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Bedside Reporting is a Key to Communication

Abigail Mitchell*,
Katy Gudeczauskas,
Alyssa Therrien and
Alisha Zauher

Abstract

Every day in hospitals across the United States, safety errors occur due to lack of communication between healthcare providers. The Joint Commission has estimated Hospitals across the nation that “80% of serious medical errors involve miscommunication between caregivers during the transfer of patients”. Additionally, per Becker’s Hospital Review, one-third of malpractice cases involving nursing cite a breakdown in communication. Many hospitals across the country have set the standard that bedside reporting is to be conducted at the change of each shift, yet shift-change report is often not executed at the bedside for various reasons. Nurses often cite bedside reporting is time consuming between patient interruptions and various nurses giving and/or receiving report; however, research shows bedside reporting increases patient satisfaction, patient safety and nurse satisfaction.

Keywords: Caregivers; Nursing; Patient satisfaction; Healthcare organizations

School of Nursing, D'Youville College, USA

***Corresponding author:**

Abigail Mitchell

 mitchela@dyc.edu

Director of Graduate Nursing, School of Nursing, D'Youville College, USA.

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Introduction

Mandatory nurse bedside report implemented on the unit is one strategy to improve patient safety outcomes [1]. Nursing bedside report allows both the oncoming and outgoing nurses to assess the patients, examine for any patient safety errors, and allows the patients to be a part of their plan of care. Often bedside reporting might be the first time the oncoming nurse will have a chance to meet the patient depending on the nurse’s patient load and patient acuity. Staffing often can be a challenge for many healthcare organizations. Bedside report allows the patient to communicate with both of the nurses, one leaving and one starting their shift. In a 2016 study conducted by the Agency for Healthcare Research and Quality, the Hospital Survey on Patient Safety Culture report found that 50% of respondents reported that shift changes are problematic for patients in their hospitals, and 56% of respondent’s state that important patient care information is lost during shift changes. A common theme among the literature review is that nurses are expected to conduct bedside reporting, yet many barriers and excuses lead to report occurring in places other than the bedside. Nurses in one study stated barriers included no guidelines for conducting bedside reporting, discomfort talking about patients in front of them, lack of privacy when discussing sensitive information, and time pressures to finish report on-time at the end of a busy shift [2]. The evidence based research reviewed unanimously concludes that conducting bedside reporting leads to increased patient safety, patient satisfaction, and nurse satisfaction.

Patient Communication and Safety

Nurses communicate with patients, patient families, healthcare providers, and other axillary departments constantly during a shift. Communication is the key to safety and wellbeing of a patient. The patient and family have trusted the nurse with their love one and they do expect a positive experience that has a good outcome for the patient and or family. Nursing care revolves around ensuring patient safety and conducting bedside reports have shown to enhance patient outcomes. One review, conducted by Evan, Grunawalt, McClish, Wood and Friese [3] found bedside reporting prevented adverse events, including the initiation of a rapid response when a patient condition had changed from the last visualization during report. In another study, with data collected via qualitative, in-depth interviews, researchers found bedside reporting allowed nurses to visualize what they were walking into [4]. For instance, nurses are able to “check the patient’s IV site(s), pain control, safety measures, and level of consciousness with the off-going nurse” [4]. Additionally, one participant in the study verbalized “if she wanted to know what color the urine was in the Foley catheter bag, she could visually verify it in the bedside report without having to ask the next nurse” [4]. Each nurse does have their own method and facts that they want to know on a patient, often the health care organization will have education on how to perform bedside report, and what is expected of the team.

