Face to Face
Nursing Report @ the Bedside

Contact: Mary Kunkel, RN
kunkelme@upmc.edu

Campus: Shadyside
"Patient Safety First...Care Always..."
Project Aim Statement

Improve Press Ganey survey scores from patients on the care received from nurses working on 6 main by 3% after the initiation of face to face nursing shift report handoff at the patients bedside.
Team Members

- 6 Main Staff
- Blaney Firestone, RN BSN MSHSA CMSRN, Unit Director
- Sharon Vlha, RN BSN, Clinician
- Mary Kunkel, RN, Staff Nurse
- Joel Weinberg MD
- Irma D'Antonio RN MSN SSGB, Quality Improvement
Quality Indicators

- Increased Patient satisfaction with Nursing care received on 6 Main in Press Ganey survey

- Staff Compliance of 100% with Face to Face Report

- Staff Compliance of 80% with Face to Face report at the patients bedside
Patient Care Deficits due to Ineffective Communication of Significant Patient Information

**Process - Technology**
- Technology, in this instance prevents shift to shift collaboration
- Everyone has their own way for receiving and giving report
- Report is a “dump” of information
- Patients ask too many questions
- The oncoming shift comes in late and therefore I cant leave on time
- Talking through report takes too long
- Staff are tired and want to go home

**Staff**
- Voice care acts as a barrier for education and mentoring of newer staff
- Team building never occurs
- Staff do not “trust” each other
- Lack of accountability – easy to tell voice care a task was not completed

**Time**

**Causes of Handoff Communication Gaps**

- Causes of Handoff Communication Gaps
Pre Metrics and PDSA

Pre Metrics

Tests of Change Completed and Measured

- **Eliminate Waste**
  - Time studies completed SBAR format adopted

- **Improve Work Flow**
  - Removal of redundant non-value added step of recording voice care and then updating on coming RN

- **Patient/ Customer Centered**
  - Patient now has the opportunity to be involved in care planning
  - Patient Surveys performed feedback incorporated

- **Error Proofing**
  - Daily 7:30 huddles tested abandoned and then reinstated and sustained to ensure accountability and problem solving

- **Focus**
  - Empowering staff with skills and confidence to break ineffectual culture and search for better solution

![Graph showing metrics comparison between November and December]
Oncoming shift gathers monitor strips, med drawers COW etc.

Oncoming shift listens to Voice Care for approximately 20 min and then looks up patient information 10-20 min.

Some point during shift, RN looks through chart and puts report into Voice care 30 - 45 min.

RN may update Voice care with updated report when necessary 0 -15 min.

RN may or may not connect with oncoming shift prior to leaving at the end of their shift 0-15.

RN goes home.

Discussion between previous and current nurse Total Nursing Time spent on report process 50-95 min.

Oncoming nurse starts to round on patient assignment.

Patients typically not seen for 1 hr after shift starts.
Outgoing shift preps patient on final round during shift. Prep includes pain medication and conversations about face-to-face report and patients' involvement in process.

This step is no longer part of the report process because all patients have been seen in the RN's assignment.

Outgoing shift preps patient on final round during shift. Prep includes pain medication and conversations about face-to-face report and patients' involvement in process.

Oncoming shift gathers preprinted Nurse handoff sheets and finds outgoing nurses.

Report is given face to face in an SBAR format at the patients' bedside with patient involvement:
- 3-5 min per patient
- Average 5 patients 25 min

Questions are answered “real time” and “quick assessment” is performed on the patient including introductions, IVs, dressings, and Mental Status.

Both RN's present Safety Checks completed.

All Patients seen within 25-30 min of shift start!

Oncoming Nurse organizes shift base on patients' acuity, gathers monitor strips, etc.

This step is no longer part of the report process because all patients have been seen in the RN's assignment.

Total Nursing Time spent on report process:
- 30-40 min
Project Time Line

- 11/24/2011: Pilot Structure Finalized
- 11/19/2011: Staff Meeting Brainstorming
- 11/15/2011: Evidence for Project Researched and Gathered
- 12/1/2011: PDSA schedules Metrics
- 12/28/2011: PDSA Metrics
- 12/18/2011: PDSA process Metrics
- 1/8/2012: Staff surveyed PDSA process Metrics
- 2/1/2012: Dr Friday In-service Handling Change
- 1/18/2012: PDSA Process Metric
- 2/2/2012: Daily 7:30 huddles reinstated
- 2/26/2012: Reliable Rounder Go Live
- 2/29/2012: Press Ganey surveys received showing positive trend – shared with staff
  61 Days with 100% compliance of process
Pre & Post Metric Comparison from Pilot Start thru Submission Date.

- **21% Increase in Overall Nursing Care**
  - 6 Main

- **11% Increase in Nursing Communication**
  - 6 Main

- **14.4% Increase in Nursing Scores**
  - 6 Main
100% compliance with the new process

6 Main compared to all of Shadyside

Impact for Shadyside Globally

Pre & Post Metric Comparison

Face to face Handoff pilot start Dec 2011

Displayed by Discharged Date
6 MAIN is piloting a test of change where nurses are giving face to face hand off to each other in an attempt to increase patient satisfaction, patient safety and nurse to nurse accountability. The pilot began December 13, 2011. During the first day of the pilot, at 7 am, when the nurses started to round in the patients rooms they came upon an unresponsive patient. Immediately a Code C was initiated and it was discovered that the patients blood sugar was 15, the nurses and physicians acted quickly treating the patients condition and within minutes of discovery the patient was alert and oriented and back to normal. Dr. Joel Weinberg was present for the event and was quoted as saying “Without the nurses rounding on the patients and discovering the condition so quickly the patient may not have had as good of an outcome.” “I am in favor of Nurse to Nurse Patient Centered Handoff, because the nurses are able to round on all of their patients’ within 25 min of starting their day.” “I am very pleased with the Nursing staff on 6M and their commitment to patient safety”
**Barriers to Success & Lessons Learned**

- Resistance of some staff to change
- Change of workflow habit for staff takes time
- Communication is anxiety for some staff
- Personality conflicts evident
- Change is difficult
- Communication in front of patients difficult
- Longer timeline needed than anticipated

**Next Steps**

- Continue to PDSA through issues
- Communication workshop for staff to build confidence and skill
- Reinforce importance of bedside report on patient safety
- Celebrate Successes
- Spread to other interested departments
Abstract

Shift handoff for nurses is a critical part of the day. A breakdown in this vital communication can greatly risk patient safety. Recorded report can often contain lengthy and unnecessary information. Poorly communicated shift report can also cause the oncoming nurse to misinterpret the patient’s medical condition leading to improper prioritization of their patients’ care which can result in unsafe conditions for the patient. Very often, nurses do not see their patients during the first 45 minutes of their shift.

The goal for this process change is to shift the focus of nursing handoff report from VoiceCare to the patient. This will be accomplished by implementing face-to-face nurse shift report at the patient’s bedside engaging the patient’s. This process will begin with shadowing opportunities and staff education. Independent patient satisfaction scores as well as Press Ganey scores will be measured. Shift overage will be monitored.

While there was initial compliance with bedside report, staff began performing face to face report in the hall rather than at bedside. During this change, the patient’s were still being assessed by both out-going and on-coming nurses earlier in the shift. (182)
References