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Improving Compliance with Bedside Shift Report

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Improving Compliance with Bedside Shift Report

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Background

- Bedside shift report arose out of a need to decrease errors/increase patient satisfaction
- During orientation, the nurse residents noted a lack of emphasis on completing report at the bedside, unless leadership was present on unit.

PICO

Will providing positive reinforcement and reward recognition for medical-surgical registered nurses on 6B and 6C increase compliance with bedside shift report?

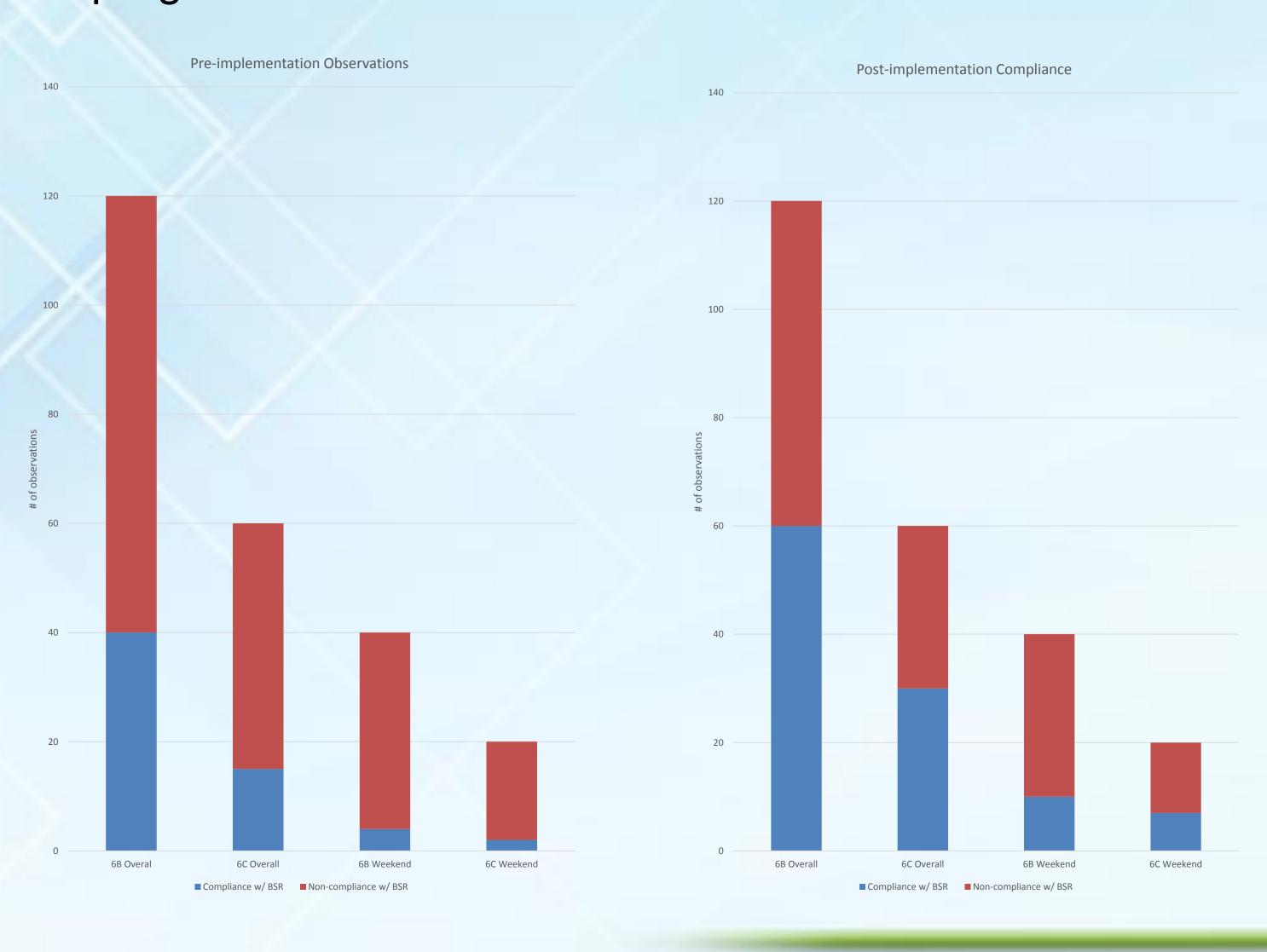
- P: 6B/6C medical-surgical registered nurses
- I: Positive reinforcement and reward recognition
- C: Current practice
- O: Increase compliance with bedside shift report

Evidence

- Bedside shift report is important because it "...
 improves client safety and trust and facilitates nursing
 teamwork and accountability (Vines, et al, 2014)"
- Nursing Barriers: Fear of accountability, lack of confidence, too time consuming, breach of patient confidentiality (Tan, 2015)
- "Positive reinforcement is a technique to elicit and to strengthen new behaviors by adding rewards and incentives..." and is "...closely associated with staffs' accomplishments within an organization (Wei, Yazdanifard, 2014)

Data Collection/Implementation

- Secret shopper observation of registered nurses giving/receiving report.
 - Observations occurred every day of the week during both change of shifts for 3 weeks.
 - Individual RN compliance tracked.
- Email communication to all RNs that bedside shift observations would be monitored
- Individual RN results posted in the units medication room.
- Email communication was sent that an incentive would be offered to the RN with the best compliance throughout the post monitoring.
- Secret shopper observations of registered nurses giving/receiving report.
 - Observations occurred every day of the week during both change of shifts for 3 weeks.
 - Individual RN compliance tracked.
- During post monitoring, individual RN results were posted in the unit's medication room for RN to visualize progress.



Results

- Pre-implementation observations
 - 6B 120 observations total. 33% compliance noted with bedside shift report.
 - 40 weekend observations. 10% compliance with BSR.
 - 6C 60 observations total. 25% compliance noted with bedside shift report.
 - 20 weekend observations. 10% compliance with BSR.
- Post-implementation observations
 - 6B 120 observations total. 50% compliance noted with bedside shift report.
 - 40 weekend observations. 25% compliance with BSR.
 - 6C 60 observations total. 50% compliance noted with bedside shift report.
 - 20 weekend observations. 35% compliance with BSR.

Conclusion

- BSR compliance increased slightly with positive reinforcement and observation
- Limitations include: small sample size, 2 observing RN's on 6B and only 1 on 6C and uncertainty whether positive change will persist following termination of observation

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