The bedside report ensures that the off-going nurse is giving the correct information to the on-coming nurse by visualizing the patient. Taylor [5] found through a retrospective review of 2,729 patient safety events that 334 of those safety events had to do with nurse hand-offs of communication. Rogers, Li, Clements, Casperson, & Sifri [6] discovered with the implementation of bedside report medication errors decreased by 80% and there was a 100% decrease in patient falls. A standardized report sheet, incorporated by technology, is the safest way to deliver information from the patient's hospital stay [5]. Handoffs can create important information gaps, omissions and errors in patient care [7]. Johnson, Sanchez, and Zheng [8] found that by taking a two-step approach by incorporating a charge nurse would be more effective. In some healthcare organizations mid-level providers often want to participate in the bedside report, so that they also receive an update on the patient, which improves communication between providers. For those patients who are too ill or unable to physically participate, nurses still can complete bedside report without involving the patient, at that time.

Communication and Patient Satisfaction

Communication with a patient and or family improves the overall experience and often will make a difference in where they will choose to have their health care needs in the future. Patient satisfaction is always a leading initiative for healthcare facilities in order to ensure that they are chosen over other healthcare facilities in the same region [9]. One study conducted by Kimberly Radtke [9], found patient like meeting their nurses and being involved in their plan of care. Radtke [9] writes bedside reporting "decreases the perception the healthcare team members are 'hiding something'" and "patients feel like they are in 'safe hands'". One participant, a patient, from another evidence based study, stated "you want it to be right in front of you". You want the nurses and or healthcare team to discuss and communicate in front of you, not behind doors, where the patient has no input into their own care and plan for the discharge. That gives the patient a little bit more comfort [10]. Patients want to be involved in their care plans because in times of feeling vulnerable they feel they have a say in their treatment. Taylor [5] discusses that more research should be done on patient involvement in the report process and how it affects their call light usage and anxiety levels. Patients in the 21st century are able to access their information based on their hospitalization from the internet [11]. Educated patients want a more collaborative approach in their care in order to be kept informed on their current condition and treatment plans [11].

Communication and Nurse Satisfaction

Equally important to patient satisfaction is nurse satisfaction,

which is often linked to communication. In one study, conducted using surveys, researchers found that nurses that complete bedside reporting often have higher satisfaction. Bedside reporting improved communication between the nurse and the patient, and improved awareness of immediate patient needs and concerns. Results from a study indicated nurses felt more prepared immediately after the change-of-shift handoff to discuss patient care issues with physicians and other health care providers [12]. The down fall of bedside reporting is that nurses feel that bedside reporting takes more time, and some discussions of the patient cannot happen. However this is an individual perception, as evidence based research does not support this dissatisfaction. Novak and Fairchild [13] found that after implementing a standard bedside report the number of overtime hours per nurse decreased significantly because the report took less time. Bedside report leads to satisfaction for nurses by increasing efficiency of reports, increasing nurse accountability, improving teamwork among staff members, and increasing mentorship between nurses [14]. Positive outcomes for nurses such as accountability occurs during change of shift report at the bedside, this allows both nurses to visualize the patient in their current state [15]. The nurse from the off going shift and the on- going shift could be in a misfortune situation if something were to happen to the patient and no one visualized them during the time of shift change. By laying eyes on the patient during change of shift it allows the nurse to prioritize her care accordingly coming on to their shift [15]. This method allows the nurse to establish communication, patient acuity, patient's plan for the shift, and priorities. It is important for nurses to understand that a patient's condition can change at any given time. Accurate bedside report allows the nurse to answer healthcare professional questions at the beginning of their shift and to provide safe care [14]. Whitty, Spinks, Bucknall, Tobiano & Chaboyer [16] took into consideration how the nurses felt about the sensitivity of the information that was being exchanged in report and discovered that patients were not bothered by the information presented. The recommendation is that some discussion might have to be completed at the desk, rather than at the bedside.

Conclusion

Communication can save lives and the evidence does demonstrate that bedside reporting is an effective communication tool to increase patient communication, patient safety, decrease medication errors, and improve patient outcomes. Bed side reporting is a method of communication that each nurse should embrace and take advantage of, as it makes the nurse more accountable, responsible, and it increases the nurse and patient's knowledge. Communication is the key to a healthy working environment.

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