 'conditions. "The importance of nurse preparatory activities was revealed including the incoming nurse reading patients' health records and outgoing nurses rounding on patients" (Ernst et al., 2017, p. 1189).

Standardizing Shift Report

"Although it is a concern among staff in every organization, communication is extremely consequential in health care organizations because poor communication can result in loss of life" (Cornell, Gervis, Yates, & Vardaman, 2014, p. 334). Cornell et al. (2014) proposed to measure SBAR's use during shift reports and interdisciplinary rounds on report times, report consistency, quality of information, use of paper and paper handling, transcription times, and patient review time. On a 48-bed medical-surgical unit at a suburban hospital, baseline observations of shift reports recorded tasks, tools, and

location. Observations of rounds included patient review time and consistency. A paper-based SBAR tool was then introduced with second observations, followed by an electronically-supported protocol and third observations. From the 51 shift report observations, the baseline time to complete reports was 53 minutes, significantly longer than 45.1 minutes with the paper SBAR and 38.1 minutes with the electronic tool. Two-hundred sixty-nine interdisciplinary round patient reviews were observed and compared to baseline, patient reviews were more consistent and significantly shorter post-SBAR, falling from 119 to 58 seconds.

"In the United States, medical errors result in more than 50,000 unnecessary patient deaths annually and contribute to billions of dollars in health care costs" (Usher, Cronin, & York, 2018, p. 157). The purpose of the project by Usher et al. (2018) was to evaluate a standardized bedside handoff process and its influence in a medical-surgical unit. The quality improvement project was performed in a medical-surgical unit and consisted of development, implementation, and evaluation of a standardized bedside handoff. Nurse surveys, a web-based educational program, and observations using the SBAR competency checklist tool, were used in the study. There was an identified improved perception of communication among the nurses as it relates to shift report and a reduction in length of handoff time after the educational intervention. Usher et al. (2018) concluded that continued nurse education and audits by nurse leaders are vital to the sustainment of positive outcomes.

Continuity of care relies heavily on passing pertinent, accurate information from nurse to nurse at the end of a shift. The researchers' baseline observations of shift-reporting processes in an intermediate care medical-surgical unit at a large tertiary care

center revealed problems due to the poorly designed framework for the shift report and practices used by the nursing staff (Chung, Davis, Moughrabi, & Gawlinski, 2011). The first draft of the new report tool was developed as a combination of evidence from the literature and the project leaders' knowledge of shift reporting practices. After a 10-item baseline survey completed by 22 nurse volunteers asked about attitudes toward and perception of the common shift report tool, information that should be included in shift report, information that was missed frequently, the amount of time required for nurses to search for missed information, delays in shift starting time, and overtime (paid and unpaid), the first draft of the new report tool was refined further. The same nurse volunteers participated in a pilot study of the evidenced-based, standardized shift-reporting tool to test its utility before implementation on the whole unit. The nurses received a one-hour educational class to learn how to correctly use the tool and all other staff were made aware of the initiative at monthly staff meetings. During the pilot study, one-on-one coaching, mentoring, and feedback about effective use of the shift-report tool was provided. Daily monitoring and feedback were implemented to increase staff nurses' consistent use of the tool. Two months after piloting the standardized shift-report tool the original 10-item survey was administered to the 22 nurse volunteers. Chung et al. (2011) found from the nurse surveys that 10 areas commonly missed in shift reports before the implementation of the shift report tool were new admission orders, off monitor orders, lab tests ordered or results, treatments, as-needed medications for high blood pressure, cardiac monitoring/ telemetry, tasks to be done, physician pagers, wounds, and falls precautions. Those areas were no longer reported as missing after the implementation, but six other areas were described by nurses: code status, admission date, intern names and

numbers, the discharge plan, diet, and allergies. Limitations identified by Chung et al. (2011) were that the results and tool may only be applicable to similar medical-surgical settings. Overall, with the implementation of the standardized tool at shift-report the unit improved the thoroughness and completeness of shift reports, reduced the amount of time spent by nurses searching for missed information and starting their shift, and decreased the use of overtime.

To maintain the continuity of care and improving the quality of care, effective inter-shift communication is necessary. Any handover error can endanger patient safety. "Despite the importance of shift handover, there is no standard handover protocol in our health care" (Malekzadch, Mazluom, Etezadi, & Tasseri, 2013, p. 177). The one-group, pre-test post-test, quasi-experimental study was conducted using a convenience sample of 56 Intensive Care nurses affiliated to a large-scale teaching hospital in Iran. The Nurses' Safe Practice Evaluation Checklist (NSPEC), developed by the study researchers, consisted of 20 interventions that, if omitted, resulted in adverse consequences for the patients. The possible responses to each item on the NSPEC were either "performed," "not performed," and "not indicated." The items were scored 1 for "performed," 0 for "not performed," and the "not indicated" items were deleted, so that the possible range of scores were 0-20. The main purpose of the study was to change the nurses' shift behavior and researchers based the project on Kurt Lewin's Change Theory. Based on the theory a successful change project consists of three stages: unfreezing, change, and refreezing. The NSPEC's were turned in to researchers during the study and scores were compared. After implementation of the designed shift handover protocol the nurses' NSPEC scores increased significantly. In other words, implementing standardized and structured shift

handover protocols can improve nurses' safe practice. "Shift handover protocols result in effective and regular inter-shift information communication which then promotes the continuity of care" (Malekzadch et al., 2013, p. 184).

The study by Walsh, Messmer, Hetzler, O'Brien, & Winningham (2018) evaluated bedside reporting from the nurse's perspective regarding accountability, empowerment, work effectiveness, satisfaction, and communication. The aim of the study was to examine the effects of an educational learning activity on bedside handoff reporting related to accountability and work effectiveness. A demographic questionnaire, the Specht and Ramier Accountability Index-Individual Referent and the Conditions for Workplace Effectiveness Questionnaire-III were administered pre-and post-educational learning activity intervention. Of 184 RN's, 104 completed the pre-test, with only 73 of those completing the post-test. Statistically significant differences were seen with empowerment, work effectiveness, communication, and nurse job satisfaction post-test. No statistically significant difference was found with accountability (Walsh et al., 2018). According to Walsh et al. (2018), for medical-surgical units, incorporating bedside reporting can increase nurse satisfaction, accountability, and positive outcomes.

In an article by Sherman, Sand-Jecklin, and Johnson (2013), the researchers conducted a thorough literature review focused on bedside report and handoff. Sherman et al. (2013) concluded from their synthesis of the literature that the nursing shift change report is an essential part of nursing practice. However, little research had been conducted to compare the benefits and disadvantages of various shift report methods. Each article reviewed in the literature review by Sherman et al. (2013) was highly positive concerning nursing bedside shift report, but all had either small sample sizes

where statistical significance had not been determined or provided only qualitative support. According to Sherman et al. (2013), quantitative evidence is lacking regarding the risks of implementing bedside report and there appears to be more potential benefits for patient outcomes, as well as patient and nursing satisfaction.

