

Bedside Reporting and 2 RN Safety Check: A Patient Safety Initiative

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PICO Question

Does the implementation of Bedside Reporting and 2 RN Safety Check improve patient safety and nurse satisfaction with the change of shift process between nurses in the ICU?

Literature Review

According to the literature, Bedside Reporting results in the following benefits for the patient:

- Increased patient involvement and understanding of care
- Decreased patient anxiety
- Increased patient satisfaction

And the following benefits for the nurse:

- Increased accountability
- Increased teamwork
- Decreased potential for mistakes
- Decreased time spent resolving ambiguous issues – was an unsigned medication given?
- Decreased incongruence between handover report and the patient's actual condition

Bedside Reporting is supported by:

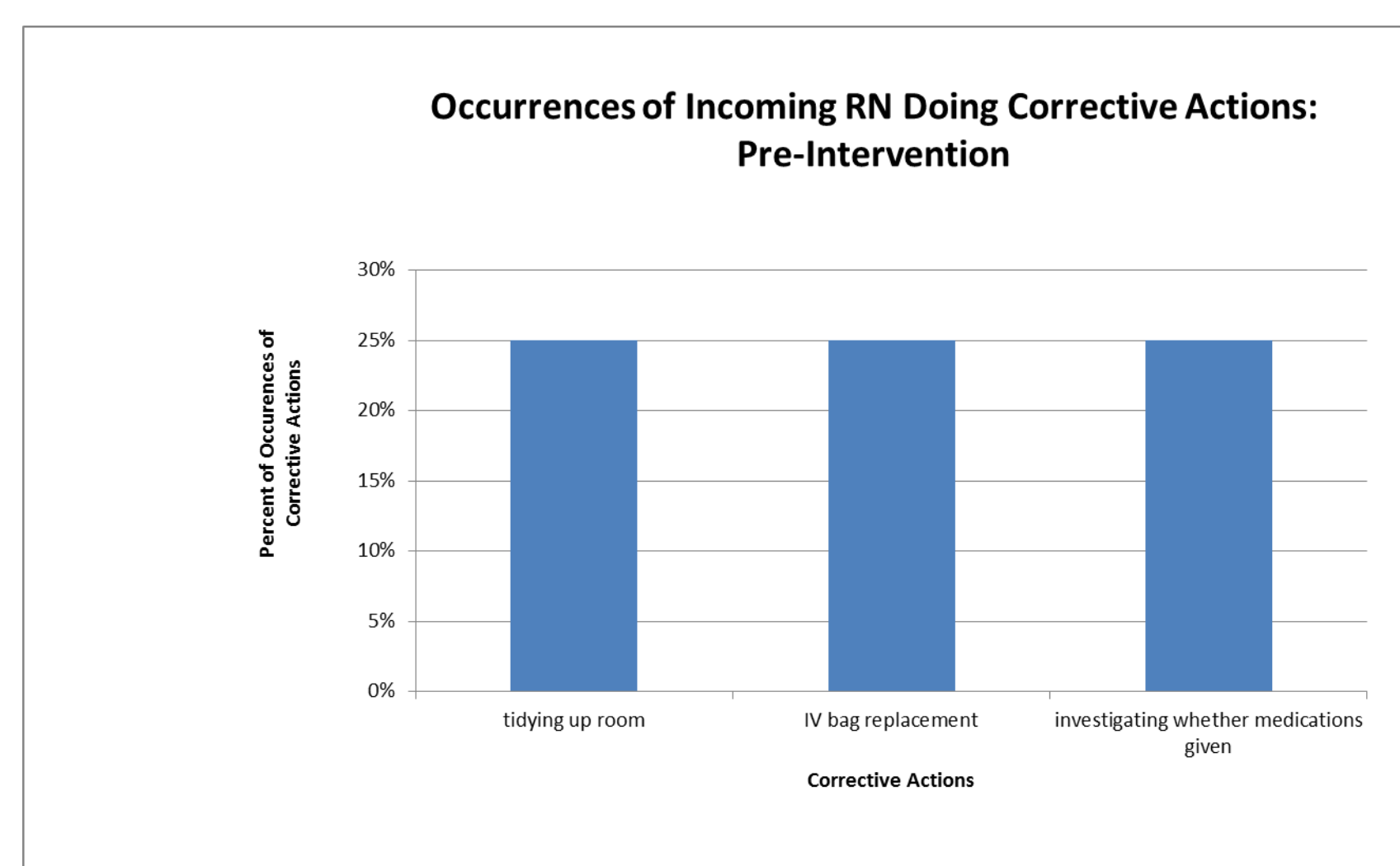
- The Institute for Health Care Improvement (IHI) and the Robert Wood Johnson Foundation created Transforming Care at the Bedside (TCAB) to improve patient safety. This initiative includes report at the bedside.
- Two Joint Commission National Patient Safety Goals address patient safety issues that may be encountered during change of shift report
 - Involvement of patient in their care as a patient safety strategy
 - Involvement of family member when patient can't advocate for him or herself

