



Determining the Impact of a Standardized Approach to Handoff Communication Utilizing Bedside Shift-to-Shift Report: A Patients Perspective

Nancy Duvall RN-BC, MS, Heidi Edwards MSN, RN , Elaine Davis RN, BSN, MBA, EdD., Christina Thompson MSN, RN, NE-BC, Jabrea Chandler RN

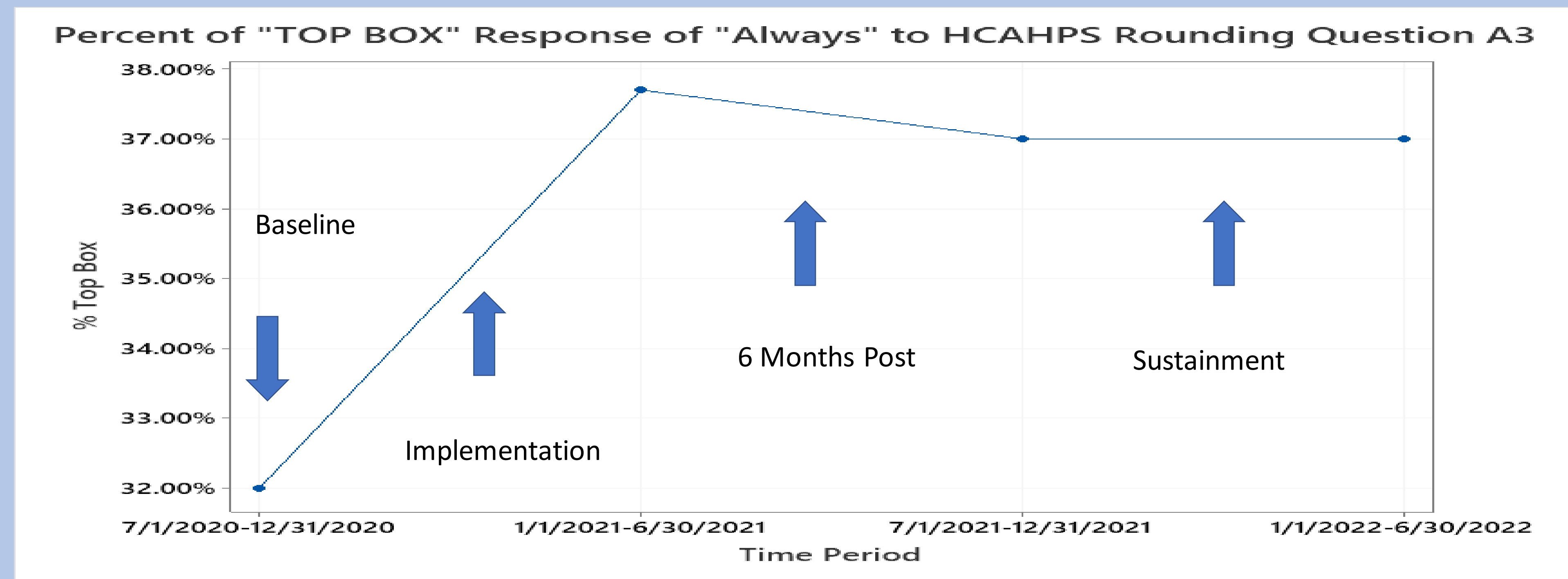
Background: Nursing Research Subcommittee reviewed literature on handoff communication and noted that previous research as well as organizations such as Agency of Healthcare Research Quality (AHRQ) recognize that bedside shift report promotes continuity of care, patient involvement, patient safety, and nursing accountability while improving patient experience and nursing satisfaction.^{2,3,4,5,10} Historically, at Charleston Area Medical Center, nursing performed bedside shift-to-shift report in no standardized manner with variation from unit to unit. A change management strategy and standardized approach to bedside report helps increase nurse compliance with the process.²⁴ This served as the basis for the system-wide initiative.

Primary objective: To determine if an organizational approach to standardize bedside shift report will demonstrate an improvement in patient experience, specific to supplemental CAMC HCAHPS Question A3. **“ At shift change, how often did staff discuss care at the bedside?” (Always, Usually, Sometimes, Never)**

Significance: It will determine if a standardized nursing practice approach related to handoff communication can lead to improving HCAHP CAMC specific supplementary question scores regarding the patient's perception of how often staff discuss care at the bedside. The literature also supports that success in effective bedside shift to shift report could lead to a broader degree of positive outcomes. This could also be studied in more detail if this intervention is successful.

Methodology: Administrative staff assisted in an organization-wide standardize improvement approach. Formal education was provided including simulation to registered nurses. The organizational policy on handoff communication was updated. Interventions were initiated in early 2021 with full implementation of the practice change 7/1/2021. Randomly sampled patients are mailed HCAHPS surveys as per CMS standards. CAMC mails surveys to 50% of their eligible population. The HCAHPS supplemental question # A3 top box response of “Always” was used to determine patient’s perception of rounding frequency. Results were reported at 6-month intervals pre-implementation, during, and two consecutive 6-month periods post.

Results



Conclusion: Top Box scores improved from 32% pre-implementation to 37% top box score post implementation. Improvement was noted during the implementation period and maintained in the post implementation period during the subsequent two 6-month monitoring periods. These results helped determine the impact of a standardized bedside shift report on the patient’s perception of being aware of bedside shift-to-shift report, as well as identified areas of nursing that may need evaluated for further nursing practice modifications.