Implementation of Bedside Shift Report

The literature identifies several benefits of bedside nursing shift report. However, published studies have not adequately quantified outcomes related to the process change. "Most studies have either small or unreported sample sizes or do not test for statistical significance" (Sand-Jecklin & Sherman, 2014, p. 2854). The quasi-experimental pre- and post-implementation study by Sand-Jecklin and Sherman (2014) implemented a blend of recorded and bedside nursing report on seven medical-surgical units in a large university hospital. Outcomes monitored included patient and nursing satisfaction, patient falls, nursing overtime, and medication errors. The researchers found that there was statistically significant improvement in patient satisfaction of the bedside shift report. Nursing perceptions of the report were significantly improved in the areas of patient safety and involvement in care and nurse accountability. However, there was a decline in nurse perception that the report took a reasonable amount of time post-implementation of bedside reporting, contrary to the data which showed there was no significant increase in nurse overtime. Patient falls at shift change decreased substantially post-implementation. However, there were some indicators from both patients and nurses that bedside report was not always consistently implemented. Per Sand-Jecklin and Sherman (2014), if properly implemented, nursing bedside report can result in improved patient and nursing satisfaction and patient safety outcomes. However, managers should involve staff nurses

in the implementation phase and continue to monitor consistency in report format, as well as satisfaction with the process.

Patients in acute care hospitals face an increasingly complex environment for care delivery. Because of the need for 24-hour care that is often provided by multiple disciplines and services, communication among health care personnel is an essential component of safe, effective care. “The most frequent period of professional communication in acute care hospitals is the shift-to-shift report by nurses” (Evans, Grunawalt, McClish, Wood, & Friese, 2012, p. 281). A 32-bed medical-surgical unit, part of the University of Michigan Hospital and Health Centers developed and evaluated an intervention to relocate shift-to-shift nursing report to the patient’s bedside. To evaluate the effects of the process change, nurse leaders maintained log books of observations during the change process. Team members collected baseline data prior to the implementation of bedside reporting by the researchers observing six nurses during the last hour of their shift, and averaged the time spent conducting shift-to-shift report. Nurses were also asked to complete a survey about their satisfaction with the nursing report process. These measures were assessed again six months following implementation of bedside shift report. Leader observations indicated nurses were slow to adopt the new process, but as their comfort with the technique increased and leaders continued to reinforce potential benefits of the new process, staff more widely accepted the intervention. Results of the study suggested bedside report increased nursing satisfaction, helped nurses prioritize their workflow better, and decreased the amount of time for report. Evans et al. (2012) suggests that improved prioritization of the workflow means the most acute patients are seen first after report, patients in the assignment are

seen within the first half-hour of the shift, and oncoming nurses are able to visualize the patient themselves rather than rely on comments from colleagues. Nurses are able to visualize the environment, make checks of the IV-line, site, and fluids, and ask questions of patients and their colleagues. Through the study, researchers found that despite the evidence, concerns exist regarding the sustainability of bedside report; many nurses believe the process violates patient confidentially and they are not comfortable talking in front of the patient. “Nurses also worry the patient may ask for something during report, thus impeding the report process” (Evans et al., 2012, p. 284).

In Catholic Health Initiative (CHI) Franciscan Health System’s 26-bed long-term acute care hospital (LTAC), Rogers, Li, Clements, Casperson, and Sifri (2017) proposed a project to improve communication between nurses by implementing a standardized bedside report at change of shift. The structured process included visual confirmation of the information communicated during handoff and the project’s goals were to have handoff report at bedside using the electronic medical record efficiently, to increase patient and family satisfaction, to increase nurses’ satisfaction, to decrease patient falls related to communication, and to decrease medication errors related to communication. A computer-based survey was created to assess the current attitudes of the nurses regarding shift report, their expectations of the process, and their attitudes toward giving report at the patients’ bedside. Paper-based surveys were provided to patients and their families to document their experience and help the researchers to better understand how to better serve them. A bedside report tool was created to guide the electronic medical record process and standardize patient safety checks. The tool combined the SBAR reporting system and a project structure from the Franciscan Health System, called the 5 P’s

project: project, plan, purpose, problems, and precautions. The 5P's is a format used to guide and structure the flow of information to enhance communication. In-service training sessions were required of nurses to educate about the tool's design and outline the bedside report process. The research team demonstrated the process and encouraged staff during hands-on simulation. Rogers et al. (2017) found common barriers that they encountered during implementation were privacy and confidentiality concerns, accessing patients in isolation, reluctance to talk in front of patients, time management, and anxiety about change. These barriers were addressed during staff education. Data collected over a six-month period measured outcome in nurse and patient satisfaction with communication, number of falls, and number of medication errors. A baseline survey was conducted along with additional data collections at three and six months after the implementation of the bedside shift report process. Medication errors related to handoff communication decreased 80% and patient falls related to handoff communication decreased 100%. Surveys revealed that there was a 12% increase in family satisfaction and a 23% increase in patient satisfaction. Follow-up surveys also showed that there was a 13% increase in nurses' satisfaction with reports given and a 23% increase in nurses' satisfaction with reports received (Rogers et al., 2017).

A midwestern 532-bed, acute care, tertiary, Magnet designated teaching hospital identified concerns about fall rates and patient and nurse satisfaction scores. An evidence-based practice change incorporating bedside report into standard nursing care was implemented and evaluated over a four-month time period, on three nursing units. McAllen Jr., Stephens, Swanson-Biearman, Kerr, and Whiteman (2018) measured fall rates, HCAHPS and Press Ganey scores, and nurses' response to a satisfaction survey

before and after the project implementation. Results demonstrated that patient fall rates decreased by 24% and nurse satisfaction improved with four of six nurse survey questions having percentage gains in the strongly agree or agree responses following implementation of bedside report. HCAHPS and Press Ganey results demonstrated improvement in scores on two of the three nursing units. McAllen Jr. et al. (2018) found that implementation of bedside report had a positive impact on patient safety, patient satisfaction, and nurse satisfaction.

Racco (2014) implemented bedside report and two-nurse safety check, which incorporates a visual inspection of the patient and increases nurse accountability and decreases the potential for mistakes. Pre-measurement questionnaires were sent to intensive care nurses to determine the efficiency of the current method of handoff at the nurses' station. Results of these surveys revealed that nurses were spending time correcting inaccurate intravenous records, tidying patients' rooms, replacing empty intravenous fluid bags, and investigating whether an unsigned medication was given. Study interventions included creating and distributing a bedside report self-study module and choosing bedside report champions to support the change in practice. Bedside report included introduction of oncoming nurse to patient, two-nurse safety check, and questions for nurse and patient. During the safety check, nurses observe patients' appearance, accuracy of intravenous fluids, pump settings, oxygen delivery, cleanliness of patient's room, and completeness of medication record. After implementation on the unit, champions encouraged peers to comply with the practice and discussions were held at staff meetings to troubleshoot challenges in adopting practice change. Follow-up questionnaires were then sent to staff to assess compliance and improvements in practice.

Results from the study by Racco (2014) revealed that 71% of the nurses were compliant. Nurses were spending less time cleaning a patients' room and fixing inaccuracies passed on in report. According to pharmacy audits on the unit, there was an approximate 50% decrease in unsigned medications.