Pre-Measurements Results

A Pre-Bedside Report Questionnaire was completed by the ICU nurses to evaluate the effectiveness of their current method of shift to shift report; i.e. at the nurses' station. The results showed that the "incoming" nurses were spending valuable time doing "corrective actions" such as:

- Correcting inaccurate intravenous records
- Tidying up patient rooms
- Replacing near empty intravenous bags
- Investigating into whether an unsigned medication was given

Note: This is time taken away from the patient and is a point of dissatisfaction for the RN



Interventions

- Bedside Reporting and 2 RN Safety Check Self-Study Module, created by ICU Clinical Coordinator, was given to all ICU RN's. They had 1 month to complete
- 11 RN Bedside Report Champions were chosen – representation from all shifts
- 100% ICU RN's completed the Self-Study Module within a month
- Average Pre-test Score: 91%
- Average Post-test Score: 96%

Bedside Report and 2 RN Safety Check – What Does It Look Like?

- **Preparation:** Outgoing RN informs patient that handover will take place shortly. Have them prepare any questions they might have
- **Content:** Conducted at the desk and includes: reason for admission, medical history, acute events, test/treatments, pertinent family dynamics, nursing care plan, goal sheet and plans for discharge/transfer if applicable, etc
- **Introductions in Patient's Room:**
 - Outgoing RN introduces patient by name to incoming RN
 - Outgoing RN introduces incoming RN to patient
 - Patient is asked if he/she has any questions
- **2 RN Safety Check:** To be conducted by both RN's in patient's room. Includes observations of patient's general appearance as well as IVF, IV pump settings, drains, dressings, O2 delivery, ventilator settings, BVM at bedside, Medication Administration Record for any outstanding medications, cleanliness of patient and room, call bell within patient's reach, change RN name on patient's Daily Goal dry erase board
- **Conclusion:**
 - Incoming RN asks any questions of outgoing RN
 - Outgoing RN says good-bye to patient



Getting Started

- Flyers were posted in the ICU and an email was sent to the staff to announce when Bedside Reporting and 2 RN Safety Check would begin



- The 11 Bedside Report Champions were briefed, prior to initiation, on their role in engaging their peers in the process

Challenges and Resolutions – One Month Post Initiation

In a follow-up questionnaire, 71% of the RN's stated that they were doing Bedside Reporting and 2 RN Safety Check at their end of shift hand-off.

Barriers preventing 100% compliance were:

