

Shift Change Huddles and Bedside Reporting

October 26, 2022

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PFE best practices



FIVE PRACTICES FOR PATIENT AND FAMILY ENGAGEMENT



Practice 1

Preadmission
Planning Checklist



Practice 2

Discharge Planning
Checklist



Practice 3

Shift Change Huddles
and Bedside Reporting



Practice 4

Designated Patient and
Family Engagement
(PFE) Leader



Practice 5

Patient and Family
Advisory Council (PFAC)
or Representatives on
Hospital Committee

SOURCE: Centers for Medicare and Medicaid Services (2020)

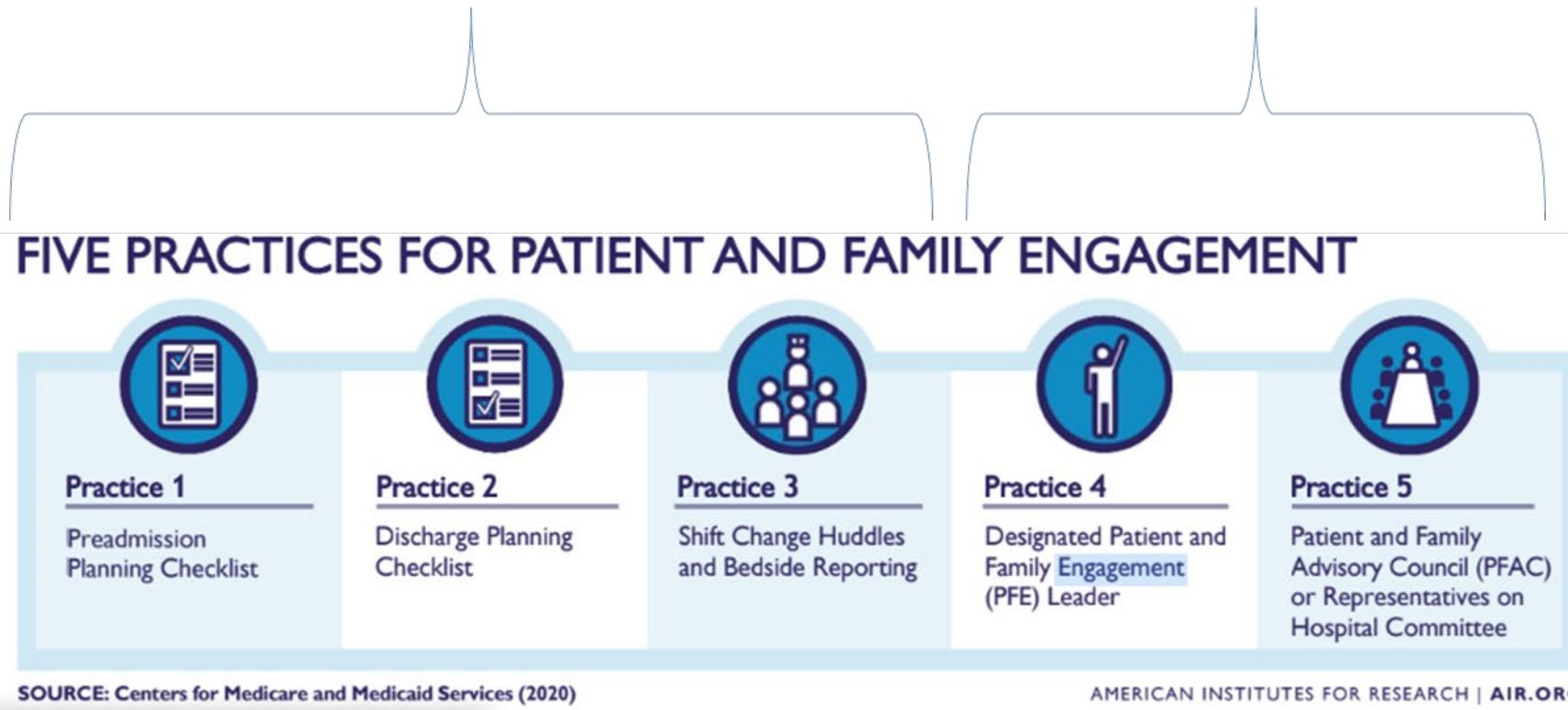
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PFE best practices