The purpose of the project by Boshart, Knowlton, and Whichello (2016) was to use a quality improvement process to reintroduce bedside shift reporting at a 294-bed community hospital in eastern North Carolina. Although bedside shift report had been introduced two years prior, the implementation failed. After interviews with the clinical nurses and staff development specialists involved with the initial implementation, it became apparent that the cause of the failure was multifaceted: inadequate staff education, lack of buy-in by nursing staff and leadership, and lack of accountability and supervision from nursing leadership (Boshart et al., 2016). The initiative involved an education session at each department's staff meeting to reintroduce bedside shift report though a formal presentation and discussion, nursing leadership rounds at shift changes to lend support and encouragement to staff members as they adopt the new process, and an evaluation of each staff member's competency of bedside shift report 60 days after implementation. Monitoring would then continue in the form of periodic rounding by nursing leadership to ensure that the process was being consistently utilized in daily practice. According to Boshart et al. (2016), three months after reimplementation unit managers were reporting100% nursing staff adherence during random spot checks. Although the project was initially successful, the original plan required modification. The Plan, Do, Check, Act method was used throughout the planning and initial implementation stages. Expected patient outcomes included the realization that the

patient perspective was important to those providing care. Suggested modifications for future attempts at quality improvement projects included: staggering implementation dates for each department and piloting the initiative in one or two departments before initiating it house wide (Boshart et al., 2016).

Perceptions of Bedside Shift Report

"Favorable nurse satisfaction with information technology tools used during bedside shift handoff may encourage standardization of communication processes, benefiting nurse-patient and nurse-peer communications" (Chapman, Schweickert, Swango-Wilson, Aboul-Enein, & Heyman, 2016, p. 313). In a 430-bed acute care hospital in Michigan, an SBAR bedside handoff process was implemented to create a safe, relationship-centered, active information transfer that included immediate visualization of the patient. The organization customized a Cerner nursing communication information technology (IT) tool in an SBAR format within the electronic health record. The project was a process improvement action plan that included a series of unannounced manager observations of nurses' handoff processes, "just in time" coaching of performance expectations, one-on-one IT tool review, and reassessment. Additionally, each nurse completed a mandatory quiz highlighting elements of the IT tool. The purpose of the project by Chapman et al. (2016) was to measure nurses' satisfaction with communication of care, levels of comfort using an IT tool, satisfaction with communication received, and overall satisfaction with the tool. A convenience sample of 46 nurses were administered a 10-item survey, created by the researchers. Chapman et al. (2016) found that most nurses reported being satisfied or highly satisfied with communication of patient care when using the IT tool, comfort of

using the IT tool, patient information received using the IT tool, and using the IT tool during bedside handoff. Strong relationships were demonstrated between years as an RN and years working at the organization with satisfaction of care communicated using the IT tool. Chapman et al. (2016) implied that nurses' expertise and organizational cultural norms influenced IT tool satisfaction during handoff.

Communication failure during shift reports are a leading cause of sentinel events in the United States. Providing adequate information during change-of-shift reporting is essential to promoting patient safety. In addition, patients want to be more involved in decisions regarding their plan of care (Laws & Amato, 2010). Laws and Amato (2010) discussed how a stroke rehabilitation unit was able to implement bedside change-of-shift reporting to meet both of these goals. A pre-implementation survey was administered to nurses on the unit and results indicated that many nurses were reluctant to change their routine methods of using audio-taped reports. Concerns regarding patient confidentiality were frequently mentioned and nurses feared situations in which patients would talk to ask questions for extended periods of time, thereby making the report process too long. Many nurses were unsure of how to address other circumstances, such as reporting in front of family members or dealing with uncooperative patients. Education for patients and nursing took place the week before bedside reporting was initiated and was completed using in-service education and handouts for the nurses and a manual was designed for staff members to reference. Patient education was provided to all patients through a welcome letter, as well as a brief informal presentation. Staff would reinforce the purpose of the new reporting process and encourage patient participation during the change-of-shift report. A post-implementation survey was then administered to nurses

four months after bedside reporting was initiated. Results showed the most nurses felt that the new reporting method had improved patient safety and provided patients with an opportunity to discuss their plan of care. Nurses also felt that this type of handoff made off-going staff more accountable and reassured patients that the nurses worked as a team. Areas of improvement, identified by nurses, included that bedside reporting works best at the start of the day and evening shifts. Night shift staff found that patients were sleeping and did not want to disturb them. The need for a short report time away from the bedside was identified when discussing sensitive issue, therefore a post-report time was established on an as-needed basis. Laws and Amato (2010) found that the greatest challenge encountered in implementing bedside reporting was encouraging patients to be part of the discussion. However, using champions, or nurses who were adept in communicating the plan of care with patients, helped ensure that all nurses quickly became comfortable with the new process.

In a study by Kearns (2015), bedside report was implemented by presenting the concept and education on a 32-bed cardiac care unit to the nurses via posters and providing a change-of-shift report sheet to the nurses over a four-week education and trial period. Champions volunteered to help empower coworkers and to model bedside handoff, as well as to update and encourage others to update the change-of-shift report sheet. On admission, nurses would educate patients on bedside report and including change-of-shift time and benefits and that there would be time for the patient to ask questions and voice concerns at the end of the report. Per diem and float nurses were taught and encouraged to take part in the bedside report as well. After implementation, patients have voiced increased satisfaction and understanding of their medical course.

Since the project by Kearns (2015), bedside report has been established and education is in the works to make the process hospital-wide.

A study by Bigani and Correia (2018) proposed to explore nurse, patient, and family perceptions about change-of-shift bedside report in the pediatric setting and to describe specific safety concerns that were identified during the change-of-shift handoff. An exploratory-descriptive qualitative study design was utilized for the study, and interviews were conducted and reviewed to identify common themes. Analysis of the data revealed common themes as perceived barriers, patient safety, and impact on patient care. Participants found that bedside report promotes patient safety and is the preferred form of change-of-shift handoff communication. Additionally, participants stated that there is increased accountability and increased transparency as everyone involved in bedside report is “on the same page” (Bigani & Correia, 2018).

Maxson, Derby, Wrableski, and Foss (2012) implemented bedside nurse-to-nurse handoff and surveyed patients and staff nurses to determine if bedside nurse-to-nurse handoff increases patient satisfaction with the plan of care and increases patient perception of teamwork, and to determine if bedside nurse-to-nurse handoff increases staff satisfaction with communication and accountability. A convenience sample of 60 patients were enrolled, 30 before the practice change and 30 after the change. All nursing staff were invited to participate. Both patients and staff were given self-designed surveys before and after the practice change. Fifteen nurses completed the pre- and post-survey. A majority of the staff were not satisfied with the current shift change report, but statistical improvement was achieved with patients’ satisfaction with involvement in their

plan of care. According to Maxson et al. (2012), use of bedside nursing handoff promotes staff accountability, two-person IV medication reconciliation, and patient satisfaction.