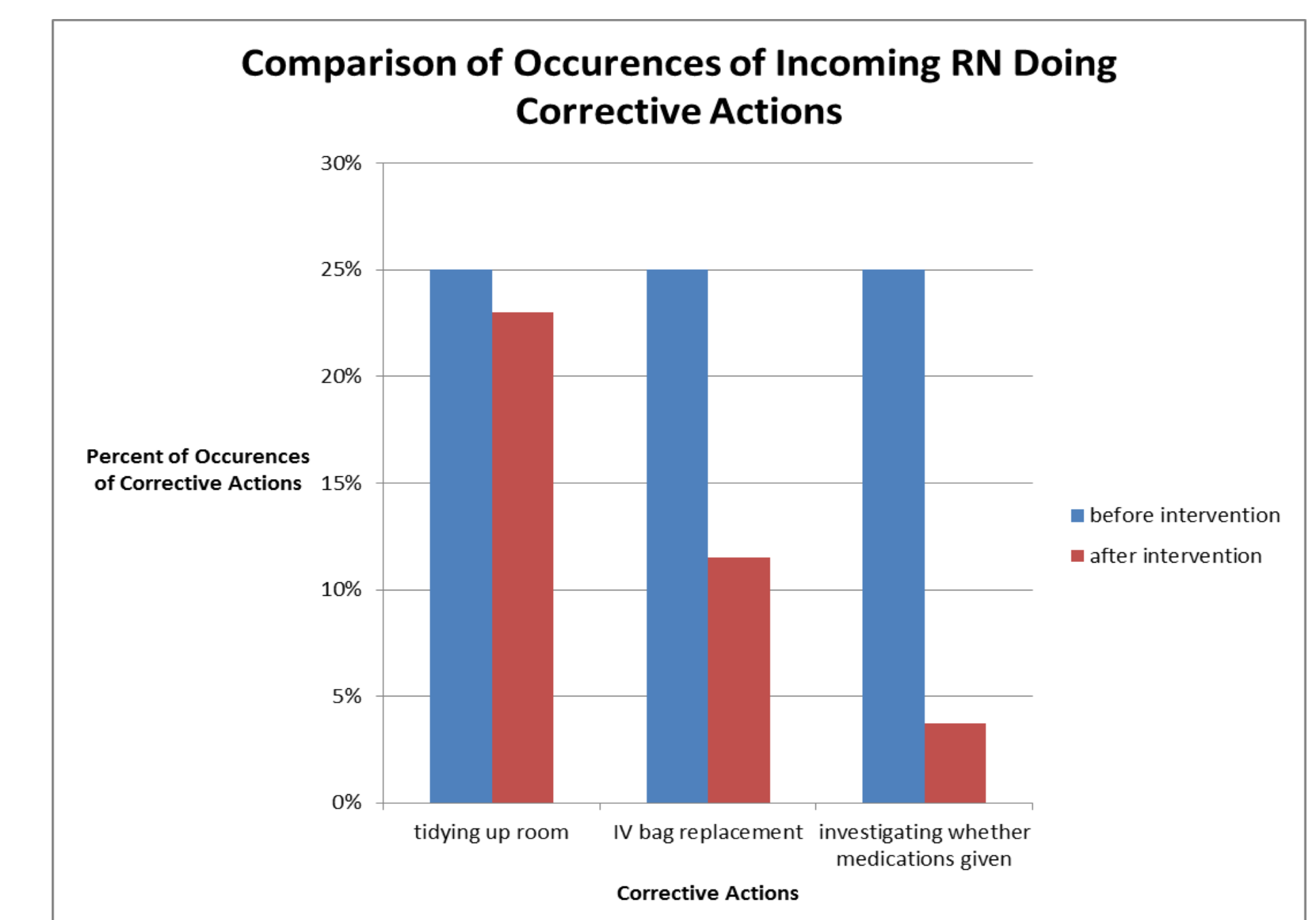
- New practice – forgetting
- Resistance from some staff
- Distractions and interruptions from other departments, phone calls, etc

Resolutions:

- Champions enlisted to remind and encourage peers to comply
- Support staff to answer call bells and field phone calls to minimize interruptions
- Other departments cooperating to minimize interruptions during report time

Results

- 3 months post initiation of ICU Bedside Reporting and 2 RN Safety Check, a follow-up survey was sent to the staff. This was to determine if improvements had been made in the time spent by the incoming RN making corrective actions:
 - Tidying patient room
 - Replacing empty/near empty IV fluids or correcting IV record
 - Investigating if unsigned medication was given



- As can be seen by the graph, initiation of Bedside Report and 2 RN Safety Check resulted in:
 - 8% decrease of occurrences in tidying up patient's room
 - 54% decrease of occurrences in replacing near empty IV bags
 - 85% decrease in occurrences investigating whether unsigned medication was given

** This is valuable time given back to the patient and increases RN satisfaction

References

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