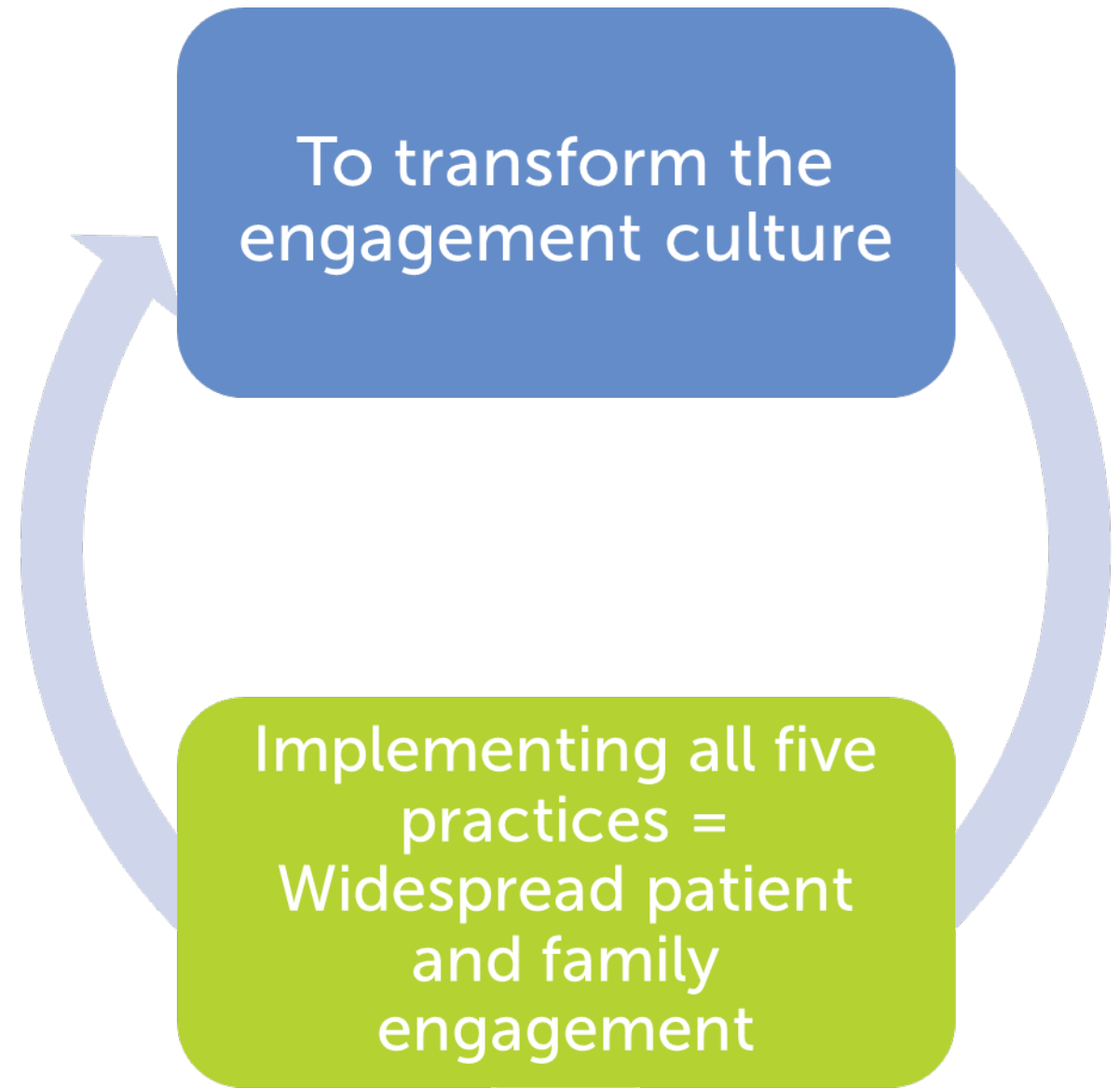


Practices 1-3: Direct care

Practices 4-5: Organization



Purpose of the PFE practices



Bedside shift report

- Clinician conducts shift change reports at the patient's bedside
- Patient can identify a family member or friend to participate



Intent

- To include patients and care partners as active participants in as many conversations about their care as possible throughout the hospital stay.
- They should have the opportunity to question, correct or confirm, and learn more about the next steps in their care as it is discussed between nurses changing shifts and/or clinicians making rounds.
- Patients and care partners should be encouraged and prompted by clinical staff to be active participants in these meetings to whatever degree they desire and to add to the information being shared between nurses or other clinicians.

Key components

Introduce

- Introduce the nursing staff, patient and family to each another.

Invite

- Invite the patient and (with the patient's permission) family to participate. The patient determines who is family.

Open

- Open the electronic health record at the bedside.

Conduct

- Conduct a verbal report using words the patient and family can understand.

Conduct

- Conduct a focused assessment of the patient and a room safety assessment.

Benefits for clinicians

Patient safety and
quality

Improved
communication

Decreased hospital-
acquired complications

Enhanced patient
experiences of care

Fewer shift change call
bells

Visualizing patients and
the ability to prioritize
care

Improved discharge or
transition

Time management and
accountability between
nurses:

- Decrease in time needed for shift report
- Decrease in over shift time

No more...