The evaluation of bedside shift report describes the process of involving clinical nurses in evidenced-based practice and research at an academic medical center by using existing structures and resources (Schirm, Banz, Swartz, & Richmond, 2018). The purpose of the study by Schirm et al. (2018) was to evaluate nurses' perceptions regarding bedside shift report as it was being implemented. A secondary purpose was to assess indirectly patient satisfaction with bedside shift report using publicly reported measures of satisfaction with nursing care. Nurses' perceptions of bedside shift report were evaluated using a 17-item Nursing Assessment of Shift Report. Patient satisfaction with nursing care, measured by National Research Corporation, survey items evaluated indirectly patient perceptions of bedside shift report. Nurses' perception of nursing bedside shift report agreed with the effectiveness, efficiency, helpfulness, accountability, professionalism, patient involvement, safety, and plan of care information. Nurses disagreed that bedside shift report was stress-free, prevents discharge delays, provides discharge and education information, and is completed in a timely manner. Themes regarding what nurses liked best about bedside shift report included establishing a therapeutic patient/family relationship, maintaining professionalism and accountability, promoting patient safety, and increasing communication and family involvement. Also, nurse comments regarding the least-liked features of bedside shift report included time required to conduct report, repetition of information, disruptions of patients' sleep, and concerns about confidential information. Additionally, comments from nurses included restating previous concerns as well as providing suggestions for improving bedside shift

report. Ultimately, the project and its subsequent results empowered clinical nurses to offer practice implications as well as recommendations and suggestions for promoting evidence-based practice and research among nurse colleagues (Schirm et al., 2018).

Bedside handover during the change of shift allows nurses to visualize patients and facilitates patient participation, both purported to improve patient safety. But bedside handover does not always occur and when it does, it may not involve the patient. Tobiano et al. (2017) proposed a study to explore and understand barriers nurses perceive in understanding bedside handover. A survey was administered to 200 nurses who worked on medical units in two Australian hospitals. The survey consisted of one open-ended question that asked about perceived barriers to bedside handover. Of 176 participants, the surveys were analyzed and three categories were identified by researchers: censoring the message showed nurses were concerned about patients and third parties hearing sensitive information, disrupting the communication flow (nurses perceived patients, family members, other nurses, and external sources interrupted the flow of handover and increased the duration, and lastly, inhibiting characteristics demonstrated that individual patient and nurse views or capabilities hindered bedside handover. Overall, Tobiano et al. (2017) found that barriers to bedside handover were determined to relate to individual nurse factors, patient factors, social, political and legal factors, and guideline factors.

CHAPTER III

Methodology

The purpose of this study was to assess themes of nurse perception of bedside shift report with safety assessment taken from anonymous nurse surveys. The goal was to provide data for nurse leaders to examine the common themes associated with implementation of bedside shift report with a standardized safety assessment. Information regarding these common themes will provide generalized data that may be important to nurse leaders to successfully implement a standardized bedside shift report safety assessment in order to keep patients informed and provide high quality, safe, and effective care.

The researcher used grounded theory as the qualitative method for this study. Grounded theory is an approach for developing theory that is "grounded" in data systematically gathered and analyzed (Strauss & Corbin, 1994). During implementation of bedside shift report with the comprehensive safety assessment, on the unit, observations were made by nurse leaders to educate staff. During those observations, it was found that nurses were not consistently using key words and educating the patients and families on bedside shift report with comprehensive safety assessment. The survey answered by nurses on the unit addresses this theme, along with questions to determine other themes or consistencies. After all anonymous surveys were collected, the data was analyzed and organized based on common themes of answers provided.

Study Design

A descriptive study was designed to qualitatively assess the themes associated with nurse perception of the implementation of bedside shift report with safety assessment. A standardized safety assessment tool was introduced to nurses on a 30-bed medical unit to be utilized within their bedside shift report in February 2019. Following the introduction of the safety assessment, education was provided via internet-based modules and a video depicting a model safety assessment and bedside shift report. Observations of the safety assessment during bedside shift report were made by nursing leaders and immediate educational feedback was given to the nurses to ensure proper implementation. Approximately four months following implementation, an anonymous survey was completed by staff nurses on the medical-surgical unit to gauge their perception of the bedside shift report with safety assessment. Information and themes gathered by the researcher will assist to better understand the nurses' perception and determine future implications for nurse leaders.

Setting

The study was completed at a small community, acute care hospital located in the piedmont of North Carolina. The bedside shift report with safety assessment was introduced to the entire facility, but nurse perception surveys were completed only on the 30-bed medical-surgical unit.

Sample/Participants

A convenience sample of approximately 35 registered nurses were administered an anonymous survey about the bedside shift report with safety assessment. The

participants were all staff nurses who work on the medical-surgical unit at the facility and agreed to complete the survey. No participant identifiers were gathered during the survey.

Intervention and Materials

A safety assessment, developed from Community Health Systems, will be used during bedside shift report. The safety assessment was introduced to nurses on the medical-surgical unit with education provided on how to address each section and how to include the patient and family in the assessment. Education was provided via the hospital's internet-based learning system and a video depicting model bedside report with safety assessment, made by nurse leaders within the facility. After education was provided to staff nurses, the safety assessment was included during bedside shift report on every encounter. Nursing leaders observed bedside shift report at random times, after implementation, to provide immediate guidance and critique to staff nurses to ensure correct implementation of the bedside shift report with safety assessment.

This study involved administering a post-implementation qualitative perception survey developed by the researcher to gather information on the staff nurses' perception of the bedside shift report with safety assessment. This research may assist with identifying common themes as experienced by the staff nurses who are on the frontline of implementing and utilizing bedside shift report with a safety assessment. The short-survey, developed by the researcher, included four open-ended questions to be filled out by staff nurses on the medical-surgical unit. Nurses were given one week to anonymously complete the survey and place it in a designated location for the researcher to gather.

Measurement Methods

The reference and data collection tools that were used in the study are the Bedside Shift Report with Safety Assessment and the anonymous qualitative staff nurse surveys. The Bedside Shift Report with Safety Assessment is a one-page form developed and distributed by Community Health Systems. Permission to utilize this form was received by corporate entities of Community Health Systems by the researcher. The Safety Assessment, which will be used by nurses during bedside shift report, is a form that outlines high risk areas to be assessed during the shift report safety assessment. These high-risk areas are Catheter-Associated Urinary Tract Infections (CAUTI's), Central Line Associated Blood Stream Infections (CLABSI), Deep vein Thrombosis (DVT), telemetry safety, *C. Difficile*, falls, pressure injury, post-operative patients, *Methicillin-Resistant Staphylococcus Aureus* (MRSA) and contact precautions, and present readmissions. When nurses participate in bedside shift report each of the areas will be addressed to ensure the safety of patients during their hospital stay. The form consists of checkboxes for nurses to check after each section has been discussed or assessed.

The four-question survey administered to the staff nurses to complete was developed by the researcher. Development was aided by common themes associated with nurse leader observations of bedside shift report with safety assessment during the implementation phase. All four questions are open-ended to allow for more detail from staff nurses on their perceptions of the bedside shift report with comprehensive safety assessment. The questions are as follows:

1. What is your perception of the standardized bedside shift report with a comprehensive safety assessment?

2. What is working well with the standardized bedside shift report with a comprehensive safety assessment?
3. What is **not** working well with the standardized bedside shift report with a comprehensive safety assessment?
4. Based on nurse leader observations, there remains a consistent trend of nurses not using key words during the standardized bedside shift report with a comprehensive safety assessment. What are your recommendations for improvement?

Data Collection Procedures

After obtaining permission from the university's Institutional Review Board (IRB), staff nurses on the medical-surgical unit were educated thoroughly on the purpose and intent of the study and informed consent was obtained. Surveys were placed in the employee break room and an e-mail was sent to all staff nurses to let them know the survey was available. The e-mail contained a due date for the survey and information on where to place the survey after completion. Staff nurses had one week to complete the survey. The e-mail also had a copy of the survey, so that the staff nurses had the option to type their perceptions and print the form, if they wish, for further confidentiality. When the due date had passed, the researcher gathered the completed surveys from the designated location in order to obtain data from the surveys. Common themes were derived from the information gathered from the staff nurse surveys.

