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Nursing Bed Side Report: Changing our Relationship with our Patients

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Nursing Bed Side Report:

Changing our Relationship with our Patients

Naomi Schneider MBA, BSN, RN, ONC; Mary Leyk MSN, RN-BC, ONC

Shifting the Plan for Relationship Based Care

- Examined differing practices of Bone and Joint RNs
 - Taped and verbal Report
 - Varied report structure Varied amount of
 - information and content Varied practices of desired
 - information Computer time prior to report varied among nurses – 10-25 minutes
 - Report time varied among nurses – 20-45 minutes
- Majority of RNs with late clock outs
 - Some RNs with every shift
 - 20% of RNs always late with clock outs
- Task force developed to examine shift report
 - Bedside RNs recruited
 - Completed literature review
 - Met for over 9 months prior to implementation
 - Input received from all nurses
 - Asked RNs "What do I really need to know to start my
 - Created a template of what nurses need to know to start their shift of patient care
- Recent PCA report changes resulted in increased efficiency for patient cares

Time to Act! Nurses Walking the Talk

- ❖ Bed side shift report structure change with every RN handoff of care go-live Tuesday December 18th, 2012
- Oncoming LPN included in report
- Off-going RN to prep patients shortly before end of shift
- ❖ Bone and Joint leadership team support was critical component from the start
 - Present for all RN hand-offs/ shift changes for 2 weeks
 - Individual feedback debriefing with all RNs
 - Leadership rounding all patients for patient input
- Standardized SBAR format, includes My Care Board
- Oncoming nurses print out Patient Report from Epic, and nurses make plan for
- Report starts at bedside no later than 5 minutes after shift change time no computer time prior to handoff
- Follow report template, include the patient, complete report in 3-5 minutes per
- Staff educated at unit meetings and 1:1 from task force members
- Ongoing leadership support during reevaluation

Thanks for Your EXTRA help and support

report changes?

Naomi, Mary,

- Staff-focused evaluation form for staff use only
 - "Thanks for sticking to it" gum for all staff
 - Included in leadership rounding and performance appraisals
 - Support staff to complete their shift on time evidence supports
 - Ongoing meetings with leadership for changes as necessary
- Revised form with staff feedback

Challenges:

- Nurses wanting to know their med times
- Nurses lack of confidence in front of the patient
- Leadership providing guidance through solutions
- Support of staff emotions through this dramatic practice change

Innovation Created through Action

- Decreased RN late clock out hours
- Verbalized Patient Satisfaction noted on leadership rounds
- Consistently increasing patient satisfaction scores on HCAHPS and Press Ganey
- Ongoing follow up of nurses to support the bed side report changes in practice

STANDARDIZED SBAR
PATIENT BEDSIDE SHIFT REPORT FORMAT Highlighted items on My Care Board** Name, age, diagnosis/procedure, surgeon consulting MDs Orientation status Background: Pertinent medical information and labs Perioperative status Isolation/alerts Family concerns/issues** ranny concerns/issues --Special needs: "What's Important to me"... Same (Moudoes IV, oranis...)

**Pain: (Includes last med given – next due)

**Commission of the commission of the commis Flam: (includes last med given – next Liminations fincludes DIV/ last BM...)
**Activity: (includes WB status, # assist. Sevice...

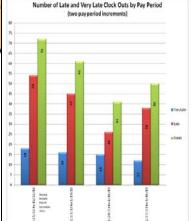
Det: (includes IVF, Blucs, antiemetics...) Other: (includes IVF, Blucs, antiemetics.)

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Other (includes anticogg, pertinent vitals, daily) **Discharge plan (LSW, CM involved...) **Goals for the day (PT/OT...)

Consults (MD, WOCN, Smoking cessation...)



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