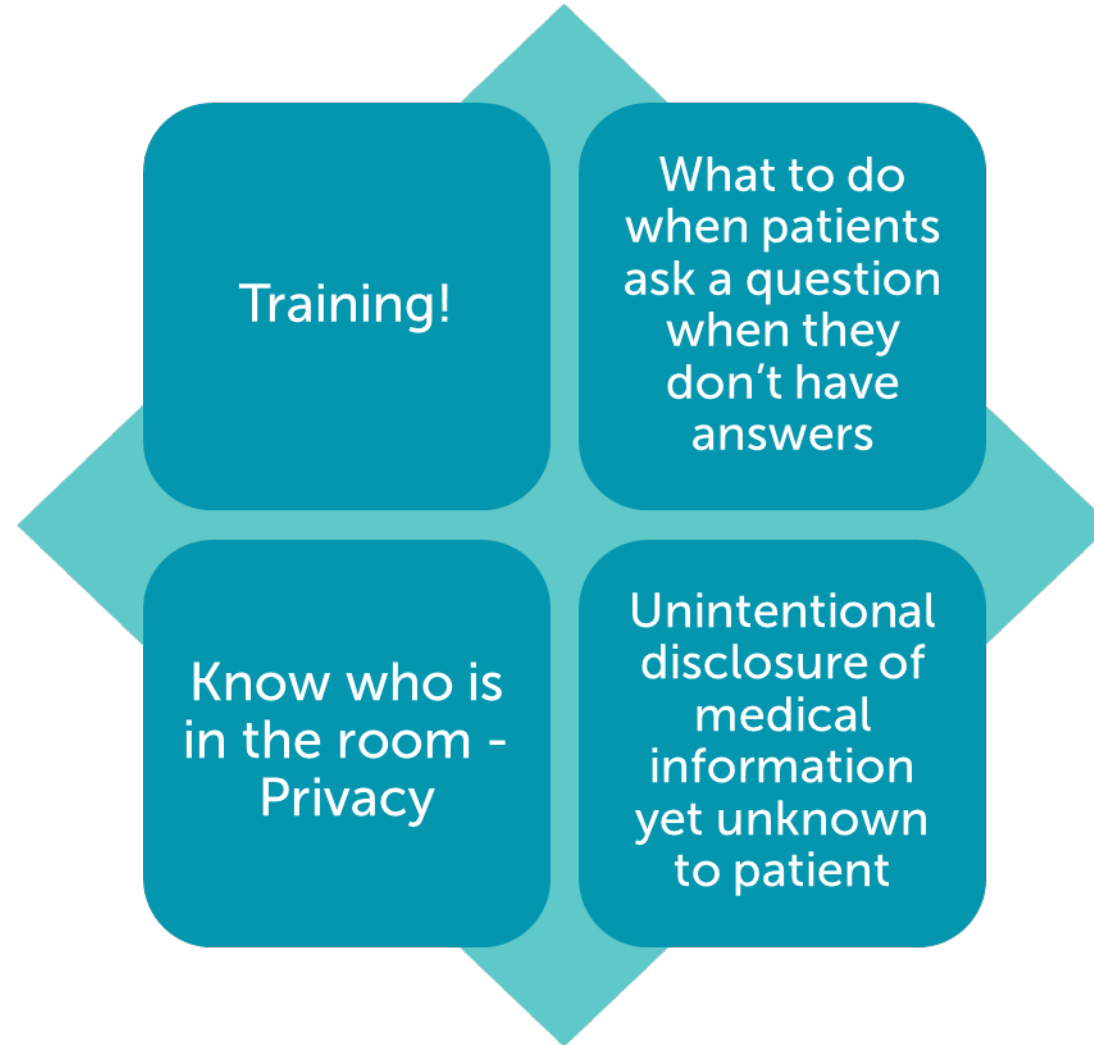


**“Why would they leave
the room or patient
this way!”**

**Talk in
front of a
patient???**



Other things for nurses to consider





Benefits for patients

- Builds trust in the care process
 - Shows the patient how much nurses know and do
 - Shows teamwork among the nursing staff
 - Takes away the mystery of shift change
- Encourages patient and family engagement
 - Gives the patient and family an opportunity to ask questions and correct any inaccuracies in handoff
 - Informs the patient and family members about the patient's care throughout the stay and helps with the transition to home



Considerations

- Sleeping patient
- Patient confused with medical jargon
- Overwhelmed by amount of information and repetition
- Inconsistency in how the bedside shift report was conducted

Invite patients to engage

- Patients and families won't engage if they believe that you don't want them to — it is simply too risky for them
- Make it safe for them to be involved, not just as patients but as partners in their care
- Allow patients to opt out



Simulation training

- PFAC members or patient representatives play the role of patient
- Create scenarios or cases, clinicians do a shift report at the bedside
- Debrief with PFA and colleagues



Tool: Everett Roger's Five-step Approach to Adoption of Innovations

Knowledge	Persuasion	Decision	Implementation	Confirmation
<ul style="list-style-type: none">• Leadership commitment• Education	<ul style="list-style-type: none">• Time for input• Discuss advantages and disadvantages• Assess emotions, attitudes and perceptions	<ul style="list-style-type: none">• Implementation planning• Formal leaders and unit champions• Development<ul style="list-style-type: none">• Measurable goals• Standardized process	<ul style="list-style-type: none">• Systemwide education and outreach<ul style="list-style-type: none">• Staff meeting• Feedback• Adapt	<ul style="list-style-type: none">• Ongoing leadership assessment• Feedback from nurses• Continuous reinforcement of practice

Tool: SBART



- Situation: Manage up
- Background: Brief, pertinent past medical history
- Assessment: What has been assessed and/or noted during evaluation
- Review: Plan of care
- Thanks: Thank the patient, ask about any concerns



Tips for success

- Standardize process within and across departments
- Continually seek input from patients, family and clinicians

Thank you.

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