Protection of Human Subjects

An application was submitted to the university's IRB and the research study was approved prior to data collection. There were no risks to the participants in this research

study. The benefit of the study will be to assist health care leaders in successful implementation of bedside shift report with safety assessment.

After education of the intent and purpose of the study, including risks and benefits, informed consent was obtained from the staff nurses on the medical services unit. Surveys remain completely anonymous with no nurse names or identifiers being placed on surveys. Nurses had the option to withdraw from the study during the completion period by choosing to not complete or turn in their survey. Each nurse was informed that after their survey was turned in, there is no way to withdraw it from the study because there are no identifiers to indicate their specific survey. After the surveys were completed and gathered by the researcher, they were kept in a folder, and locked in the office of the researcher. Common themes were entered into a password-protected Microsoft Excel spreadsheet.

Data Analysis

Information and common themes from the anonymous staff nurse surveys were determined by the researcher and compiled into a Microsoft Excel spreadsheet. The spreadsheet was further examined by the researcher for strategies to aid implementation of bedside shift report with safety assessment.

CHAPTER IV

Results

The purpose of this study was to explore a group of Medical-Surgical staff nurses' perception of a unit-based procedure change, which included implementation of a standardized bedside shift report with a comprehensive safety assessment. This implementation was completed approximately three months ago, and the research interest was in the staff nurse's perception of this change because they are on the frontline of utilizing this process on a daily basis. The goal of this study was to gain insight from the staff nurses via a qualitative survey to provide data for nurse leaders to examine common perception themes associated with implementation of bedside shift report with a standardized safety assessment. Information regarding these common themes will be important to nurse leaders to successfully implement a standardized bedside shift report and safety assessment in order to keep patients informed and provide high-quality nursing care. The hypothesis is that nurses will be satisfied with the new bedside shift report and safety assessment process.

Sample Characteristics

At the time of the survey, 35 staff nurses were given the opportunity to participate. This is a total of all staff nurses employed on the unit. At the end of the survey period, seven staff nurses had consented to participate and completed a survey (20% completion rate). All seven staff nurses that participated in the study were female (100%). Five of the participants were employed full-time on the unit (71.4%) and two were employed part-time on the unit (28.6%). Table 1 illustrates descriptive statistics of the sample.

Table 1

Descriptive Statistics of the Sample (n=7)

Sample Population n=7	Sample Population Percentage	Employment Status at Time of Study	Employment Status (percentage)
Male= 0	0%	Full-time= 5	71.4%
Female= 7	100%	Part-time= 2	28.6%
Total= 7	100%	PRN= 0	0%

Major Findings

Question one on the survey asked, "What is your perception of the standardized bedside shift report with a comprehensive safety assessment?" One respondent wrote that "…. all staff will communicate pertinent information about the patient and his/her care. To include safety information." Overall, respondents agreed that during bedside shift report is a good time to verify all information given during report is accurate and up-to-date and involves the patient in the report. All responses were positive and in favor of bedside shift report, but none addressed the comprehensive safety assessment specifically. There were only two responses that included barriers or aversions to completing bedside shift report with the comprehensive safety assessment. Those responses included, "This is hard to do in the morning when patients are still sleeping" and "it seems to be more time consuming."

Question two on the survey asked, "What is working well with the standardized bedside shift report with a comprehensive safety assessment?" Responses included information about being able to complete a "mini assessment" during report to ensure interventions for the patient are in place and correct and assessing the safety of the

patient. One respondent stated that, “Nurses and CNA’s are catching errors whenever things should be implemented and have not yet been done.” Another common theme noted was that respondents answered regarding patients being able to provide more information that is vital to their care. Some examples included: “The patient is able to add their input and often give the RN information that is not in the medical record” and “The ability for oncoming staff to ask questions about previous interventions and whether they were effective or not, in order to prevent duplication and improve care plan.”

The third question asked, “What is not working well with the standardized bedside shift report with a comprehensive safety assessment?” The two common themes with this question were that some RN’s are not willing to participate in bedside shift report and that information is not always reported from shift to shift or is reported inaccurately. One staff nurse wrote, “I find it beneficial to review the latest progress notes and orders in charts because often orders have been signed off on, not completed, and thus not relayed.” Other responses included that trying to remember key words and the order for report is overwhelming and that waking patients up is a dis-satisfier because a safety assessment can be completed while the patient is sleeping.

The final question addressed a common theme derived from nurse leader observations of the bedside shift report with comprehensive safety assessment. The question asked, “Based on nurse leader observations, there remains a consistent trend of nurses not using key words during the standardized bedside shift report with a comprehensive safety assessment. What are your recommendations for improvement?” After review of all answers to this question, there were two consistent themes that continued to be addressed. The themes included, continual reminders to nurses to use the

key words during bedside shift report with comprehensive safety assessment and education/ reinforcement to nurses during nurse leader observations, and that the facility changed the form used by nurse leaders during observations and that made it inconsistent for what was being observed. One staff nurse offered that "a checklist would be beneficial, but one-time use with each bedside shift report for each client." Table 2 illustrates the data findings from the staff nurse surveys, including themes and additional notes.

Table 2

Results of Nurse Surveys

Question	Themes	Additional Notes
What is your perception of the standardized bedside shift report with a comprehensive safety assessment?	• Bedside shift report is a great time to verify all information given during report is accurate and up-to-date • Bedside shift report involves the patient in report	• All participants were positive and in favor of bedside shift report • No participants addressed the comprehensive safety assessment portion of the bedside shift report •
What is working well with the standardized bedsides shift report with a comprehensive safety assessment?	• Nurses like being able to do a "mini assessment" to ensure interventions are in place and correct and assessing the safety of the patient. • Patients are able to provide vital information to their care	• Nurses can ensure that proper interventions for health and safety are implemented • Patients are able to ask questions and provide additional information regarding their health history, care plan, and the effectiveness of interventions

What is not working well with the standardized bedside shift report with a comprehensive safety assessment?	• Some RN's are not willing to participate in bedside shift report • Information is not always reported from shift-to-shift accurately or is reported inaccurately • Nurses report that remembering key words is overwhelming	• Nurse leaders need to consistently remind staff members of the key words • RN's should ensure that the report they give to the next shift is accurate and information is verified
Based on nurse leader observations, there remains a consistent trend of nurses not using key words during the standardized bedside shift report with a comprehensive safety assessment. What are your recommendations for improvement?	• Continued reminders from nurse leaders to use the key words during bedside shift report with comprehensive safety assessment • Education reinforcement to nurses during nurse leader observations • The facility changed the audit form used by nurse leaders and made observations inconsistent	• Consistency is key! • Reminders of key words form nurse leaders

Summary

The data collected from the surveys completed by staff nurses provided information on nurses' perception of the bedside shift report with comprehensive safety assessment. Common themes concluded that overall, nurses felt that bedside shift report with a comprehensive safety assessment is a positive initiative to ensure that information being reported is accurate and that the patient is included. Barriers to bedside shift report

were found that nurses felt that waking patients for report is unfavorable for both nurses and patients and that some nurses were still not willing to participate in shift report at the bedside. Many of the staff nurses also addressed that the facility had changed the audit tool used by nurse leaders during observations of bedside shift report with a comprehensive safety assessment, thus making it harder for nurses to know and remember what they are supposed to be focusing on and becoming more consistent in their report. Suggestions for improvement included: adding a checklist for nurses to ensure that all elements are included in the bedside shift report with comprehensive safety assessment, and constant education of nurses during nurse leader observations and continual reminders to utilize key words when educating patients and families.

CHAPTER V

Discussion

The purpose of this study was to explore a group of Medical-Surgical staff nurses' perception of a unit-based procedure change, which included implementation of a standardized bedside shift report with a comprehensive safety assessment. This implementation was completed approximately three months ago, and the researcher was interested in the staff nurse's perception of this change because they are on the frontline of utilizing this process on a daily basis. The goal of this study was to gain insight from the staff nurses via a qualitative survey to provide data for nurse leaders to examine common perception themes associated with implementation of bedside shift report with a standardized safety assessment. Information regarding these common themes will be important to nurse leaders to successfully implement a standardized bedside shift report and safety assessment in order to keep patients informed and provide high-quality nursing care.

Implication of Findings

Major themes derived from the data analysis of this study indicated that overall, nurses had a positive perception of bedside shift report with a standardized safety assessment. They felt that bedside shift report increased patient safety mainly by including the patient in the report and by ensuring that information shared from nurse to nurse was accurate with ordered interventions in place. However, there was a theme that some nurses are not willingly participating in bedside shift report and many nurses felt that waking patients to participate in report was a dis-satisfier. The data collected from the study was congruent to information found in the literature review. However, the

literature review was lacking information regarding a standardized, comprehensive safety assessment that coincides with the bedside shift report. Even though the survey in the study addressed the bedside shift report and the comprehensive safety assessment, nurses seemed to focus on the bedside shift report aspect more than the safety assessment.

Another portion of this study that was not present in the literature review was the use of key words during bedside shift report. Nurses were asked to educate patients and families during report about why report was completed at the bedside and the purpose of the safety assessment. During the education and future reports, key words should be used in order for the patient to better remember the purpose of the bedside shift report and comprehensive safety assessment. However, during nurse leader observations of bedside shift report, there was a consistent trend in nurses not using the key words. When nurses were asked about ideas to improve the utilization of key words during report, such as "for your safety," the most common idea from the staff nurses was to continually remind nurses about the use of key words during nurse leader observations and rounds.

Application to Theoretical/Conceptual Framework

Edgar Schein stated that "Cultural change is a transformative process and behavior must be unlearned first before new behavior can be learned in its place" (Mulder, 2013, p. 1). Schein's Organizational Culture Model was the foundation for the research. In his model, there are three layers of cultural change in an organization. The inner layer of the model are the assumptions. Based on findings from the data, nurses have the assumptions that patients understand and remember the purpose for nurse completing report at their bedside and completing the comprehensive safety assessment. This is evidenced by nurses not remembering to utilize key words to educate and

reinforce information to patients and families. The middle layer of the model is the organization's exposed values, such as the core values, mission, and vision. The organization in which the study was conducted has values that are based on patient safety and satisfaction in all aspects of care. Bedside shift report with the comprehensive safety assessment is an initiative to improve the patient safety and satisfaction within the hospital. The vision for the organization is to be the first choice for healthcare services for its patients. When community members see the logos for the organization, the goal is for the logo, which is an artifact of the organization, to be associated with good feelings and a sense of safety and security of healthcare.

Schein's model was congruent to the study. The organization has a goal of making a cultural change to bedside shift report with a comprehensive safety assessment being the norm. In order to make this change, nursing leaders and administration must know how the frontline staff are perceiving the change and what ideas they have for improvement.

Limitations

Limitations included generalizability by the small sample size, convenience sampling, a short data collection window, and the collection of data from only one hospital unit. To strengthen the study, the data collection window could have been increased to allow nurses the opportunity to complete the survey longer than one week. Also, to increase generalizability, the study could have been completed at more than one organization on similar types of units. Nurse leaders were not surveyed during the study because they generally do not participate in bedside shift report. However, to add the

perception of nurse leaders from their observations of bedside shift report, there could have been a survey provided to them as well as the staff nurses.

Implications for Nursing

The following are implications for nurse leaders on implementing and maintaining a cultural change of bedside shift report with a comprehensive safety assessment based on findings from this descriptive study:

1. Nurse leaders should take time to further educate staff nurses on the importance of bedside shift report grounded on evidence-based practice models, thereby increasing the buy-in of nurses.
2. Staff nurses should be given the opportunity, during a culture change, to give their perception, feedback, and any ideas for improvement.
3. The feedback and themes gathered from staff nurses' perceptions should be taken back to nurse leaders to enhance the culture change by implementing staff nurses' ideas. This will increase ownership of the process and increase staff buy-in.
4. Any barriers to culture change should be taken seriously by nurse leaders and investigated to find solutions.
5. Clear expectations should be set with staff to ensure they are able to complete a task or make a positive change.
6. Consistency is key! Continual education and reminders to staff on what is expected during bedside shift report and comprehensive safety assessment ensures that staff know what is expected and can effectively carry it out with all patients.

Recommendations

During the implementation of the bedside shift report with safety assessment at this facility, it was decided that nurse leaders would observe shift report and give feedback to staff nurses in real time. The audit tool that was originally implemented was shown to the staff nurses in order to teach them what key points nurse leaders were observing. However, the audit tool was changed after implementation, and then switched back to the original form approximately a month later. Based on the data, this switch in audit tools caused some confusion to staff nurses in what they were supposed to be doing during the bedside shift report with comprehensive safety assessment. With implementation of new processes, there should be clear expectations of what is required and not continue to make changes during the process.

In future research, more than one nursing department could be surveyed. The initiative was rolled out on every inpatient unit, not just the medical- surgical unit. This would be beneficial to gather a more saturated sample from the hospital population. Further, more nurses would have the opportunity to give their feedback and observations of the bedside shift report with safety assessment.

Nurse leaders are in a key role to improve patient outcomes by making changes within the healthcare system. Changes begin with frontline staff and charge further throughout an organization. When implementing changes within the culture of an organization, nurse leaders are key planners and staff nurses are key players in the development of a change and carrying out that change. All staff, at all levels within an organization, must work together as a team to make a positive change. Open communication and clear expectations are key.

References

Abraham, J., Kannampallil, T., Brenner, C., Lopez, K. D., Almoosa, K. F., Patel, B., & Patel, V. L. (2016). Sequential conversational analysis approach. *Journal of Biomedical Informatics*, *59*, 76-88.

Bigani, D. K., & Correia, A. M. (2018). On the same page: Nurse, patient, and family perceptions of change-of-shift bedside report. *Journal of Pediatric Nursing*, *41*, 84-89.

Boshart, B., Knowlton, M., & Whichello, R. (2016). Reimplementing bedside shift report at a community hospital. *Nursing Management*, 52-55.

Centers for Medicare & Medicaid Services. (2017). *HCAHPS facts sheet.* Retrieved from https://www.hcahpsonline.org/globalassets/hcahps/facts/hcahps_fact_sheet_november_2017.pdf

Chapman, Y. L., Schweickert, P., Swango-Wilson, A., Aboul-Enein, F. H., & Heyman, A. (2016). Nurse satisfaction with information technology enhanced bedside handoff. *Medsurg Nursing*, *25*(5), 313-318.

Chung, K., Davis, I., Moughrabi, S., & Gawlinski, A. (2011). Use of an evidenced-based shift report tool to improve nurses' communication. *Medsurg Nursing*, *20*(5), 255-268.

Cornell, P., Gervis, M. T., Yates, L., & Vardaman, J. M. (2014). Impact of SBAR on nurse shift reports and staff rounding. *Medsurg Nursing*, *23*(5), 334-342.

Ernst, K. M., McComb, S. A., & Ley, C. (2017). Nurse-to-nurse shift handoffs on medical-surgical units: A process within the workflow of nursing care. *Wiley Journal of Clinical Nursing*, 1189-1201. doi:10.1111/jocn.14254

Evans, D., Grunawalt, J., McClish, D., Wood, W., & Friese, C. R. (2012). Bedside shift-to-shift nursing report: Implementation and outcomes. *Medsurg Nursing*, *21*(5), 281-292.

Heath, S. (2016). *Why patient satisfaction is more than "making patients happy."* Retrieved from https://patientengagementhit.com/news/why-patient-satisfaction-is-more-than-making-patients-happy

Kearns, E. (2015). Implementing evidenced-based practice: Implementing bedside reporting. *Critical Care Nurse*, *35*(2), 48.

Kuppler, T. (2016). *Edgar Schein with insights on organizational culture and change.* Retrieved from https://www.humansynergistics.com/blog/culture-university/details/culture-university/2016/01/14/20-organizational-culture-change-insights-from-edgar-schein

Laws, D., & Amato, S. (2010). Incorporating bedside reporting into change-of-shift report. *Rehabilitation Nursing*, *35*(2), 70-74.

Malekzadch, J., Mazluom, S. R., Etezadi, T., & Tasseri, A. (2013). A standardized shift handover protocol: Improving nurses' safe practice in intensive care units. *Journal of Caring Sciences*, *2*(3), 177-185. doi:10.5681/jcs.2013.022

Maxson, P. M., Derby, K. M., Wrableski, D. M., & Foss, D. M. (2012). Bedside nurse-to-nurse handoff promotes patient safety. *Medsurg Nursing*, *21*(3), 140-145.

Mazer, S. E. (2016). *How are patient safety and the patient experience related?* Retrieved from http://www.healinghealth.com/patient-safety-patient-experience/

McAllen Jr., E. R., Stephens, K., Swanson-Biearman, B., Kerr, K., & Whiteman, K. (2018). Moving shift report to the bedside: An evidenced-based quality improvement project. *OJIN: The Online Journal of Issues in Nursing*, *23*(2). doi:10.3912/OIJN.Vol23No02PPT22

Mulder, P. (2013). *Organizational culture model by Edgar Schein.* Retrieved from https://www.toolshero.com/leadership/organizational-culture-model-schein/

Ofori-Atta, J., Binienda, M., & Chalupka, S. (2015). Bedside shift report: Implications for patient safety and quality of care. *Nursing2015*, *45*(8), 1-4.

Racco, M. (2014). Bedside report and two-nurse safety check: A patient safety initiative. *Dynamics of Critical Care*, 52.

Rogers, J., Li, R., Clements, R., Casperson, S., & Sifri, C. (2017). Can we talk? The bedside report project. *Critical Care Nurse*, *37*(2), 104-107.

Saine, A. B. (2017). *Driving the evolution of patient experience.* Retrieved from https://www.beckershospitalreview.com/patient-engagement/driving-the-evolution-of-patient-experience.html

Sand-Jecklin, K., & Sherman, J. (2014). A quantitative assessment of patient and nurse outcomes of bedside nursing report implementation. *Journal of Clinical Nursing*, *23*, 2854-2863. doi:10.1111/jocn.12575

Schein, E. (2004). *Organizational Culture and Leadership* (3rd ed.). San Francisco, CA: Jossey-Bass.

Schein, E. H. (2010). *Organizational Culture and Leadership* (4th ed.). San Francisco, CA: Jossey-Bass.

Schirm, V., Banz, G., Swartz, C., & Richmond, M. (2018). Evaluation of bedside shift report: A research and evidenced-based practice initiative. *Applied Nursing Research*, *40*, 20-25.

Sherman, J., Sand-Jecklin, K., & Johnson, J. (2013). Investigating bedside nursing report: A synthesis of the literature. *Medsurg Nursing*, *22*(5), 308-318.

Strauss, A., & Corbin, J. (1994). "Grounded Theory Methodology." In N. K. Denzin & Y. S. Lincoln (Eds.) *Handbook of Qualitative Research* (pp. 217-285). Thousand Oaks, CA: Sage Publications.

Tobiano, G., Whitty, J., Bucknall, T., & Chaboyer, W. (2017). Nurses' perceived barriers to bedside handover and their implication for clinical practice. *Worldviews Evidenced Based Nursing*, *14*(5), 343-349. doi:10.1111/wvn.12241

Usher, R., Cronin, S. M., & York, N. L. (2018). Evaluating the influence of a standardized bedside handoff process in a medical-surgical unit. *The Journal of Continuing Education in Nursing, 49*(4), 157-163.

Walsh, J., Messmer, P. R., Hetzler, K., O'Brien, D. J., & Winningham, B. A. (2018). Standardizing the bedside report to promote nurse accountability and work effectiveness. *The Journal of Continuing Education in Nursing*, *49*(10), 460-466.

Appendix A

Informed Consent

Gardner-Webb University IRB
Informed Consent Form

Title of Study
Staff Nurses' Perception of Standardized Bedside Shift Report and Comprehensive Safety Assessment

Researcher
Lara Scarborough
MSN Student, Gardner-Webb University, Hunt School of Nursing

Purpose
The purpose of this study is to explore a group of Medical-Surgical staff nurses' perception of a unit-based procedure change of implementing a standardized bedside shift report with a comprehensive safety assessment. The goal of this study is to gain insight from the staff nurses to provide qualitative data for nurse leaders to examine common perception themes associated with implementation of bedside shift report with a standardized safety assessment. Information regarding these common themes will be important to nurse leaders to successfully implement a standardized bedside shift report and safety assessment in order to keep patients informed and provide high-quality nursing care.

Procedure
What you will do in the study:
In this study, you will complete an anonymous survey to explore your perception of the implementation of a standardized bedside shift report with a comprehensive safety assessment. You will be provided a survey to complete and return to a designated location.

Time Required
It is anticipated that it will take approximately 10 minutes of your time to complete the survey.

Voluntary Participation
Participation in this study is voluntary. You have the right to refuse to complete the anonymous survey.

Confidentiality
Data from the surveys will be completely anonymous. Your name will not be provided on the survey at any time. After data collection, the information will be entered into a Microsoft Excel spreadsheet and analyzed for common themes. The researcher will keep all forms in a confidential file and the Microsoft Excel spreadsheet will be password-protected file.

Risks
There are no anticipated risks in this study.

Benefits
There are no direct benefits associated with participation in this study. The study may help to implement nursing actions and strategies to effectively increase patient safety and satisfaction. The Institutional Review Board at Gardner-Webb University has determined that participation in this study poses minimal risk to participants.

Payment
You will receive no payment for participating in the study.

Right to Withdraw From the Study
You have the right to withdraw from the study at any time without penalty.

How to Withdraw From the Study
If you want to withdraw from the study, please do not complete a survey when provided.

If you have questions about the study, contact the following individuals

Lara Scarborough, BSN, RN
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Gardner-Webb University
Boiling Springs, NC 28017
(704) 224-1195
lscarborough@gardner-webb.edu

Dr. Brittany Graham, EdD, MSN, RN
Hunt School of Nursing
Gardner-Webb University
Boiling Springs, NC 28017
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bgraham1@gardner-webb.edu

If you have concerns about your rights or how you are being treated, please contact the IRB Institutional Administrator listed below.

Dr. Sydney K. Brown
IRB Institutional Administrator
Gardner-Webb University
Boiling Springs, NC 28017
Telephone: 704-406-3019
Email: skbrown@gardner-webb.edu

You will receive a copy of this form for your records.

Appendix B

Bedside Shift Report with Safety Assessment

NPMR

The following are to be reviewed each shift at Bedside Shift Report

CAUTI (catheter associated urinary tract infection)

Day of insertion:
Necessity/indication for catheter:
☐ Hourly I & O ☐ Stage III or IV Pressure Injury(formerly pressure ulcer)
☐ Major GI/GU surgery
☐ Trauma ☐ End of life ☐ Urinary Obstruction/retention
☐ Other - explain
☐ Day in if post op patient
☐ Peri care performed 2 times/day and documented
☐ Catheter bag emptied at the end of the shift
☐ Make sure urinary catheter is secure with unobstructed flow
☐ If necessity/indication not met, notify provider for order to remove

CLABSI (central line associated blood stream infection)

Each Shift:
Necessity/Indication for central line/PICC:
☐ Drugs with pH less than 5 or greater than 9, greater than 500 mOsm/L
☐ Vesicants/Irritants
☐ CVP measurement
☐ Parenteral Nutrition (PN)
☐ Per medication packaging label
☐ Chemotherapy/Bone Marrow Transplant
☐ Plasmapheresis/Leukopheresis
☐ If necessity/indication not met notify provider to consider alternatives (PIV or Midline)
☐ Daily CHG bath (ICU Patient) Time Completed ______
☐ Daily CHG bath (MedSurg Patient*) Time Completed ______
☐ Central line dressing – dry, intact and change date documented (Transparent 5-7 days) (Gauze 5 days)
☐ CHG dressing applied. If no, state reason?
☐ IV tubing set changed after 72 hours, tubing dated
☐ All lines traced from tubing to insertion site
*Please refer to Guidelines Document

DVT

☐ Protocol reviewed and followed
☐ Appropriate anti DVT equipment (SCD or TEDS) in place and functioning properly

Telemetry Safety

☐ Validate channel/telemetry box is correct. Box #______
☐ Check pads and batteries
☐ "Any alarms or notifications" by telemetry handoff?
☐ Alarms are on and activated
☐ Candidate for Nurse Driven Protocol Removal ☐ YES ☐ NO

<u>MEWS (Modified Early Warning Score)</u>
Current: ___________ Previous (trended) score: ___________

C Difficile

***If patient tested positive or highly suspected, place patient on* Contact Precautions**
Presentation through 1st 3 midnights
Is the patient having loose or liquid stools?
Obtain an order for C. Diff. stool culture
After 3 midnights
☐ Check with physician
☐ Order for C Difficile testing by physician if at least two signs or symptoms:
☐ Diarrhea ☐ Increasing WBC ☐ Fever ☐ Loss of appetite
☐ Nausea ☐ Abdominal pain/tenderness

Falls

☐ Morse risk assessment reviewed /Verified ______ (score)
If at risk for falls, verify falls preventions in place:
☐ Safety Watch Initiated ☐ Yes ☐ No
If yes, Rounding every ☐ 30 min ☐ 15 min
If no, Why was Safety Watch not Initiated?

Adequate room lighting/night light
Bed/chair alarm activated
☐ Bed in lowest position, locked, side rails x3
☐ Bedside floor mats when in bed for patients at risk for injury
☐ Arms reach attendance in restroom/BSC
☐ Fall risk indicator on armband, door, socks
☐ Non-slip footwear while ambulating
☐ Patient/family education and reinforcement "Call Don't Fall"
☐ Sensory aids/Call Light in reach and room free of clutter

Pressure Injury (formerly pressure ulcer)

☐ Braden Scale addressed and verified (documented)
☐ Verified turned and repositioned 2 hours unless contraindicated
☐ Pressure injury (ulcer) protocol if indicated
☐ Wound Vac
☐ Look under tubes and devices

<u>Actions taken if Braden score less than 16:</u>
☐ Nutrition consult
☐ Wound Consult
☐ Pressure reducing surfaces

Post Op

☐ Wound approximated, clean and intact (observe site if indicated)
☐ Drainage
☐ Dressing Clean/Dry/Intact

MRSA/MDRO – Contact Precautions

☐ Signage posted
☐ Hand hygiene practiced
☐ Single room if available
☐ PPE donned and secured prior to room entry
☐ Dedicated items (BP cuff, stethoscope, etc.)
☐ Check report on lab results (if indicated)
☐ Family and patient education documented in teaching record

***Help Prevent Infections* Brochure**

☐ Reviewed with Patient
☐ Reviewed with Family
☐ Reviewed with Visitors

<u>Prevent Readmissions</u>
☐ Patient/Family knowledge/ teach back for transition to new level of care
☐ Respiratory toilet (cough, deep breath, incentive spirometry)
☐ Aspiration precautions (if indicated)
☐ Post Discharge visit scheduled, if ordered and has transportation.
☐ Complete TOC Nursing Discharge Summary Checklist

<u>C Diff Cont</u>
Initiate C Difficile Bundle if positive testing to include
☐ Soap and H_2O hand wash
☐ Gown, gloves (each time you enter the room), signage
☐ Educate patients/families
☐ Pharmacy involvement/antibiotic stewardship
☐ Status of room cleaning discussed at unit huddle

Bedside Shift Report with Safety Assessment
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Privileged and Confidential Quality Improvement/Performance Improvement Materials. Forward to Quality Department Immediately - Not Part of the Medical Record

Patient Label

Lake Norman Regional Medical Ctr

Appendix C

Staff Nurses' Perception of Standardized Bedside Shift Report and Comprehensive Safety Assessment Qualitative Survey

Staff Nurses' Perception of Standardized Bedside Shift Report and Comprehensive Safety Assessment Qualitative Survey

Please **do not** put your name on this survey form. Please complete the entire survey and place it, along with your signed Informed Consent Form, in the designated box in the break room. All surveys will remain anonymous and all answers will be used for research purposes for the study being performed by Lara Scarborough. Please be as descriptive as possible. Kindly complete and return the survey and Informed Consent Form by: **6/20/2019**.

1. What is your perception of the standardized bedside shift report with a comprehensive safety assessment?

2. What is working well with the standardized bedside shift report with a comprehensive safety assessment?

3. What is **not** working well with the standardized bedside shift report with a comprehensive safety assessment?

4. Based on nurse leader observations, there remains a consistent trend of nurses not using key words during the standardized bedside shift report with a comprehensive safety assessment. What are your recommendations for improvement?